American Society of Nephrology

September 24, 2026

The Honorable Markwayne Mullin
Secretary
U.S. Department of Homeland Security
2707 Martin Luther King Jr. Avenue SE
Washington, DC 20528

Re: DHS Docket No. USCIS-2026-0298; RIN 1615-AD20 — Proposed Rule: "Fee for Certain H-1B Petitions"

Dear Secretary Mullin:

On behalf of the more than 37 million Americans living with kidney diseases and the 22,000 nephrologists, scientists, and other kidney health care professionals represented by the American Society of Nephrology (ASN), ASN strongly urges the Department of Homeland Security (DHS) to establish exemptions to the proposed rule "Fee for Certain H-1B Petitions" for health care and biomedical research institutions and for H-1B physicians, physician-scientists, and researchers whose employment serves the health and welfare of Americans. More broadly, ASN encourages the Department to establish a permanent national medical interest exemption from all from H-1B-related fees and restrictions, regardless of whether an H-1B petition is cap-subject or cap-exempt.

If finalized as drafted, the rule could do serious harm to the patient community, further exacerbate the existing shortage of nephrologists and related medical professionals and professionals in many communities around the country, and hinder research into the causes and treatment of kidney disease.

The proposed $103,265 fee for each H-1B cap-subject petition would create an extraordinary financial barrier for some hospitals, academic medical centers, research institutions, and other organizations seeking to recruit the physicians and scientists needed to care for Americans and advance biomedical research.

ASN recognizes that the US Citizenship and Immigration Services (USCIS) is primarily funded by fees and that it needs to periodically adjust the fees charged to reflect inflationary and other additional costs. The clear language and intent of the relevant statute and regulations note that the fees collected are to be related to the services for which they are being assessed and are to reflect the actual cost of delivering such services. The proposed regulation fails on both counts.

1401 H Street, NW • Suite 900 • Washington, DC 20005
202.640.4660 • www.asn-online.org

It is neither tied to the adjudication of H-1B visa petitions nor the actual cost of delivering such services.

Further, imposing a substantial figure fee on each H-1B cap-subject petition would have serious unintended consequences for people with kidney diseases as well as the health care and biomedical research workforce.

The Proposed Fee Would Further Destabilize the Nephrology Workforce

DHS proposes applying this fee to all H-1B cap-subject petitions, including petitions eligible for the advanced degree exemption, and to impose it in addition to all other applicable fees or payments. DHS estimates that the proposed fee could generate approximately $8.8 billion annually based on 85,000 H-1B cap-subject petitions. The proposed fee would make it substantially more difficult for health care and research institutions to recruit professionals at a time when the United States is already facing significant workforce shortages.

International medical graduates (IMGs) are essential to the U.S. health care system and are particularly important to nephrology. IMGs represent one in four U.S. physicians, more than half of nephrologists, and nearly 60% of nephrology fellows[1]. They provide care for millions of Americans, including patients in rural, underserved, and economically disadvantaged communities. Without these physicians, many of the more than 37 million Americans living with kidney diseases, including more than 800,000 individuals with kidney failure who depend on dialysis or transplantation, would face serious and, in some cases, insurmountable barriers to accessing specialized care.

ASN previously raised concerns that changes to the H-1B program could make it financially and procedurally difficult for hospitals, clinics, and other medical institutions to sponsor IMGs. ASN remains concerned that the proposed $103,265 fee would compound these challenges at cap-subject institutions by making H-1B sponsorship prohibitively expensive for institutions that are already struggling to recruit and retain physicians.

The proposed rule does not adequately account for the realities of the U.S. health care workforce. In nephrology, IMGs are not recruited because they provide a less expensive alternative to U.S. physicians. They are recruited because there are not enough physicians available to meet the nation's need for specialized kidney care. Increasing the cost of recruiting these physicians will not increase the supply of nephrologists. It will make it harder for institutions to fill positions that might otherwise remain vacant, as has been the case over the last decade in nephrology.

---

[1] https://data.asn-online.org/posts/data_detail_img_pathways/

The Proposed Fee Would Harm the Americans with Kidney Diseases by Worsening the Shortage of Nephrologists in Many Communities

The chronic shortage of nephrologists is well-documented and expected to increase. The National Center for Health Workforce Analysis (NCHWA) projects a 15% overall shortage of practicing nephrologists in the U.S. by 2038[2]. As noted above, IMGs comprise a significant majority of practicing nephrologists in the country so without such practitioners the shortage would be expected to grow to crisis levels.

Further analysis of the NCHWA data estimates that demand for nephrologists is expected to grow by 19.5% between 2025 and 2037 even though the number of nephrologists was projected to increase by only 1.4% including foreign-born nephrologists[3].

The new fee would significantly hinder the recruitment and employment of some foreign-born nephrologists and related professionals who need a H-1B visa to work in the U.S. This bar would make it increasingly difficult, if not practically impossible, for patients in some communities to receive nephrology services in a timely fashion, if at all.

The consequences will be particularly severe in rural and underserved communities. More than 70% of U.S. counties already lack a practicing nephrologist. Additional financial barriers to recruiting nephrologists will further concentrate specialists in communities that already have greater access to care and make it more difficult for medically underserved communities to attract physicians. Again, the result will be longer wait-times, reduced access to specialized kidney care, and greater burdens on an already strained physician workforce.

The Proposed Fee Would Harm Biomedical Research and Innovation

The impact of the proposed rule would extend beyond direct patient care. The United States' biomedical research enterprise depends on its ability to recruit talented scientists and physician-scientists from around the world.

Kidney research is no exception. Researchers from around the world contribute to discoveries that improve the prevention, diagnosis, and treatment of kidney diseases and kidney failure. These advances are critical to addressing a disease burden affecting more than 37 million Americans. The proposed $103,265 fee could force companies and other organizations to reconsider sponsoring qualified researchers and physician-scientists through the H-1B program. It might also encourage companies engaged in relevant biomedical, pharmaceutical and medical device research to perform the research and later, the production of any resulting medications

---

[2] https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections

[3] Jason Silvestre, Robert J Ferdon, Eily Hayes, Robert A Ravinsky, Joshua H Lipschutz, Natalie T Freidin, Nephrologist workforce projections in the United States: anticipated shortages to 2037, *Journal of Nephrology*, 2026;, aajag141, https://doi.org/10.1093/joneph/aajag141

or devices overseas instead of in the U.S. further compounding the lack of innovation in kidney care in this country and driving economic activity elsewhere.

The United States should be making it easier, not harder, for leading scientists and physicians to train, conduct research, and care for patients in this country. Policies that discourage highly qualified professionals from pursuing careers in the United States will ultimately undermine American scientific leadership and slow progress against diseases that affect millions of Americans.

The proposed rule also treats employers seeking H-1B workers in occupations experiencing severe shortages in the same manner as employers in fields where an abundant domestic workforce may be available. The economic and public health consequences are fundamentally different. In nephrology, the critical problem is not an excess supply of physicians or an employer seeking to replace an available U.S. worker. The problem is an inadequate supply of U.S.-trained nephrologists to meet the needs of the nation's growing population with kidney diseases.

The Potential for Cumulative H-1B Fees

Of particular concern, DHS expressly states that the proposed $103,265 fee is legally distinct from the $100,000 payment established by the Administration's September 2025 "Restriction on Entry of Certain Nonimmigrant Workers" proclamation. DHS further explains that, to the extent a petitioner is subject to both requirements, the petitioner would be required to make both payments. Thus, depending on future Administration actions, an employer could potentially face more than $200,000 in H-1B-related payments for a single petition.

This potential cumulative financial burden is particularly troubling for covered employers. A combined cost exceeding $200,000 for a single H-1B petition could make sponsorship financially infeasible and force institutions to reconsider recruiting otherwise qualified physicians and researchers. For institutions already operating under significant financial constraints, these costs could directly affect their ability to fill critical positions and maintain access to specialized care. ASN urges DHS to reconsider this potential cumulative burden and its consequences for the US health care and biomedical research workforce.

ASN Strongly Urges DHS to Establish Health Care Exemptions to the Proposed Rule

For these reasons, ASN has significant concerns with the proposed $103,265 fee for H-1B cap-subject petitions and urges the Department to establish an exemption for health care and biomedical research institutions and for H-1B physicians, physician-scientists, and researchers whose employment serves the health and welfare of Americans. More broadly, ASN encourages the Department to establish a permanent national medical interest exemption from all from H-1B-related fees and restrictions, regardless of whether an H-1B petition is cap-subject or cap-exempt.

The health of more than 37 million Americans living with kidney diseases depends on a stable, well-trained, and adequately staffed workforce. Policies that make it substantially more difficult for health care institutions to recruit physicians and for research institutions to recruit scientists will ultimately affect patients, particularly those living in communities where access to specialized care is already limited.

ASN appreciates the opportunity to comment on this proposed rule and stands ready to provide expert input as DHS considers how to administer the nation's immigration system while ensuring that Americans have access to the physicians, scientists, and other professionals essential to their health and well-being. To discuss this letter, ASN's position on this issue, or the society, please contact ASN Senior Manager of Policy and Government Affairs at rmurray@asn-online.org.

Sincerely,

Samir M. Parikh, MD, FASN
President