



October 23, 2025

Todd M. Lyons
Acting Director
U.S. Immigration and Customs Enforcement
Department of Homeland Security
500 12th Street SW, Washington, DC 20536

Submitted electronically via regulations.gov

Re: Weighted Selection Process for Registrants and Petitioners Seeking to File Cap-Subject H-1B Petitions

Dear Acting Director Lyons:

The Society of General Internal Medicine (SGIM) appreciates the opportunity to provide comments on the Department of Homeland Security (DHS) proposed rule titled, *“Weighted Selection Process for Registrants and Petitioners Seeking to File Cap-Subject H-1B Petitions.”*

SGIM is a member-based medical association of more than 3,400 of the country’s leading general internal medicine physicians, who are dedicated to delivering high-quality clinical care for adults of all ages, especially those with multiple chronic diseases who would benefit from having a physician to coordinate a comprehensive approach to their care. Our members are committed to delivering high quality care and ensuring patients have access to a well-trained physician workforce.

H-1B visas are critical to maintaining a robust, well-trained healthcare workforce, particularly in rural and underserved communities. International medical graduates (IMGs), including physicians who may be entering residency, frequently utilize the H-1B classification to serve in primary care specialties, providing essential care where it is most needed. IMGs are more likely to practice in rural and underserved areas compared to U.S. medical graduates. With the nation facing a growing primary care physician shortage, H-1B visas are essential to protecting access to care and sustaining the health care workforce.

DHS proposes changes to the H-1B visa selection process that would replace the current random lottery system with a weighted selection mechanism favoring higher-wage positions. The goal of the proposed system is to incentivize higher skilled workers to utilize the H-1B visa program by creating a tiered wage structure that provides additional lottery entries for applicants in higher waged tiers. While SGIM recognizes the administration’s efforts to ensure integrity in the H-1B program, we are concerned about the unintended consequences this proposal would have on the nation’s physician workforce, particularly for IMGs who are critical to address shortages in primary care and in rural and underserved areas.

In the proposed rule, DHS states that a “better reasoned policy” is to use the H-1B numerical cap to incentivize employers to hire for positions requiring the highest skill levels or offering the highest wages within a given occupational classification and area of employment, on the premise that wages generally reflect skill. SGIM is concerned about this assessment as wage levels are not a proxy for skill in the medical professional field. Physician wages vary by several external factors, such as specialty, location, and payer environment, making them an unreliable indicator of skill. **Using wages as a proxy for skill therefore disadvantages physicians in lower-paying but high-need specialties.**



The proposed classification system will separate medical specialties based on wage levels that do not necessarily reflect differences in skill. Under this proposal, wage levels are determined using existing occupational classifications that fail to appropriately distinguish between medical specialties. For example, general internists and gastroenterologists are categorized under the same occupational code, even though their salaries differ significantly. These wage differences are driven largely by the structure of the U.S. payment system, which favors procedural care over cognitive or non-procedural care. As a result, gastroenterologists, who typically have higher wages and perform more procedures, would be prioritized over general internists, even though each physician is equally specialized within their field of medicine. Because the proposed rule would link visa selection to wages rather than skill, it could unintentionally incentivize IMGs to apply for higher paying fellowships and subspecialties to increase their chances of obtaining an H-1B visa further exacerbating shortages in lower paying but critically needed specialties, like primary care. In contrast, a visa selection framework that prioritizes holistic, patient-centered care would better align with the Administration’s goals to make America healthy and address critical health workforce needs.

Additionally, wages do not capture the whole range of benefits a hospital or health system may offer physicians on staff. Other elements such as protected administration or research time, appointment lengths, and opportunities to serve specific patient populations drive physicians to work in specific hospitals. These elements are often as important as salary, particularly for physicians pursuing careers in rural or underserved communities where wages may not be as high as in resource-rich health systems. Notably, the H-1B classification allows young scientists to study and conduct research in the United States that promotes and improves better health outcomes for people around the world. Research-focused positions frequently offer lower salaries than clinical roles, which may further disincentivize IMGs from pursuing research careers in the United States.

By de-incentivizing programs with lower wages, the proposed rule would further disadvantage hospitals and communities most in need of physicians. IMGs who have trained in the United States in primary care – many of whom go on to serve in shortage areas – may choose to leave or fail to secure an H-1B visa if their applications are less competitive under a wage-based system. This would further exacerbate inequities in access to care for rural and underserved areas.

Primary care is essential in chronic disease management, and reducing healthcare costs, which are two of the Administration’s health priorities. The proposed rule along with the \$100,000 application fee¹ already implemented by the administration will steer physicians away from primary care, which is already facing a shortage. In the case of medicine, this proposed rule is not favoring higher skilled workers, but rather physicians who choose higher-paying specialties in more resource heavy areas. If implemented, this rule will further limit Americans access to primary care.

Therefore, SGIM urges DHS to rescind this proposal and maintain the current H-1B selection framework, which does not disadvantage physicians serving in underserved and rural areas, nor drive them away from lower-paying specialties. The current system has provided 30 years of stability and efficiency, with no evidence of widespread misuse or systemic visa overstays. Incentivizing “higher skill” employees by using wage as a proxy is both misguided and harmful to the continuity of patient care and the long-term sustainability of our health care workforce. **Should DHS decide not to preserve the current process, SGIM recommends that DHS implement exceptions that properly account for physicians practicing or training in health professional shortage areas and lower-paying specialties, like primary care. Additionally, DHS should revise the occupational classifications to more accurately reflect the realities of physician specialties.**

¹ [H-1B FAQ | USCIS](#)



Thank you for the opportunity to provide feedback on this proposed rule. The United States cannot afford regulatory changes that weaken the primary care physician pipeline. SGIM welcomes the opportunity to work with DHS to sustain the physician workforce and protect patient access to care. Should you have any questions, please contact Erika Miller at emiller@dc-crd.com.

Sincerely,

A handwritten signature in black ink that reads "Eric B Bass".

Eric B. Bass, MD, MPH
CEO, Society of General Internal Medicine