

Rural Health Care Worker Visa and Waiver Information

H-1B Visa Program

The H-1B program applies to employers seeking to hire nonimmigrant workers in specialty occupations defined as ones that require the application of a body of highly specialized knowledge and the attainment of at least a bachelor's degree or its equivalent. The intent of H-1B provisions is to help employers who cannot otherwise find qualified American workers by authorizing the temporary employment of qualified individuals who are not otherwise authorized to work in the United States.

The law establishes certain standards in order to protect similarly employed U.S. workers from being adversely affected by the employment of the nonimmigrant workers, as well as to protect the H-1B nonimmigrant workers. Employers must attest to the Department of Labor that they will pay wages to the H-1B nonimmigrant workers that are at least equal to the actual wage paid by the employer to other workers with similar experience and qualifications for the job in question, or the prevailing wage for the occupation in the area of intended employment – whichever is greater.¹

H-1B Visas by State - 2025

AK – 1	IA – 34	MI – 10	NV – 5	UT – 3
AL – 9	ID – 5	MN – 13	NY – 22	VA – 1
AR – 10	IL – 29	MO – 26	OH – 11	VT – 13
AZ – 10	IN – 6	MS – 7	OK – 10	WA – 10
CA – 25	KS – 32	MT – 9	OR – 11	WI – 6
CO – 8	KY – 8	NC – 9	PA – 26	WV – 1
CT – 2	LA – 6	ND – 27	SC – 5	WY – 4
DE – 2	MA – 3	NE – 34	SD – 7	
FL – 4	MD – 7	NH – 15	TN – 2	
GA – 14	ME – 10	NM – 12	TX – 40	

Source: [H-1B Employer Data Hub](#)

Useful H-1B data resources:

- [A look at the H-1B visa program by industry, employer and state](#)
- [Geographic Distribution of Physician Workforce with H-1B in the US](#)

Administrative Proclamation on H-1B Visas:

¹ <https://www.dol.gov/agencies/whd/immigration/h1b>

On September 19, 2025, President Trump issued a proclamation restricting entry of certain H-1B nonimmigrant workers. The proclamation was framed as a response to systemic abuses of the H-1B program in the information and technology sector, citing wage suppression, displacement of American workers, and national security risks.

Key provisions include:

- Restricting entry of H-1B nonimmigrant workers unless employers pay an additional \$100,000 fee per petition (with limited national interest exceptions).
 - The fee previously was between \$2,000 and \$5,000 on average.
- The restriction applies for 12 months starting September 21, 2025, subject to extension.
- Directing the Departments of Labor and Homeland Security to raise prevailing wage levels and prioritize admission of higher-paid, higher-skilled applicants.²

While the proclamation is primarily targeted at IT and STEM occupations, it creates new uncertainty for health care employers that rely on H-1B petitions, including those sponsoring J-1 waiver physicians in underserved rural areas. **Nearly all physicians completing service under the Conrad 30 program must convert to H-1B status.** Additional costs or administrative hurdles could discourage rural hospitals and clinics from sponsoring these providers. The mandated \$100,000 fee per petition could be prohibitive for small rural facilities already operating on thin margins, effectively reducing their ability to recruit or retain physicians. With rural communities already facing severe physician shortages, any disruption to visa pathways could jeopardize access to care and undermine the intent of federal shortage-area programs.

J-1 Waiver Program

The J-1 visa is a non-immigrant exchange visitor visa and is often used by International Medical Graduates (IMG) pursuing a medical residency or fellowship training in the United States. The J-1 visa allows holders to remain in the U.S., normally for up to seven years, until they complete their graduate medical education (GME). Upon completion, they are required under U.S. immigration law to return to their home country for at least two years before gaining eligibility for an H-1B visa to re-enter and work in the United States or for permanent residence.

Therefore, J-1 physicians have two choices upon completing their GME: they can return to their home country for at least two years or obtain a waiver of this obligation. A J-1 visa

² <https://www.whitehouse.gov/presidential-actions/2025/09/restriction-on-entry-of-certain-nonimmigrant-workers/>

waiver eliminates the two-year home residency requirement and allows physicians to change to H-1B visa status which will allow them to stay in the U.S. to practice in a federally designated mental health or primary care Health Professional Shortage Area (HPSA). A J-1 visa waiver application requires a signed employment contract or agreement with an eligible facility and a recommendation by an Interested Government Agency (IGA), a federal designation. State government agencies recommend J-1 physician waivers through the Conrad 30 Waiver Program.³

Conrad 30 Waiver Program

The [Conrad 30 Waiver Program](#) allows each state's health department to request J-1 visa waivers for up to 30 foreign physicians per year. The physicians must agree to work in a federally designated HPSA, Medically Underserved Area (MUA), or for a Medically Underserved Population (MUP), and provide safety-net services for indigent or medically underserved communities. Physicians must make a commitment of at least three years to the facility with which they have an employment agreement, working specifically in H-1B status. Up to 10 of a state's 30 annual waiver slots may be used for practices located outside designated shortage areas if the employer can show that they provide services to patients who live in shortage areas. These waivers are known as “flex” or “flex 10” waivers and are administered according to the regulations of individual states.⁴

Rural Relevance

J-1 visa waivers allow rural facilities in or near HPSAs or MUAs to recruit IMGs for vacancies which have been difficult to fill. In recent years over 1,000 IMGs have been recruited each year through the Conrad 30 program. Many of these physicians choose to remain in their communities past the three-year requirement, according to Conrad 30 Waivers for Physicians on J-1 Visas: State Policies, Practices, and Perspectives. The J-1 visa waiver benefits underserved communities in need of physicians as well as IMGs who want to remain in the United States.

The [National Rural Recruitment and Retention Network \(3RNET\)](#) helps match job-seeking health care professionals with practice opportunities in rural and underserved areas and can assist with recruiting J-1 physicians.

State-by-state Conrad 30 snapshot:

³ <https://www.ruralhealthinfo.org/topics/j-1-visa-waiver>

⁴ <https://www.uscis.gov/working-in-the-united-states/students-and-exchange-visitors/conrad-30-waiver-program>

Uses [3RNet's FFY 2024 table](#) (Oct 2023–Sep 2024), which breaks out Rural vs. Non-Rural placements.⁵

National snapshot (FFY 2024)

- National totals: 1,010 waivers; 238 rural and 717 non-rural placements reported (some states N/A). 19 states filled all 30 slots.

State snapshot (rural/non-rural):

- Arkansas: 30 rural / 0 non-rural (filled 30/30).
- Georgia: 30 / 0 (filled 30/30).
- West Virginia: 22 / 5 (27 total) – heavy rural share.
- Louisiana: 20 / 10 (30 total).
- Wisconsin: 10 / 14 (24 total).
- Washington: 5 / 18 (23 total).
- Arizona: 11 / 19 (30 total).
- New Mexico: 7 / 23 (30 total).
- Oregon: 7 / 21 (30 total).
- Pennsylvania: 6 / 24 (30 total).
- Kansas: 5 / 25 (30 total).
- Maine: 5 / 24 (30 total).
- North Carolina: 10 / 12 (22 total).
- Wyoming: 4 / 7 (11 total).
- Indiana: 0 / 30 (filled 30/30).
- Michigan: 0 / 27 (30 total).
- South Dakota: 0 / 14 (14 total).
- Alabama: 0 / 29 (29 total).
- Montana: 0 / 11 (11 total).
- Utah: 0 / 15 (15 total).

[3RNet flags the dataset as “as reported” by states](#)

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<https://www.3rnet.org/Portals/0/Documents/FFY%202024%20-%20October%202023%20to%20September%202024.pdf?ver=Lpn3f1CEoN9xvaVqex3Lcg%3D%3D>