



Healthcare Immigration in 2026

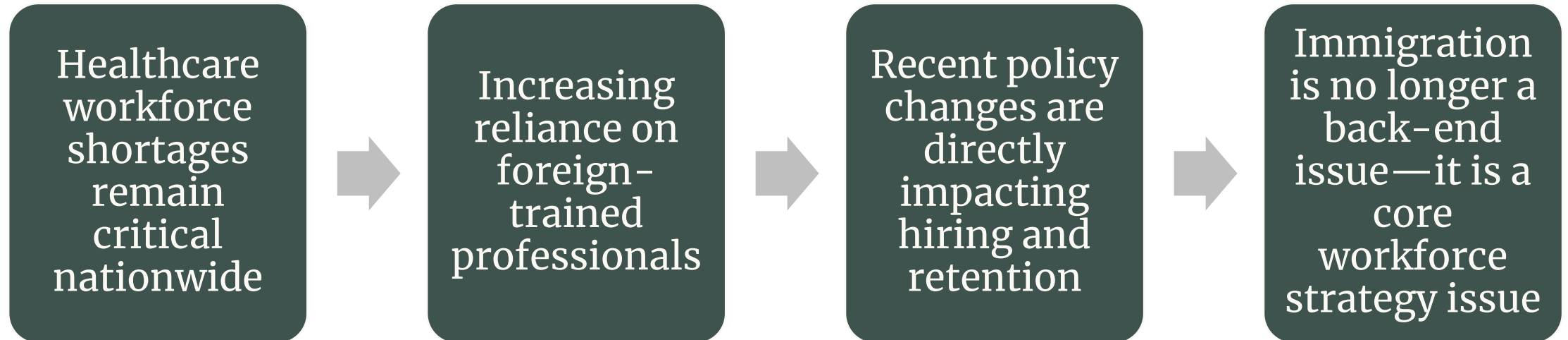
NAVIGATING NEW BARRIERS AND EMERGING OPPORTUNITIES



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Why This Matters Now



What Changed: The \$100,000 H-1B Fee

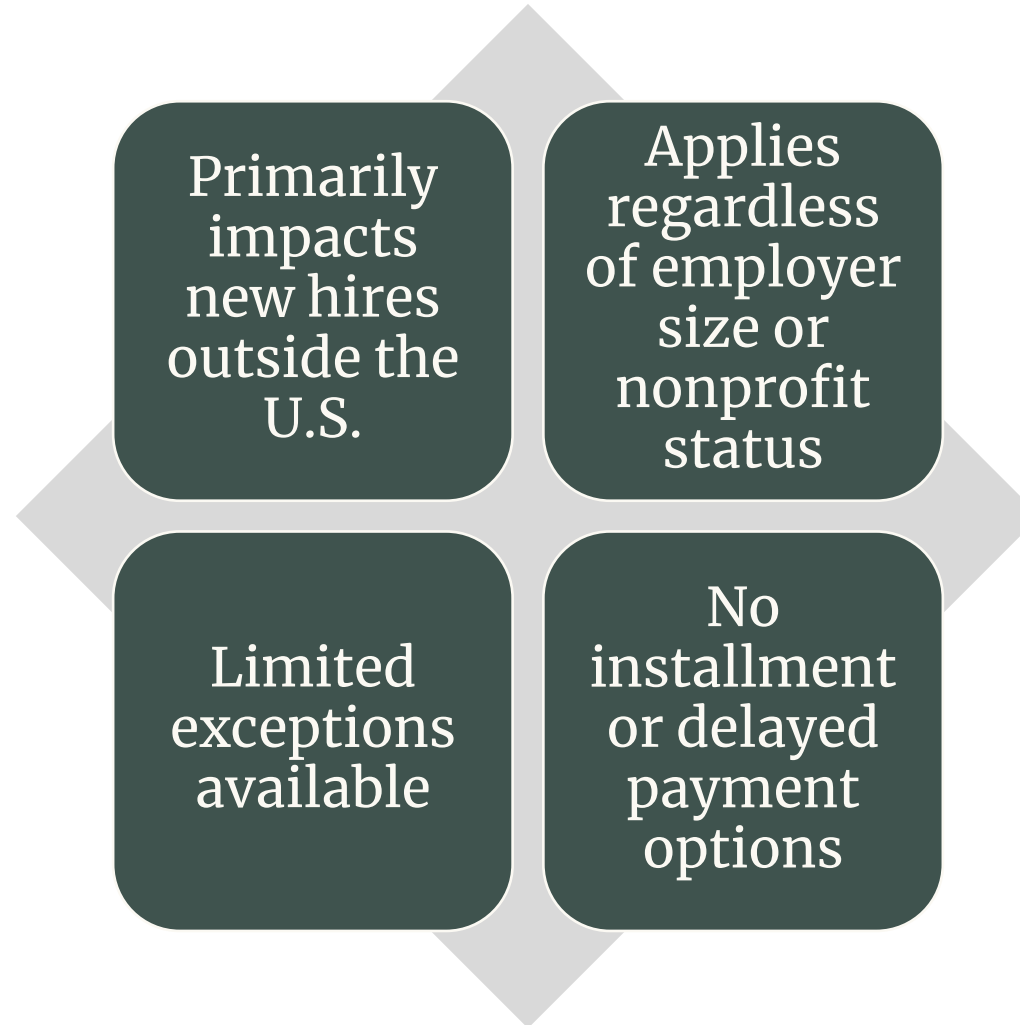
New requirement
under
Presidential
Proclamation
(Sept. 2025)

Additional
\$100,000
employer-paid
fee for certain H-
1B workers
abroad

Must be
submitted at time
of filing

Petitions may be
denied if fee or
exemption is not
included

Scope of the Fee



Impact on Healthcare Employers

- Significant disruption to international recruitment pipelines
- Particularly impacts:
 - Nurses
 - Therapists
 - Medical technologists
 - Certain physician pathways
- Forces reassessment of hiring strategies



Financial and Operational Impact

- \$100K fee is cost-prohibitive for most healthcare systems
 - Disproportionate impact on:
 - Rural hospitals
 - Nonprofit systems
 - Long-term care facilities
- Increased reliance on already limited domestic workforce



What We Are Seeing in Rural Healthcare

- Heavy dependence on foreign-trained providers
- Limited domestic pipeline to fill gaps
- **Observed trends:**
 - Delayed or canceled hires
 - Increased vacancy rates
 - Greater reliance on alternative programs:
 - J-1 physicians
 - Conrad 30 waivers
 - NIW physician pathways



Why This Matters Beyond Immigration

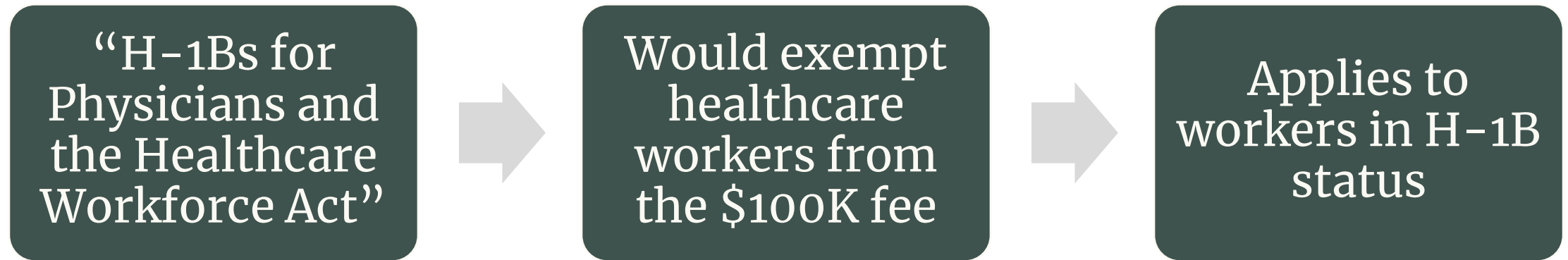
Workforce shortages directly impact:

- Patient access
- Continuity of care
- Service availability

Key takeaway:

- This is a **healthcare access issue**, not just an immigration issue

Proposed Legislation: Healthcare Exemption



Key Features of the Bill



Potential Impact if Passed

- Removes a major financial barrier to hiring
- Restores overseas recruitment pipelines
- Provides critical relief to:
 - Rural systems
 - Underserved areas
- Would meaningfully stabilize workforce planning



Current Status



Bill has been introduced but not yet enacted



No immediate relief for employers



Continued uncertainty in hiring strategy

USCIS “Benefits Pause”

USCIS policy issued January 2026

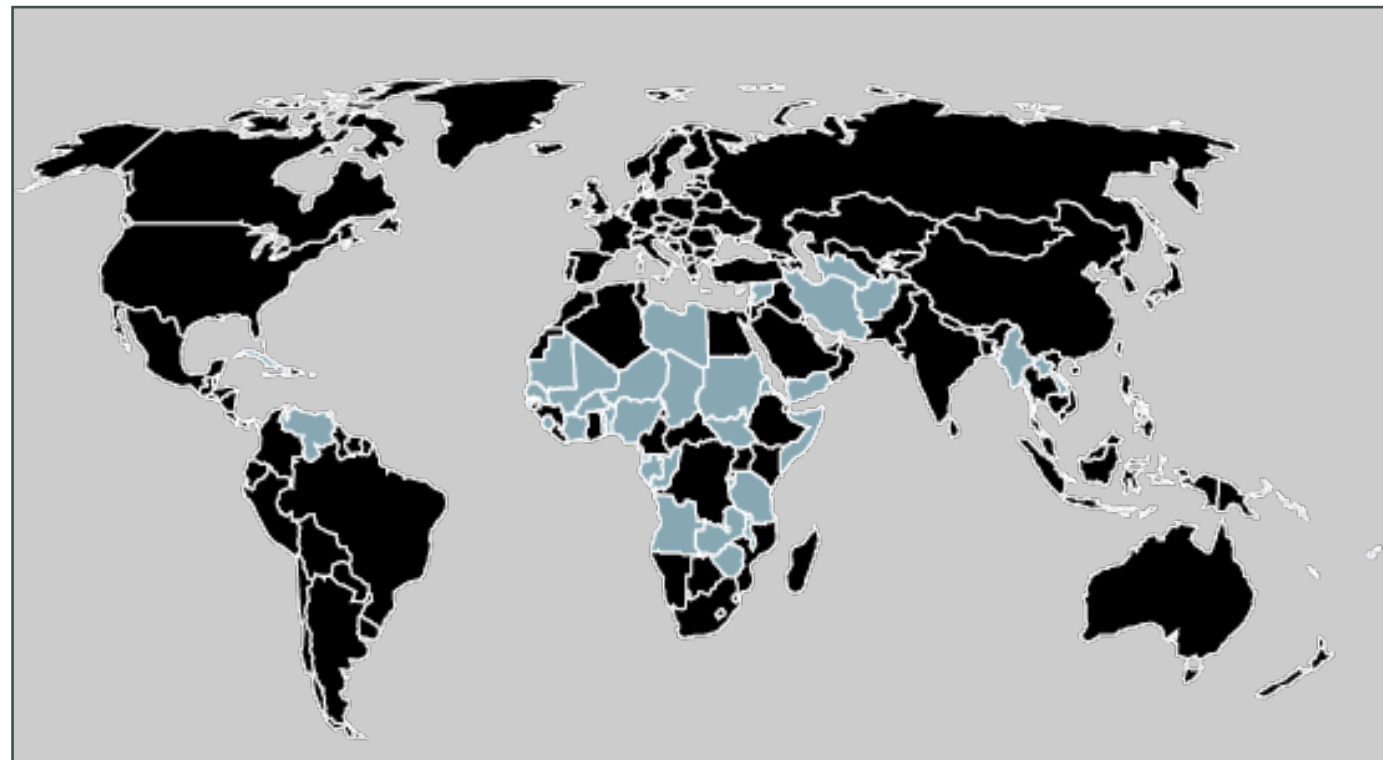
Expands adjudication holds for certain applicants

Includes both pending cases and re-review of approvals

Impacted Countries

Afghanistan, Angola, Antigua and Barbuda, Benin, Burkina Faso, Burma, Burundi, Chad, Côte d'Ivoire, Cuba, Dominica, Republic of the Congo, Equatorial Guinea, Eritrea, Gabon, the Gambia, Haiti, Iran, Laos, Libya, Malawi, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Syria, Tanzania, Togo, Tonga, Turkmenistan, Venezuela, Yemen, Zambia, and Zimbabwe.

Individuals traveling on Palestinian Authority-issued or endorsed documents are also included.



Practical Effects of the Pause

Delays in:

- Employment Authorization Documents (EADs)
- Change of status requests
- Extensions

Increased uncertainty in case timelines

Impact on Key Healthcare Pipelines

Disrupts F-1 → OPT → H-1 B pipeline

Affects:

- Nurses
- Therapists
- Allied health professionals

Even cap-exempt H-1 B employers are impacted

Lack of Guidance



Why Healthcare Is Hit Harder

Heavy reliance on international workforce pipelines

Limited domestic supply in key roles

Additional constraints:

- Licensing and credentialing requirements
- Health care worker certification rules
- Limited visa options for many roles

Compounding Challenges

Healthcare employers are navigating:

Increased costs for hiring abroad

Delays impacting current workforce

Structural immigration limitations

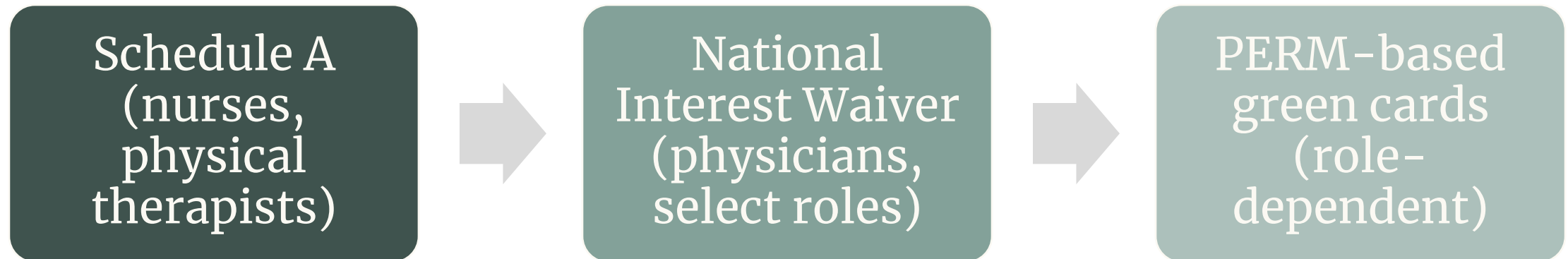
Result:

- A multi-layered workforce bottleneck

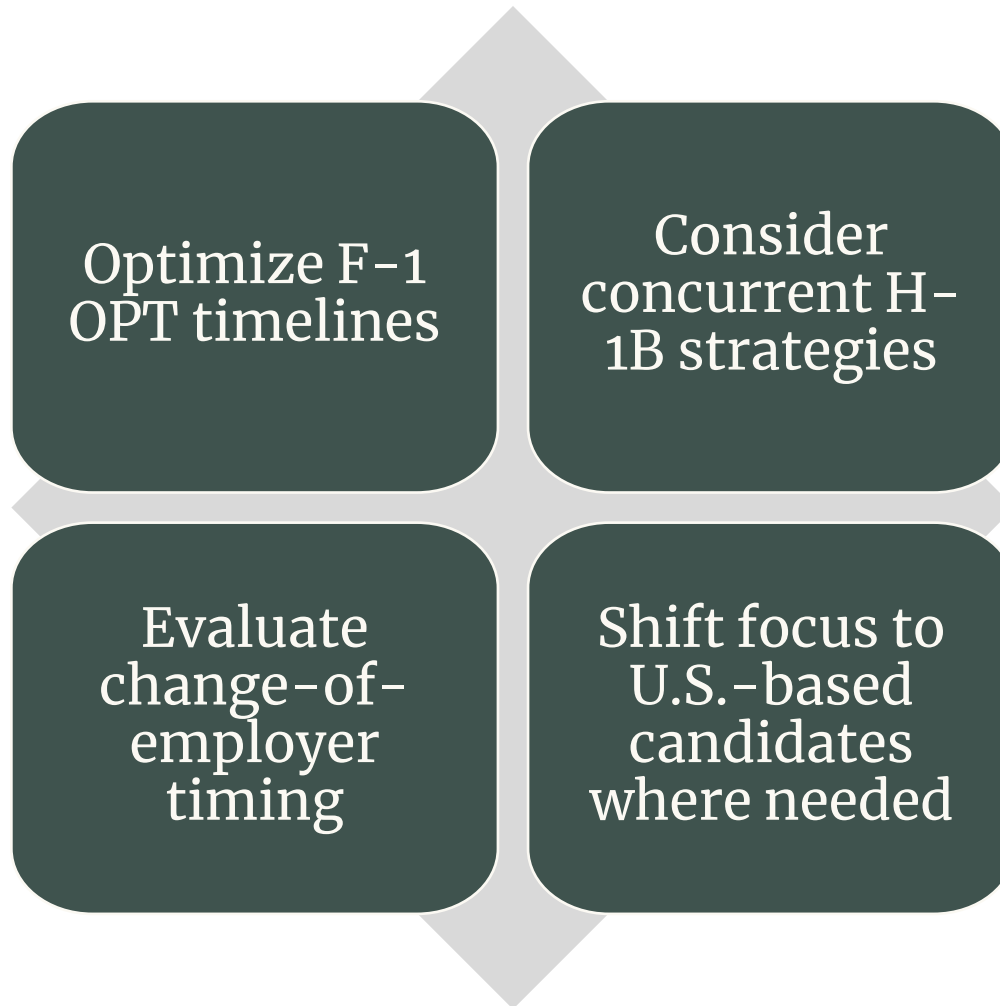
Immigration Options: Nonimmigrant Pathways



Immigration Options: Immigrant Pathways



Bridge and Strategy Options



Practical Strategies for Employers



Key Takeaways



Questions?

- [Sign up for](#) immigration alerts and invitations
- Let's connect! We can discuss any concerns or issues you may be facing. Scan the QR code at right with your phone's camera to schedule a meeting.

