



October 24, 2025

VIA ELECTRONIC SUBMISSION

U.S. Citizenship and Immigration Services  
Department of Homeland Security  
Attn: USCIS Policy and Strategy Division  
5900 Capital Gateway Drive,  
Camp Springs, MD 20746

Re: [USCIS-2025-0040], Weighted Selection Process for H-1B Visas

Dear Director Edlow:

Thank you for the opportunity to comment on the Department of Homeland Security's proposed weighted selection process for H-1B applicants. As the largest state dental association, the California Dental Association (CDA) represents 27,000 member dentists. CDA is concerned that the proposed wage-based weighting system would disproportionately disadvantage dentists serving in community health centers and public hospitals and could significantly worsen access to dental care for vulnerable populations, especially for nearly 3 million Californians living in the 82% of the state classified as rural under federal definition. We are also deeply concerned about the proposed \$100,000 fee on H-1B petitions, which, combined with the wage-weighted selection process, would have devastating effects on community clinics, dental schools, and the patients who rely on them.

We appreciate DHS's clarification issued on Oct. 20, 2025 stating that the \$100,000 fee only applies to applicants outside the United States who do not possess a valid H-1B visa after Sept. 21, 2025. While this clarification will provide relief for international students attending dental school domestically under a J-1 visa and individuals on Optional Practical Training (OPT) who are already in the U.S. at the time of the application, many internationally trained dentists applying from abroad may still be affected.

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Dentists are critical to public health, yet many regions in the U.S. face significant shortages. According to the Centers for Disease Control and Prevention (CDC), approximately 57 million Americans live in Dental Health Professional Shortage Areas (DHPSAs).<sup>1</sup> H-1B dentists play an important role in addressing these shortages, particularly in California, which trains a disproportionate share of international dental graduates. While the number of dental students requiring visas nationally is relatively small, the majority of those needing visas after graduation live in California. ADA Health Policy Institute data shows that in 2020, 423 (6.4%) dental school graduates nationally were non-U.S. residents.<sup>2</sup> Of these international graduates requiring visas, 146 (35%) were from a California dental school, representing nearly 20% of the 783 California dental student graduates that year.

Many federally qualified health centers (FQHCs) rely on H-1B dentists to provide essential care, yet these clinics operate on fixed budgets and cannot match salaries offered by private or technology sectors, especially in high-cost regions like the Bay Area, San Jose, and Silicon Valley. Under the proposed wage-weighted selection system, these clinics would be at a significant disadvantage in recruiting qualified dentists, despite their critical role in serving underserved populations. Wage alone does not reflect public health value or professional contribution, and disadvantaging safety-net employers could result in longer wait times, reduced preventive care, and worsening oral health outcomes. Regional wage inflation driven by the technology industry further skews salary benchmarks, favoring high-paying sectors while limiting access for clinics and hospitals. Many international dental graduates depend on H-1B visas to work in underserved or rural areas and restricting their access would undermine workforce diversity and further constrain care in communities with the greatest need.

Although the updated guidance narrows the scope of the \$100,000 fee, CDA remains concerned about its impact on internationally trained dentists applying from outside the country. The proposed \$100,000 H-1B visa fee would further compound these challenges. Such a cost is untenable for nonprofit and public employers (i.e., community clinics and dental schools) that depend on government funding to care for underserved populations. This fee structure would create an additional financial barrier to hiring qualified dentists and

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<sup>1</sup> [Health Disparities in Oral Health | Oral Health | CDC](#)

<sup>2</sup> [ADA Health Policy Institute, \*International Students in U.S. Dental Schools\*.](#)

educators, effectively disqualifying many clinics and dental schools from participating in the H-1B program. Rather than supporting domestic workforce development, this policy would exacerbate existing shortages and reduce patient access to essential dental care.

In addition to patient care, internationally trained dentists contribute significantly as educators through advanced standing programs at Commission on Dental Accreditation (CODA) accredited schools. These programs require two to three additional years of U.S. training and ensure that highly skilled individuals meet American educational standards, producing better-trained dentists and safer patient care. These positions cannot be outsourced, as clinical education must occur in person, and graduates from these programs disproportionately serve in FQHCs and other public health settings, providing care that would otherwise fall to emergency rooms and strain healthcare resources. Internationally trained dentists serving as faculty not only train the next generation of American dentists but often become U.S. citizens or permanent residents, contributing long-term to the profession and to society. Disadvantaging H-1B dentists through wage-based weighting could exacerbate dental faculty shortages and limit access to dental education.

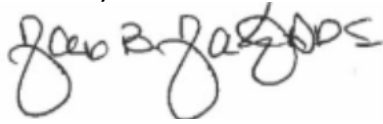
CDA aligns with the American Dental Association's recent letter in urging DHS to withdraw the proposed \$100,000 H-1B visa fee.<sup>3</sup> We believe such a measure would contradict the nation's commitment to improving access to care and ultimately weaken pathways into the dental workforce. To avoid these unintended consequences for dental care and dental education, we urge DHS to consider exemptions or neutral weighting (equal odds regardless of wage) for H-1B petitions from nonprofit and public employers, including FQHCs, community clinics, and dental schools. Additionally, the proposed wage-weighted H-1B selection process would disproportionately affect dentists working in community clinics and as educators, particularly in California, and could limit access to essential oral healthcare and dental training for underserved populations.

CDA appreciates the opportunity to provide comments on the weighted selection process for H-1B Visas. We strongly urge DHS to consider adjustments that preserve the ability of clinics, hospitals, and dental schools to recruit and train qualified dentists through the H-1B program. Please contact Mary McCune at [mary.mccune@cda.org](mailto:mary.mccune@cda.org) if you have any questions about the above comments or if we can provide further information.

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<sup>3</sup> [American Dental Association H-1B Letter, October 2, 2025.](#)

Sincerely,

A handwritten signature in black ink, appearing to read "Max B. Martinez". The signature is fluid and cursive, with the first name "Max" being the most prominent.

Dr. Max B. Martinez  
CDA President