November 5, 2025

VIA EMAIL

The Honorable Kristi Noem
Secretary
U.S. Department of Homeland Security
2707 Martin L. King Avenue, SE
Washington, DC 20528

Re: Presidential Proclamation, Restriction on Entry of Certain Nonimmigrant Workers

Dear Secretary Noem:

As the largest state dental association, the California Dental Association (CDA) represents 27,000 member dentists. CDA writes to share concerns regarding the effect of the September 19, 2025 Proclamation, "Restriction on Entry of Certain Nonimmigrant Workers" and subsequent clarifications which create a $100,000 fee on H-1B petitions.[1] Over 80% of California is federally designated as rural, and many of these areas face critical dentist shortages.[2],[3] This proclamation, combined with the wage-weighted selection process in the recent proposed rule, would devastate rural community clinics, dental schools, and the patients who rely on them, further restricting access to essential dental care in communities that need it most.

While 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, which will provide relief to those already in the U.S., we remain concerned there will still be a disproportionate effect on the internationally trained dentists applying from abroad would impact community clinics and dental schools in California. CDA seeks further confirmation from the Department that internationally trained dentists seeking H-1B visas from abroad can qualify for the "national interest" exemption for the petition fee due to their abilities to reduce barriers to essential healthcare for underserved populations and rural communities and assist in training the future dental workforce.[4]

Many federally qualified health centers (FQHCs), which operate on tight budgets with slim margins, can look to hire dentists with H-1B visas, particularly when the pool of applicants is small. Such a cost is untenable for nonprofit and public employers (including rural health providers and dental schools in addition to FQHCs) that depend on government funding. This fee structure would create an additional financial barrier to hiring qualified dentists and educators, effectively disqualifying many clinics and dental schools from participating in the H-1B program. 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).[5] 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

[1] Restriction on Entry of Certain Nonimmigrant Workers – The White House
[2] https://www.ppic.org/wp-content/uploads/rural-california.pdf.
[3] https://www.ucop.edu/uc-health/reports-resources/profession-specific-reports/dentistry1.pdf.
[4] H-1B Specialty Occupations | USCIS
[5] Health Disparities in Oral Health | Oral Health | CDC

California Dental Association
1201 K Street, 14th Floor
Sacramento, CA 95814

916.443.0505
800.232.7645
916.443.2943 fax
cda.org

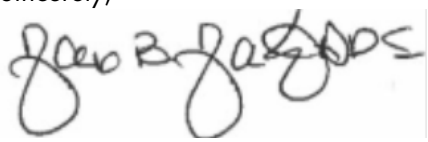
visas nationally is relatively small, the majority of those needing visas after graduation live in California. ADA Health Policy Institute data shows that in 2020, 423 (6.4%) dental school graduates nationally were non-U.S. residents.[6] Of these international graduates requiring visas, 146 (35%) were from a California dental school, representing nearly 20% of the 783 California dental student graduates that year.

In addition to patient care, internationally trained dentists contribute significantly as educators and complete advanced standing programs at U.S dental schools. These programs require two to three additional years of domestic training and ensure that highly skilled individuals meet American educational standards, calibrating all U.S. practicing dentists to the same standards and ensuring quality patient care. Many graduates from these programs serve in FQHCs and other public health settings, including rural regions, providing care that would otherwise fall to emergency rooms and strain healthcare resources. Dental education faces nationwide faculty shortages, and U.S. dental schools rely on both retired dentists and internationally trained dentists. Without their contribution, dental schools cannot continue to train the next generation of American dentists. Additionally, internationally trained dentists serving as faculty often become U.S. citizens or permanent residents, contributing long-term to the profession and to society.

CDA aligns with the American Dental Association's recent letter in recognizing the important role of internationally educated dentists.[7] We believe the proposed fee contradicts the nation's commitment to improving access to care and ultimately weakens pathways into the dental workforce. To avoid these unintended consequences for dental care and dental education, we urge DHS to consider creating exemptions to the $100k fee for H-1B petitions from nonprofit and public healthcare employers, including FQHCs and dental schools.

We strongly urge DHS to further clarify that internationally trained dentists can seek a "national interest" exemption and/or create an exemption for H1-B visas for nonprofit and public healthcare employers. These exemptions would further 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 if you have any questions about the above comments or if we can provide further information.

Sincerely,



Max B. Martinez, DDS
CDA President

[6] ADA Health Policy Institute, *International Students in U.S. Dental Schools.*
[7] American Dental Association H-1B Letter. October 2, 2025.