



May 21, 2026

The Honorable Mike Lawler
U.S. House of Representatives
324 Cannon House Office Building
Washington, DC 20515

The Honorable Sanford Bishop
U.S. House of Representatives
2407 Rayburn House Office Building
Washington, DC 20515

The Honorable Maria Elvira Salazar
U.S. House of Representatives
2162 Rayburn House Office Building
Washington, DC 20515

The Honorable Yvette Clarke
U.S. House of Representatives
2058 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Lawler, Bishop, Salazar and Clarke,

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), which represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, we write to express our appreciation for your leadership in introducing the H-1Bs for Physicians and the Healthcare Workforce Act (HR 7961), which would exempt physicians, dentists and other healthcare workers from the new \$100,000 fee for H-1B petitions as well as prohibit new H-1B fees that exceed the existing fees under the U.S. Code from being imposed on healthcare workers .

OMSs are surgically and medically trained dental specialists who treat conditions, defects, injuries and esthetic aspects of the mouth, teeth, jaws, neck and face. After earning a dental degree from an accredited dental school, OMSs complete a minimum of four years of hospital-based oral and maxillofacial surgery residency training, which includes rotations in such areas as general surgery, anesthesia, and clinical research. As such, the education and training required to become an OMS is very unique.

Currently, there are 102 OMS residency programs in the United States.¹ These programs provide a wide range of patient and clinical care, including the emergency treatment of severe dental infections, facial trauma, and the treatment of congenital craniofacial anomalies, often serving underserved populations and our military forces. While not all OMS residency programs have faculty and/or residents with H-1B visa status, those that do benefit greatly from the contributions of these professionals. More specifically, foreign-trained OMS faculty play an essential role in filling that gap that would otherwise exist in ensuring that our nation's

¹OMS Residency Training Programs 2025-26. American Association of Oral and Maxillofacial Surgeons.
https://aaoms.org/wp-content/uploads/2025/06/Accredited_Advanced_Training_Programs_in_Oral_and_Maxillofacial_Surgery.pdf.
Accessed Oct. 10, 2025.

OMS residency programs have sufficient faculty to maintain Commission on Dental Accreditation standards and are able to graduate enough OMSs to meet public demand. Meanwhile, foreign-trained dental students who match into OMS residency programs represent some of the most dedicated and highly qualified individuals in the dental field, often helping to raise the academic and clinical standards of a program. The current board certification requirements necessitate that these individuals be trained to equivalency in an accredited OMS program.²

The justification outlined in the proclamation for these policy changes suggests that the new fee is intended to address scenarios where companies exploit the H1-B program by replacing, rather than supplementing, American workers with lower-paid, lower-skilled labor. While this justification might apply to certain sectors of the economy, it does not represent the dynamics of the OMS workforce. Foreign-trained OMS faculty and residents are not supplanting their U.S.-trained counterparts with lower-skilled workers. It is quite the opposite. Foreign-trained faculty are addressing critical workforce gaps, and foreign-trained residents – who are paid the same stipend as their U.S.-trained peers – are strengthening the quality of care delivered to patients across the country.

In addition, the new \$100,000 application fee is required to be paid by the employer. Because the overwhelming majority of residency programs operate out of hospitals, dental or medical schools, it is very unlikely that these facilities would have the resources available to cover this fee. In fact, these facilities already rely on supplemental federal funding through the Graduate Medical Education program to support existing residency training programs. The likely result of increased fees for these residency programs will be a reduction in the healthcare workforce.

We commend you for recognizing the concerns of the oral and maxillofacial surgery specialty, along with those of so many other healthcare providers, through the introduction of HR 7961. We look forward to working with you to advance this important legislation. Please contact Jeanne Tuerk, AAOMS Director of Government Affairs with questions at 800-822-6637, ext. 4321 or jtuerk@aaoms.org.

Sincerely,



Robert S. Clark, DMD
AAOMS President

² Here's How International OMS Can Get Board-Certified. American Board of Oral and Maxillofacial Surgery. <https://www.aboms.org/news/heres-how-international-oms-can-get-board-certified>. Accessed Oct. 15, 2025.