

November 24, 2025

Joseph Edlow  
Director, U.S. Citizenship and  
Immigration Services  
5900 Capital Gateway Drive  
Camp Springs, MD 20746

Re: Weighted Selection Process for Registrants and Petitioners Seeking To File Cap-Subject H-1B Petitions [[CIS No. 2820-25](#); DHS Docket No. USCIS-2025-0040] RIN 1615-AD01

Dear Director Edlow:

On behalf of the American Society for Clinical Pathology (ASCP), I am writing to provide comment on the U.S. Citizenship and Immigration Services' (USCIS) Notice of Proposed Rulemaking creating a salary-weighted selection process for registrants and petitioners seeking to file cap-subject H-1B petitions.

ASCP appreciates USCIS's leadership to address flaws with the H-1B visa rules, and we agree with the Administration's goal of preventing the abuse of both American and foreign workers. However, as a medical specialty society focused on pathology and laboratory medicine, we are deeply concerned that the weighting provisions of this proposed rule could adversely impact the H-1B visa program's ability to address healthcare workforce shortages, including for pathologists and laboratory professionals.

### **The Salary Weighted Visa Selection Process**

In its proposed rule, the U.S. Citizenship and Immigration Services (USCIS) proposes to amend its regulations governing the process by which it selects H-1B registrations for H-1B cap-subject petitions (or H-1B petitions for any year in which the registration requirement is suspended). The proposed rule would end the existing H-1B visa lottery system for awarding visas, replacing it with a salary-weighted selection process that favors the allocation of H-1B visas to higher paid individuals (presumably higher skilled). The DHS rule would benefit H-1B candidates with the highest Bureau of Labor Statistics Occupational Employment and Wage Statistics (OEWS) wage levels (from Levels I to IV) within their specific occupation (as defined by the Office of Management and Budget's Standard Occupational Classification (SOC) Codes), by assigning them more "entries" in the lottery (thus, greater odds of success):

- Wage Level IV (67<sup>th</sup> income percentile): Entered 4 times
- Wage Level III (50<sup>th</sup> income percentile): Entered 3 times
- Wage Level II (34<sup>th</sup> income percentile): Entered 2 times

- Wage Level I (17<sup>th</sup> income percentile): Entered 1 time

### **The Shortages of Pathologists and Laboratory Professionals**

Currently, there is a well-documented shortage of physicians, including pathologists, in the United States. According to data from the Association of American Medical Colleges, the United States faces a projected [shortage of up to 86,000 physicians](#) by 2036, with demand for physicians currently exceeding supply.<sup>1</sup> Demand for pathologists is estimated at 700-840 per year. Roughly 600 new pathologists may be entering practice each year. However, approximately 25 percent of these individuals are non-US citizen international medical graduates, so the actual number of pathologists entering the workforce each year is likely lower due to program attrition, fellowship training, and immigration restrictions.<sup>2</sup>

There is also a significant shortage of [medical laboratory professionals](#). The U.S. Bureau of Labor Statistics estimates the annual demand for these professionals at [22,600 job openings per year](#), while approximately 7,500 individuals are graduating from accredited training programs each year. The shortage of laboratory professionals is also detailed in the American Society for Clinical Pathology's [2024 Vacancy Survey](#), which continues to find elevated vacancy rates compared to before the COVID-19 pandemic, with vacancy rates greater than 10 percent for most laboratory departments. For example, the vacancy rate is 28.5 percent for anatomic pathology.

### **The Impact of the Weighted Selection Process**

The proposed rule would likely negatively impact the U.S. pathologist, doctoral scientist, and laboratory professional workforces, not to mention the broader physician and healthcare workforces. Within the healthcare field, many of these individuals—even after just starting their careers—have demonstrated exceptional expertise through advanced academic degrees, clinical training, and board certification, and thus clearly meet the standard needed to be considered “highly skilled” workers. However, as these professionals enter their field, they would have a significantly lower salary compared to their more experienced peers, and thus they would have a much lower chance of obtaining a visa if USCIS adopts this proposal.

One of the ways in which this problem can manifest itself is that the proposal does not differentiate between the various professional roles that exist within most SOC Codes. For example, entry level medical laboratory professionals (SOC codes 29-2011 & 29-2012) often begin their careers focused almost exclusively on laboratory test performance. As these staff-level professionals progress in their careers, they may take on additional

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<sup>1</sup> Association of American Medical Colleges, [Press Release: New AAMC Report Shows Continuing Projected Physician Shortage](#), March 21, 2024.

<sup>2</sup> David J. Gross, et al., Strong Job Market for Pathologists: Results From the 2021 College of American Pathologists Practice Leader Survey, *Arch Pathol Lab Med*, 2023; 147 (4): 434–441. <https://doi.org/10.5858/arpa.2022-0023-CP>

responsibilities, transitioning into managers, supervisors, and directors, along with increases in salary. However, for most health professions, all of these different staff levels are housed within the same SOC code.

According to recent ASCP's vacancy rate surveys, vacancy rates have generally been higher in recent years for staff-level medical laboratory professionals than for supervisory level professionals (See ASCP vacancy surveys for [2018](#), [2020](#), and [2022](#)). Unfortunately, laboratories seeking to hire staff-level medical laboratory professionals would face significantly greater challenges securing a visa under this proposal—even when trying to hire experienced laboratory professionals. The result is that this proposal undermines the ability of clinical laboratories to staff their facilities with the professionals they need most.

This proposal would exacerbate the shortages of pathologist and laboratory professionals, as well as other physicians and healthcare professionals. We maintain that it fails to adhere to Congress's intent that the H-1B program help address labor shortages in specialized, high-skilled fields, such as healthcare. None of the provisions in this proposed rule provide any flexibility to occupations suffering from personnel shortages. Given these concerns, ASCP opposes the adoption of this proposal. If, however, USCIS proceeds with adopting this proposal, we urge the agency to classify physicians, laboratory professionals and other members of the health care workforce as Wage Tier Level IV—effectively lessening the impact this proposal would have on healthcare professionals.

ASCP appreciates this opportunity to provide these comments. If we can be of any assistance on this matter, please do not hesitate to contact [REDACTED].

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory G. Davis", with a stylized flourish at the end.

Gregory G. Davis, MD, MSPH, FASCP  
President, ASCP