State of Nebraska Guidelines for Designation of Family Practice Shortage Areas

- 1. A service area may be a single county, a partial county, a group of contiguous counties, or an identified population group within a defined area.
- 2. In computing the population-to-physician ratio, physicians practicing family or general practice will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. Physicians will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year. Physicians will not be counted if they no longer have hospital and/or nursing home privileges in the county or service area for the area they serve.
- 3. Service areas will be designated if there is no physician coverage or if the population-to-physician ratio equals or exceeds 2,000/1.
- 4. Service areas with a population-to-physician ratio at or between 1,500/1 1,999/1 will be designated if at least one of the following high need indicators is present:
 - a. The proportion of the population that is 65+ ranks in the highest quartile of the state;
 - b. The proportion of the population below the poverty level ranks in the highest quartile of the state;
 - c. The infant mortality rate ranks in the highest quartile of the state;
 - d. The low birth weight rate ranks in the highest quartile of the state;
 - e. More than half of the area's physicians are over 60 years old;
 - f. The area is a frontier area (fewer than six persons per square mile.)
- 5. Counties having a population greater than or equal to fifteen thousand inhabitants and/or included within a metropolitan statistical area as defined by the United States Department of Commerce, Bureau of the Census will not be designated. Special populations and/or facilities may be designated within these counties. Areas within a 25-mile radius of Lincoln and Omaha will not be designated.
- 6. Service areas designated as federal primary care shortage areas may be designated as state shortage areas for purposes of the Nebraska Rural Health Incentive Programs.
- 7. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

State of Nebraska Guidelines for Designation of Shortage Areas in General Surgery, Internal Medicine, OB/Gyn, Pediatrics, and Psychiatry

- 1. A service area may be a single county or a group of contiguous counties.
- 2. Any federal designation will make a site eligible for state shortage designation.
- 3. In computing the population-to-physician ratio, physicians practicing a particular specialty will be counted on a full-time equivalent basis, with four hours counting as 0.1 FTE. Physicians will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year. Psychiatrists working exclusively in an inpatient setting will not be counted.
- 4. Service areas will be designated as shortage areas for a particular specialty if there is no local physician coverage in that specialty or if the population-to-specialist ratio equals or exceeds:

General Surgery	10,200/1
General Internal Medicine	3,250/1
Obstetrics/Gynecology	10,000/1
General Pediatrics	9,300/1
Psychiatry	10,000/1

- 5. Except as defined in 1 and 2 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
- 6. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services Office of Rural Health L:\$NLRP Program/SHORT AREA GUIDELINES Rural Health Advisory Commission Adopted December 10, 1996 Updated: 7/1/2010, 2/21/20, 5/26/22 Correction: 8/31/16

State of Nebraska Guidelines for Designation of Physician Assistant Shortage Areas

- 1. A service area may be a single county or a group of contiguous counties.
- 2. Any federal designation will make a site eligible for state shortage designation.
- 3. Service areas will be designated as physician assistant shortage areas if there is no local physician coverage or if the population-to-physician ratio equals or exceeds the guideline for the specialty of the collaborating physician.
- 4. Except as defined in 1 and 2 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
- 5. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services Office of Rural Health L:\$NLRP Program/SHORT AREA GUIDELINES Rural Health Advisory Commission Adopted December 10, 1996 Updated: 7/1/2007, 2/21/2020

State of Nebraska Guidelines for Designation of Nurse Practitioner Shortage Areas

- 1. A service area may be a single county or a group of contiguous counties.
- 2. Any federal designation will make a site eligible for state shortage designation.
- 3. Service areas will be designated as nurse practitioner shortage areas if there is no local physician coverage or if the population-to-physician ratio equals or exceeds the guideline for the specialty.
- 4. Except as defined in 1 and 2 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
- 5. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services Office of Rural Health L:\$NLRP Program/SHORT AREA GUIDELINES Rural Health Advisory Commission Adopted December 10, 1996 Updated: 7/1/2007, 2/21/2020

State of Nebraska Guidelines for Designation of Mental Health Professional Shortage Areas

- 1. A service area may be a single county or a group of contiguous counties.
- 2. Any federal designation will make a site eligible for state shortage designation.
- 3. Service areas will be designated as mental health professional shortage areas if there is no local coverage or if the population-to-psychiatrist full-time equivalency (FTE) ratio equals or exceeds 10,000/1.
- 4. Except as defined in 1 and 2 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
- 5. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services Office of Rural Health L:\$NLRP Program/SHORT AREA GUIDELINES Rural Health Advisory Commission Adopted December 10, 1996 Updated: 7/1/2007, 7/1/2010, 2/21/2020, 5/26/22

State of Nebraska Guidelines for Designation of General Dentistry Shortage Areas

- 1. A service area may be a single county, a partial county, a group of contiguous counties, or an identified population group within a defined area.
- 2. The designation of a service area as a General Dentistry Shortage Area will be based on the ratio of service area population to full-time equivalency (FTE) of general dentists in the service area. In computing the population-to-dentist ratio, dentists will be counted on a full-time equivalent basis, with four hours counting as 0.1 FTE. Dentists will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.
- 3. A service area is designated as a General Dentistry Shortage Area if there is no dentist in the service area or if the population-to-dentist ratio equals or exceeds 3000/1.
- 4. Service areas with a population-to-dentist ratio at or between 2500/1 2999/1 will be designated if at least one of the following high need indicators is present:
 - a. Half or more of the dentists serving the area are 55 or older;
 - b. The proportion of the population below the poverty level ranks in the highest quartile of the state; or
 - c. The area is a frontier area (fewer than six persons per square mile).
- 5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.
- 6. Service areas designated as federal general dentistry shortage areas may be designated as state shortage areas for purposes of the Nebraska Rural Health Incentive Programs.
- 7. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services Office of Rural Health L:\$NLRP Program/SHORT AREA GUIDELINES Rural Health Advisory Commission Adopted December 7, 2001 Updated 3/22/02, 12/5/03, 9/8/04, 11/16/07, 7/1/2010, 4/25/2019, 5/26/22

State of Nebraska Guidelines for Designation of Pediatric Dentistry And Oral Surgery Shortage Areas

- 1. Counties and parts of counties outside a 50-mile radius of the cities of Lincoln and Omaha will be designated as pediatric dentistry shortage areas.
- 2. Service areas designated as federal general dentistry shortage areas may be designated as state shortage areas for purposes of the Nebraska Rural Health Incentive Programs.
- 3. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services Office of Rural Health L:\$NLRP Program/SHORT AREA GUIDELINES Rural Health Advisory Commission Adopted June 15, 2001 Updated 12/5/03, 7/1/2007, 2/21/2019

State of Nebraska Guidelines for Designation of Pharmacist Shortage Areas

- 1. A service area may be a single county or a group of contiguous counties.
- 2. The designation of a service area as a Pharmacist Shortage Area will be based on the ratio of service area population to full-time equivalency (FTE) of pharmacists practicing in the service area. In computing the population to pharmacist ratio, pharmacists will be counted on a full-time equivalent basis, with four hours counting as 0.1 FTE. Pharmacists will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.
- 3. A service area is designated as a Pharmacist Shortage Area if there is no pharmacist in the service area or if the population-to-pharmacist ratio equals or exceeds 1700/1.
- 4. Service areas with a population-to-pharmacist ratio at or between 600/1 1699/1 will be designated if the proportion of the service area population 65 and older ranks in the highest quartile of the state or if more than half of the area's pharmacists are over 60 years old.
- 5. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated. Cities larger than 15,000 will not be designated.
- 6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services Office of Rural Health L:\$NLRP Program/SHORT AREA GUIDELINES Rural Health Advisory Commission Adopted March 30, 1998 Updated April 16, 2005; 7/1/2010, 5/26/22

State of Nebraska Guidelines for Designation of Occupational Therapy Shortage Areas

- 1. A service area may be a single county or a group of contiguous counties.
- 2. In computing the population-to-occupational therapist (OT) ratio, OTs will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. OTs will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.
- 3. A service area is designated as an Occupational Therapist Shortage Area if there is no Occupational Therapist practicing in the service area or if the population-to-OT ratio equals or exceeds 5000/1.
- 4. Service areas with a population-to-OT ratio at or between 4500/1 4999/1 will be designated if at least one of the following high need indicators is present:
 - a. The area is a frontier area (fewer than six persons per square mile);
 - b. The proportion of the service area population 65 and older ranks in the highest quartile of the state;
 - c. The proportion of the service area Special Education students to the student population ranks in the highest quartile of the state;
 - d. The proportion of the service area population below the poverty level ranks in the highest quartile of the state; or
 - e. Fifty percent or more of the OTs practicing in the county are 60 or older.
- 5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.
- 6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

State of Nebraska Guidelines for Designation of Physical Therapy Shortage Areas

- 1. A service area may be a single county or a group of contiguous counties.
- 2. In computing the population-to-physical therapist (PT) ratio, PTs will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. PTs will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.
- 3. A service area is designated as a Physical Therapy Shortage Area if there is no physical therapist practicing in the service area or if the population-to-PT ratio equals or exceeds 5000/1.
- 4. Service areas with a population-to-PT ratio at or between 4500/1 4999/1 will be designated if at least one of the following high need indicators is present:
 - a. The area is a frontier area (fewer than six persons per square mile);
 - b. The proportion of the service area population 65 and older ranks in the highest quartile of the state;
 - c. The proportion of the service area Special Education students to the student population ranks in the highest quartile of the state;
 - d. The proportion of the service area population below the poverty level ranks in the highest quartile of the state; or
 - e. Fifty percent or more of the PTs practicing in the county are 60 or older.
- 5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.
- 6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

State of Nebraska Guidelines for Designation of Registered Dietitian Nutritionist Shortage Areas

- 1. A service area may be a single county or a group of contiguous counties.
- 2. In computing the population-to-registered dietitian nutritionist (RD) ratio, RDs will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. RDs will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.
- 3. A service area is designated as a Registered Dietitian Nutritionist Shortage Area if there is no registered dietitian nutritionist practicing in the service area or if the population-to-RD ratio equals or exceeds 5000/1.
- 4. Service areas with a population-to-RD ratio at or between 4500/1 4999/1 will be designated if at least one of the following high need indicators is present:
 - a. The area is a frontier area (fewer than six persons per square mile);
 - b. The proportion of the service area population 65 and older ranks in the highest quartile of the state;
 - c. The proportion of the service area population below the poverty level ranks in the highest quartile of the state; or
 - f. Fifty percent or more of the RDs practicing in the county are 60 or older.
- 5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.
- 6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services Office of Rural Health L:\$NLRP Program/SHORT AREA GUIDELINES Rural Health Advisory Commission Adopted August 15, 2025

State of Nebraska Guidelines for Designation of Certified Registered Nurse Anesthetist Shortage Areas

- 1. A service area may be a single county or a group of contiguous counties.
- 2. Service areas will be designated as certified registered nurse anesthetist (CRNA) shortage areas if there is no CRNA practicing in the service area or if the population-to-physician ratio equals or exceeds the guideline for the specialty of obstetrics and gynecology.
- 3. Except as defined in item 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
- 4. Service areas designated as federal primary care shortage areas or federal maternity care target areas (MCTAs) will be designated as state shortage areas for purposes of the Nebraska Rural Health Incentive Programs.
- 5. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services Office of Rural Health L:\$NLRP Program/SHORT AREA GUIDELINES Rural Health Advisory Commission Adopted August 15, 2025

Rural* Counties over 15,000 population (2020 Census)

Adams Dakota Gage Madison Saunders Washington Buffalo Dawson Hall Otoe Scotts Bluff

Cass Dodge Lincoln Platte Seward

Rural Communities over 15,000 population (2020 Census)

Columbus (Platte County)

Fremont (Dodge County)

Grand Island (Hall County)

Kearney (Buffalo County)

Norfolk (Madison County)

North Platte (Lincoln County)

Hastings (Adams County) Scottsbluff/Gering (Scotts Bluff County)

Whole Counties within 50-mile radius of Lincoln and Omaha

Butler Otoe Seward Cass Saline Washington

Johnson Saunders

Part of these Counties within 50-mile radius of Lincoln and Omaha

Burt Dodge Jefferson Polk Colfax Fillmore Nemaha York

Cuming Gage Pawnee

Part of these Counties within 25-mile radius of Lincoln and Omaha

Butler Otoe Seward Cass Saline Washington

Gage Saunders

^{*}Douglas, Lancaster, and Sarpy Counties are not rural counties.