

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.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

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 The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.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. 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.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. 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

4. Except as defined in 1 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.

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. 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.
3. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
4. 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: July 1, 2007

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. 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.
3. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
4. 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
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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. 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**.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
4. 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
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.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

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.

**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. 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

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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.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

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.

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.

If the population-to-OT ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

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.

If the population to licensed PT ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

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.

Rural* Counties over 15,000 population (2014 Census)

Adams	Dakota	Gage	Madison	Saunders	Washington
Buffalo	Dawson	Hall	Otoe	Scotts Bluff	
Cass	Dodge	Lincoln	Platte	Seward	

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

Rural Communities over 15,000 population (2014 Census)

Columbus (Platte County)	Kearney (Buffalo County)
Fremont (Dodge County)	Norfolk (Madison County)
Grand Island (Hall County)	North Platte (Lincoln County)
Hastings (Adams County)	Scottsbluff (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	