

Nebraska Rural Health Advisory
Commission's

Annual Report

As provided through the
Nebraska Rural Health Systems and
Professional Incentive Act

December 2017

**Nebraska Rural Health Advisory Commission
December 2017**

Name / Affiliation

Appointment Designation

Commission Chairperson:

Marty L. Fattig, C.E.O.
Auburn, NE

Rural Hospital Administrator

Commission Vice-Chairperson:

Rebecca A. Schroeder, Ph.D.
Curtis, NE

Rural Mental Health Practitioner

Brian K. Buhlke, D.O.
Central City, NE

Rural Physician

Kyle Klammer, M.D.
Bellevue, NE

Family Practice Resident Representative

Sheri Dawson, R.N., Director
NE DHHS – Division of Behavioral Health
Lincoln, NE

NE DHHS Representative
Department of Health & Human Services

Jessye Goertz
Berwyn, NE

Rural Consumer

Benjamin R. Iske, D.D.S.
Bridgeport, NE

Rural Dentist

OPEN

Rural Nursing Home Administrator

April J. Dexter, N.P.
Atkinson, NE

Rural Nurse

Laeth Nasir, M.D., Chairman
Department of Family Medicine – Creighton University
Omaha, NE

Medical School Representative

Jenifer Roberts-Johnson, J.D., Deputy Director
NE DHHS – Division of Public Health
Lincoln, NE

Designee for Director,
Division of Public Health
Department of Health & Human Services

Michael A. Sitorius, M.D., Chairman
Department of Family Medicine – UNMC
Omaha, NE

Medical School Representative

Roger D. Wells, PA-C
St. Paul, NE

Rural Physician Assistant

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**Nebraska Rural Health Advisory Commission’s
Annual Report of the
Nebraska Rural Health Systems and Professional Incentive Act
December 2017**

EXECUTIVE SUMMARY

- The Rural Health Systems and Professional Incentive Act, passed in 1991, created the Rural Health Advisory Commission, the Nebraska Rural Health Student Loan Program and the Nebraska Loan Repayment Program.
- The thirteen (13) members of the Rural Health Advisory Commission are appointed by the Governor and confirmed by the Legislature.
- The Rural Health Advisory Commission’s statutory duties include, but are not limited to, establishing state-designated shortage areas, selecting rural student loans and loan repayment to eligible health professionals, and preparing recommendations to the appropriate bodies to alleviate problems in the delivery of health care in rural Nebraska.
- The Nebraska Rural Health Student Loan Program provides *forgivable* student loans to Nebraska medical, dental, physician assistant, and graduate-level mental health *students* who agree to practice an approved specialty in a state-designated shortage area.
- The Nebraska Loan Repayment Program assists rural communities in recruiting and retaining primary care health professionals by offering state matching funds for repayment of *health professionals’* government or commercial educational debt.
- As of October 2017, there are 79 rural incentive program recipients practicing under obligation in Nebraska.
- The Nebraska Loan Repayment Program has a 92 percent success rate of recipients completing their practice obligations.
- The Nebraska Rural Health Student Loan Program buyout rate has dropped from an average of approximately 50 percent in 1998 to the current average of 12.5 percent.
- Based on county population, the rural health incentive programs currently impact over 900,000 people¹ living in Nebraska in underserved areas by providing them access to health care professionals.
- According to studies on the economic impact of rural health care, “One primary care physician in a rural community creates 23 jobs annually. On average, 14 percent of total employment in rural communities is attributed to the health sector.”²

¹ Based on county and underserved populations.

² Doeksen, G.A., St. Clair, C. F., and Eilrich, F.C. “Economic Impact of Rural Health Care.” National Center for Rural Health Works, www.ruralhealthworks.org, September 2012.

History

The Rural Health Systems and Professional Incentive Act (the Act) was passed in 1991 creating the Rural Health Advisory Commission, the Nebraska Rural Health Student Loan Program, and the Nebraska Loan Repayment Program. In 2015, the Legislature added the Medical Resident Loan Repayment Program; however, funding has not been appropriated for this program. (State of Nebraska employees are not eligible to receive benefits under the rural incentive programs.)

Rural Health Advisory Commission

The Rural Health Advisory Commission is a governor-appointed commission consisting of thirteen members as follows: (1) the Director of Public Health of the Division of Public Health or his or her designee and another representative of the Nebraska Department of Health and Human Services; and (2) eleven members appointed by the Governor with the advice and consent of the Legislature. These eleven members include one representative of each medical school located in the state involved in training family physicians, one physician in family practice residency training, one rural physician, one rural consumer representative, one rural hospital administrator, one rural nursing home administrator, one rural nurse, one rural physician assistant, one rural mental health practitioner or psychologist licensed under the requirements of section 38-3114 or the equivalent thereof, and one rural dentist. (*NE Revised Statutes Section 71-5654*)

The purpose of the Commission is to advise the Nebraska Department of Health and Human Services – Division of Public Health, the Legislature, the Governor, the University of Nebraska, and the citizens of Nebraska regarding all aspects of rural health care and to advise the Nebraska Office of Rural Health regarding the administration of the Rural Health Systems and Professional Incentive Act. (*NE Revised Statutes Section 71-5655*)

By statutory authority the Commission has the following powers and duties: (1) advise the Nebraska Department of Health and Human Services – Public Health Division (department) regarding the development and implementation of a state rural health policy; (2) advise the department and other appropriate parties in all matters relating to rural health care; (3) serve as an advocate for rural Nebraska in health care issues; (4) maintain liaison with all agencies, groups, and organizations concerned with rural health care in order to facilitate integration of efforts and commonality of goals; (5) identify problems in the delivery of health care in rural Nebraska, in the education and training of health care providers in rural Nebraska, in the regulation of health care providers and institutions in rural Nebraska, and in any other matters relating to rural health care; (6) prepare recommendations to the appropriate bodies to alleviate the problems identified; (7) advise the department regarding the Rural Health Systems and Professional Incentive Act; (8) designate health profession shortage areas in Nebraska; and (9) select recipients of financial incentives available under the Act. (*NE Revised Statutes Section 71-5659*)

Nebraska Rural Health Student Loan Program

In 1979, the State of Nebraska began awarding low-interest loans to medical students who agree to practice in shortage areas. Due to legislative changes over the years, the Nebraska Rural

Health Student Loan Program now awards *forgivable* student loans to Nebraska medical, dental, physician assistant, and graduate-level mental health students who agree to practice an approved specialty in a state-designated shortage area. Approved specialties are defined as follows: medical and physician assistant students must agree to specialize in family practice, general surgery, general internal medicine, general pediatrics, obstetrics/gynecology, or psychiatry; dental students must agree to specialize in general practice, pediatric dentistry, or oral surgery; and mental health students must be enrolled or accepted for enrollment in a training program that meets the educational requirements for licensure by the Department of Health and Human Services for “licensed mental health practitioner” or “licensed psychologist”.

The Nebraska Rural Health Student Loan Program is for Nebraska residents attending graduate college in Nebraska. Student loan recipients receive a forgivable educational loan while they are in training in exchange for an agreement to practice in a state-designated shortage area the equivalent of full-time for one year for each year a loan is received. The number and amount of student loans are determined annually by the Rural Health Advisory Commission based on state funding.

Dental students were added to the Nebraska Rural Health Student Loan Program in 2000 and graduate-mental health students were added in 2004. In 2000, the Legislature passed legislation that increased the maximum amount of student loan awards for medical and dental students to up to \$20,000 per year and up to \$10,000 per year for physician assistant student loans. When graduate-level mental health student loans were added in 2004, the maximum amount of a student loan for a doctorate-level mental health student was set at up to \$20,000 per year and for a master-level mental health student, it was set at up to \$10,000 per year. Legislation passed in 2015 increased the maximum student loan awards to up to \$30,000 and up to \$15,000 per year; however, there has been no increase in the appropriation. The Rural Health Advisory Commission is currently awarding student loans in the amount of \$20,000 for doctorate-level students and \$10,000 for full-time master-level students.

Nebraska Loan Repayment Program

In 1994, the Nebraska Legislature appropriated funding for the Nebraska Loan Repayment Program for health professionals willing to practice in a state-designated shortage area. Initially only physicians, nurse practitioners, and physician assistants practicing one of the defined medical specialties (identified previously), clinical psychologists, and master-level mental health providers were eligible for loan repayment. In 1998, pharmacists, occupational therapists, physical therapists, and dentists were added to the program. The approved medical and dental specialties are the same specialties defined under the Nebraska Rural Health Student Loan Program listed previously.

The Nebraska Loan Repayment Program requires community participation in the form of a local match and a 3-year practice obligation for the health professional. Communities must do their own recruiting, using the availability of the loan repayment program as a recruitment and retention tool. Once a health professional is recruited a local entity and the health professional must submit loan repayment applications to the Rural Health Advisory Commission. Communities may also use loan repayment to retain a health professional if the area is a state-designated shortage area.

Nebraska Medical Resident Loan Repayment Program

In 2015, the Legislature passed LB196 which created the Nebraska Medical Resident Loan Repayment Program. The Nebraska Medical Resident Loan Repayment Program will provide financial incentives to medical residents who agree to practice their profession in a designated health profession shortage area within Nebraska. An applicant for this new program must be enrolled or accepted for enrollment in an approved medical specialty residency program in Nebraska and have government or commercial student loans. The amount of financial assistance provided through the medical resident incentive program shall be limited to forty thousand dollars per recipient per year and shall not exceed one hundred twenty thousand dollars. *This new program has not been funded by the Legislature at this time.*

State-Designated Shortage Areas

The Rural Health Advisory Commission has the responsibility of establishing guidelines and identifying shortage areas for purposes of the Nebraska rural incentive programs for the professions and specialties defined in the Act. Every 3 years a statewide review of all the shortage areas is completed. If changes occur in an area during the years between the statewide reviews, the community may request a shortage area designation from the Commission. Any data or information submitted for review is verified by the Nebraska Office of Rural Health and University of Nebraska Medical Center – Health Professions Tracking Services. If the area meets the guidelines for state designation, the Commission may designate it. The Rural Health Advisory Commission approved new medical, mental health, dental, and pharmacist shortage areas as of October 5, 2016. Physical therapist and occupational therapist shortage areas were approved as of January 1, 2017.

Criteria for the federal and state shortage area designations differ and are used for different federal and state programs. Nebraska Office of Rural Health staff can assist with the data requirements and benefits of the various shortage area designations and incentive programs. Guidelines for the state-designated shortage areas and the current federal and state shortage areas are posted on the Nebraska Office of Rural Health webpage.

While the Nebraska rural incentive programs primarily focus on *rural* shortage areas Federally Qualified Health Centers (FQHCs) may request to be designated as state-designated shortage areas for family practice and/or general dentistry. As a state-designated shortage area, FQHCs may then qualify for benefits under the state incentive programs in addition to *federal* health professional incentive programs.

The Nebraska Office of Rural Health works to maximize state funds for areas not eligible for the benefits under the federal incentive programs due to practice area or practice specialty eligibility. Health professionals who are practicing in a federal Health Professional Shortage Area (HPSA), and are eligible, are encouraged to apply first for the National Health Service Corps (NHSC) Loan Repayment Program or the NHSC State Loan Repayment Program (NHSC SLRP) before applying for the Nebraska Loan Repayment Program. Depending on the availability of federal funds, the NHSC will often times award loan repayment to health professionals based on the

HPSA score. When higher HPSA scores are needed to qualify, there is a greater demand for the Nebraska Loan Repayment Program because HPSA scores in Nebraska tend to be lower compared to other areas nationally.

Effective September 1, 2014, the Department of Health and Human Services, Office of Rural Health was awarded a 4-year grant of \$100,000 per year for the National Health Service Corps *State* Loan Repayment Program (NHSC SLRP). This program has the same criteria as the NHSC Loan Repayment Program except a match from the community is required and health professionals can practice in any federal HPSA without regard to the HPSA score. As of September 1, 2017 the Office of Rural Health is receiving \$300,000 per year through the NHSC SLRP grant. The Nebraska Office of Rural Health is using the NHSC SLRP to complement the Nebraska Loan Repayment Program. For additional information about the NHSC SLRP, contact the Nebraska Office of Rural Health.

Analysis of the Rural Incentive Programs

Chart 1 on page 11 shows graphically the number of rural incentive recipients by program receiving payments by fiscal year. The current fiscal year (FY2017-18) shows awards as of September 2017. It is anticipated that the Rural Health Advisory Commission will obligate most of the funds for FY2017-18 at their December 2017 meeting. Applicants left on the waiting list will not begin practice until FY2018-19 or later in FY2017-18.

Several factors influence the number of incentive recipients each year. These factors include the amount of state funds available, the amount of each individual incentive award, and the educational level of the recipients. As one commission member stated, *“of all the programs, these are the most successful and the money comes back many times over.”* The demand for the rural incentive programs remains high and total student loan debt is continuing to rise each year. Based on the current loan repayment recipients’ applications the *mean* and *median* student loan debt for a physician is \$202,000 and \$186,000, respectively, and for a dentist is \$257,000 and \$234,000, respectively. As mentioned earlier, the Legislature passed a bill in 2015 increasing the maximum awards to up to \$30,000 and up to \$15,000 per year; however, there has been no increase in the appropriation. The Rural Health Advisory Commission is currently awarding incentives in the amount of \$20,000 for doctorate-level and \$10,000 for mid-level and allied health care professionals.

Chart 2 on page 12 shows the budget amounts by source for each fiscal year. Comparing Charts 1 and 2 demonstrates the direct relationship between funding and the number of incentives awarded by the Rural Health Advisory Commission. Beginning July 1, 2013, the Legislature transferred \$1.5M from the Department of Health and Human Services cash fund and moved it to the Rural Health Incentive Fund. Cash spending authority was granted to use \$500,000 of this money for each of the next two years (FY2013-14 and FY2014-15) for the state match for loan repayment. In addition, the Legislature authorized spending authority for the local match funds in the same amount as the state match. (This is essential for the loan repayment program because this program requires a 50-50 state and local match.)

The Department of Health and Human Services in FY2014-15 requested a reduction in cash spending authority which was no longer needed for the Merck settlement cash. Merck settlement cash was deposited in the Rural Health Incentive Cash Fund account by the Legislature in FY08-09. Cash spending authority was authorized to use \$500,000 per year for the state match for loan repayment and \$500,000 for the local match for loan repayment for four years, through FY11-12. Once the Merck funds were depleted cash spending authority was no longer needed.

Chart 3 on page 13 shows the dollar amount of rural incentive awards by program by fiscal year. Student loans are awarded by the Rural Health Advisory Commission in June prior to the beginning of each fiscal year; therefore student loans are projected for fiscal years beyond FY2017-18.

Loan repayment awards are made at each Rural Health Advisory Commission meeting as applications are received and state funds are available. Loan repayment requires a 50-50 local-state match and cash spending authority to spend the local match.

Chart 4 on page 14 gives another perspective to the loan repayment awards. Since loan repayment requires a 50-50 state-local match, Chart 4 shows the funding impact of loan repayment awards by fiscal year. The increase “bump” beginning in FY2013-14 is the addition of the cash funds transferred to the rural incentive cash fund. The State Match for loan repayment is identified by funding source; general funds and cash funds. As stated previously the Legislature has granted cash spending authority to use cash funds deposited into the Rural Health Incentive Cash Fund. Once the cash is spent cash funds will no longer be available for the State Match for loan repayment.

The Nebraska Loan Repayment Program requires a 3-year practice obligation so when the Rural Health Advisory Commission awards loan repayment the obligation of funds is projected over the 3-year practice obligation. Loan repayment awards being made in FY2017-18 will impact the rural incentive program budget in FY2018-19, FY2019-20, and FY2020-21; hence the future budget obligations shown on Chart 4.

Charts 5 and 6 on pages 15 and 16 show the number of recipients by profession by fiscal year for the Nebraska Loan Repayment Program and Nebraska Rural Health Student Loan Program; respectively. While more medical professionals use the *loan repayment* program than the other eligible health professionals, the Nebraska Rural Health *Student Loan* Program has been a good program for dental students interested in rural practice.

Unlike the Nebraska Loan Repayment Program, student loan recipients do not have to find a local agency to match the state loan repayment funds and they can be self-employed and still receive forgiveness of their rural health student loans. Due to the number of qualified *medical* students applying for the Nebraska Rural Health Student Loan Program in 2014, the Rural Health Advisory Commission was able to award 8 out of the 14 student loan awards to medical students.

Table A on page 16 shows the number of student loan awards issued each year from FY2008-09 through FY2017-18. From FY2008-09 through FY2016-17, the Rural Health Advisory

Commission awarded an average of 7 new student loans and 7 continuation student loans per year. New student loan awards are based on the quality of applicants each year and the likelihood that the applicant will return to a rural shortage area to practice. In 2017, the Rural Health Advisory Commission did not award any new student loans and only awarded continuation loans due to the number of loan repayment applicants on the waiting list.

Prior to 1998, buyout rates for student loans averaged about 50 percent. Given four years of medical school and at least three years of residency training, a medical student loan recipient will not be available to practice in a shortage area for up to seven or more years. To improve the success rate of recipients fulfilling their practice obligations, administrative changes were implemented in 1998 to remind student loan recipients of their practice obligation. Then in 2007, the Rural Health Advisory Commission recommended a legislative change to reduce the default cost for student loan recipients from 24% simple interest from the date the loan was received to 150% of the principal plus 8% at the time of default. During the most recent 5-year period (FY2009 – FY2013), for which data are available, the buyout rate has dropped to an average of 12.5%.

Table B on page 18 provides a summary of the Nebraska Loan Repayment Program from 1994 through 2017 (as of October 2017). Since 1994, 566 health professionals have participated or are participating in the Nebraska Loan Repayment Program. Ninety-two percent (92%) of loan repayment recipients have completed their practice obligation or are currently serving their practice obligation. Approximately 8 percent of loan repayment applicants have defaulted on their practice obligation. As of October 2017, there are 68 *loan repayment* recipients in practice under obligation in rural or underserved areas of Nebraska with more to be added as awards are made and contracts are signed.

The map on page 19 shows the practice location of rural incentive recipients under practice obligation as of October 2017 based on the University of Nebraska Medical Center Health Professions Tracking Services. Legislative Districts are outlined in blue.

Summary

As a result of both the rural incentive programs, as of September 2017, there are 79 licensed health professionals in practice under obligation providing access to health care services for over 900,000 people living in Nebraska. These two rural incentive programs (student loans and loan repayment) are the only state-funded programs of this type to encourage health professionals to practice in state-designated shortage areas. The only limitation to these programs is the level of the state appropriation.

Prior to National Rural Health Day, Thursday, November 16, 2017, the Rural Health Advisory Commission sent letters to the local communities and rural incentive recipients currently participating in one of the Nebraska rural incentive programs. The following are comments received as a result of those letters.

“Central Nebraska Medical Clinic is located in the center of Nebraska and is a rural area in every way. Broken Bow is the largest town in our county with a population of 3500. Our

physicians and mid-level providers serve all of Custer County and surrounding areas, including Loup County, Blaine County and parts of Valley County. We have 2 outreach clinics in Sargent and Arcadia which would be difficult to staff without the help of our PAs and NP....The loan repayment incentive has been instrumental in recruiting these mid-level providers. We have also had physicians in the past that have been participants and we are looking forward to offering the program in our future recruiting needs as well...We appreciate and celebrate National Rural Health Day and hope to continue to participate in the rural incentive programs.”

“This program has helped Sidney Regional Medical Center recruit and retain physicians and physician assistants, just as I am sure it has done all across Nebraska. This program is vital to grow and maintain health care services throughout the rural parts of our state. The ability for people to receive health care, as close to home as possible, is key to the health and wellness of our state.”

“I received your letter in regards to National Rural Health Day and the Rural Health Advisory Commission. I recently completed my third year of the state repayment program and I just wanted to say thank you so much....I am so thankful that it was available and I feel fortunate to be a recipient of that assistance. Growing up in Lawrence and now being able to practice in York is something that is very special to me.”

CHART 1
Nebraska Rural Incentive Programs
 Number of Recipients Receiving Payments by Program by Fiscal Year

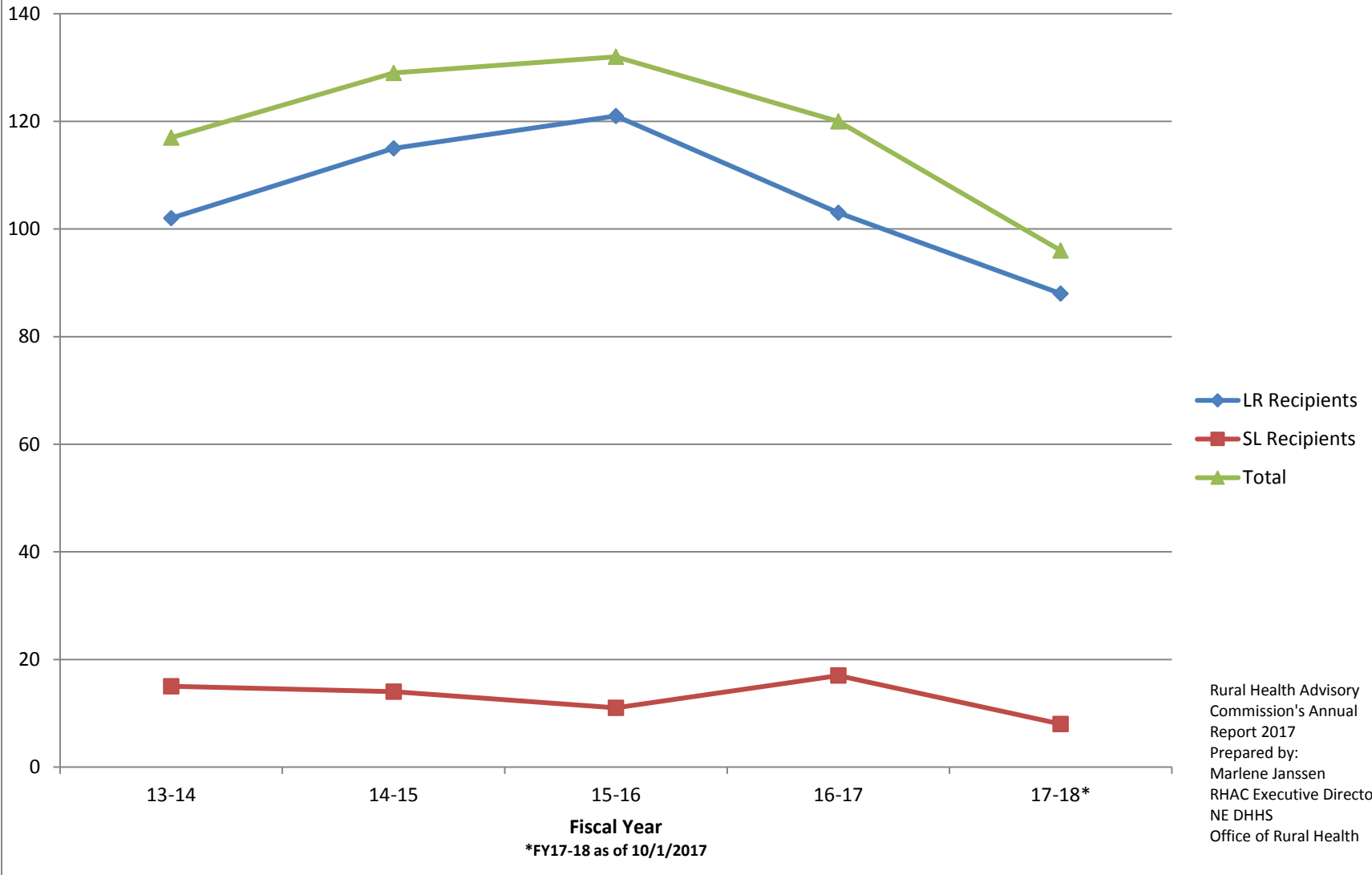
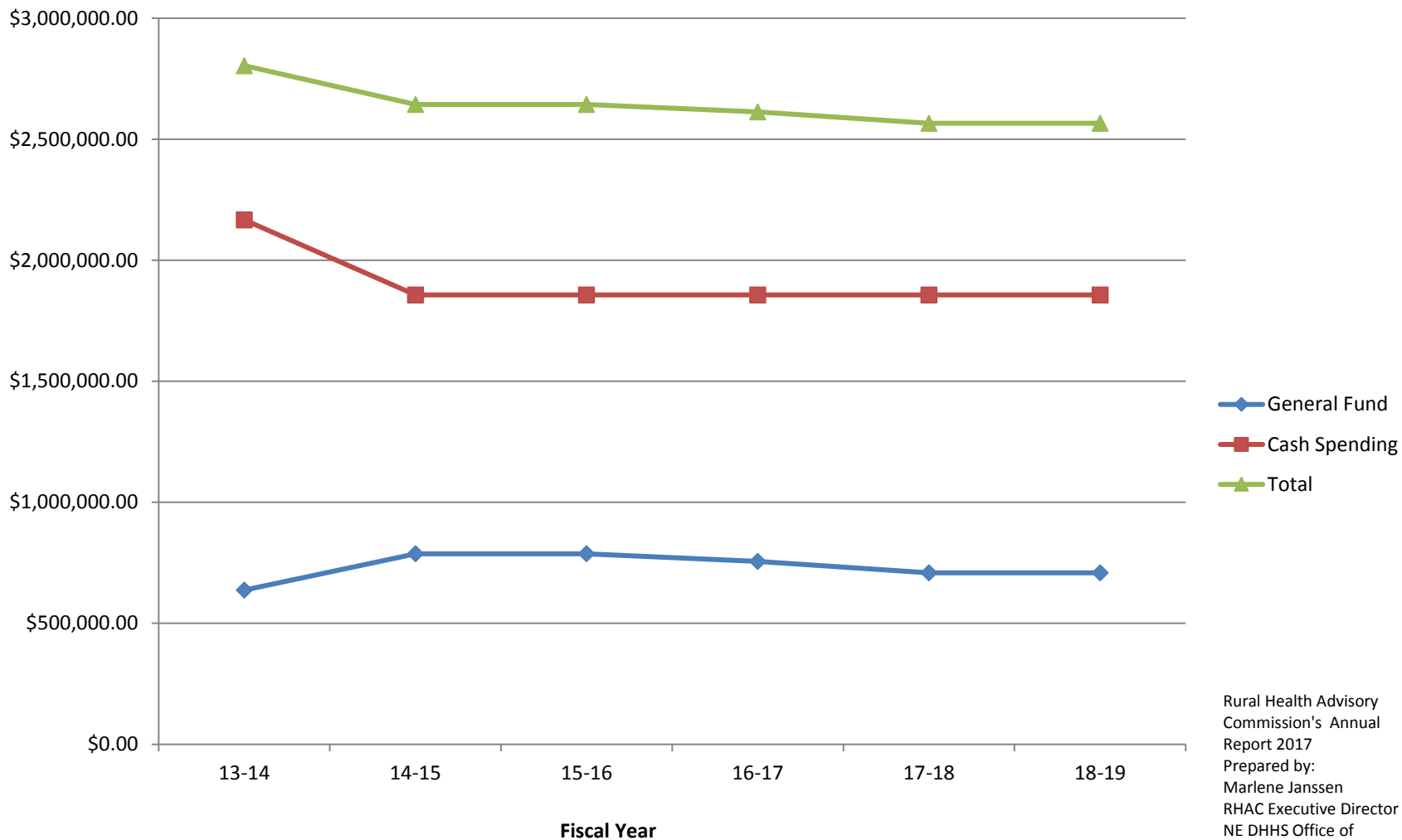


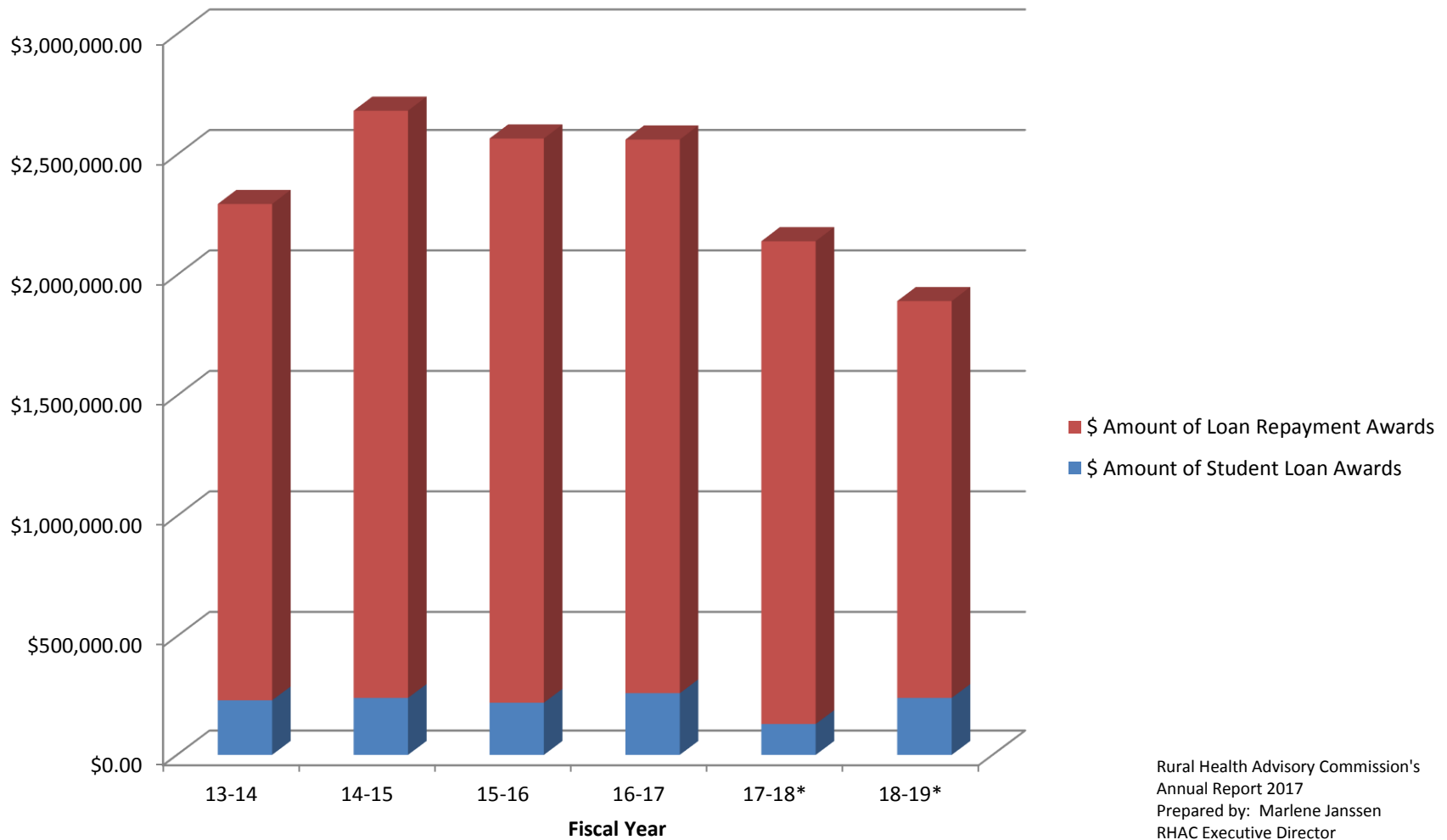
Chart 2
Nebraska Rural Incentive Programs
State Budget Appropriation By Source By Fiscal Year



**FY14-15 cash spending authority reduced by DHHS, no longer needed for Merck cash
 FY2016-17 and FY2017-18 General Funds Reduced**

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 Prepared by:
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 RHAC Executive Director
 NE DHHS Office of
 Rural Health

CHART 3
Nebraska State-Funded Rural Incentive Programs
\$ Amount of Rural Incentive Awards by Program by Fiscal Year



(*LR is a 3-year program, FY2013-14 through FY18--19 shows *current* LR obligations. SL awards are projected for FY18-19 .)

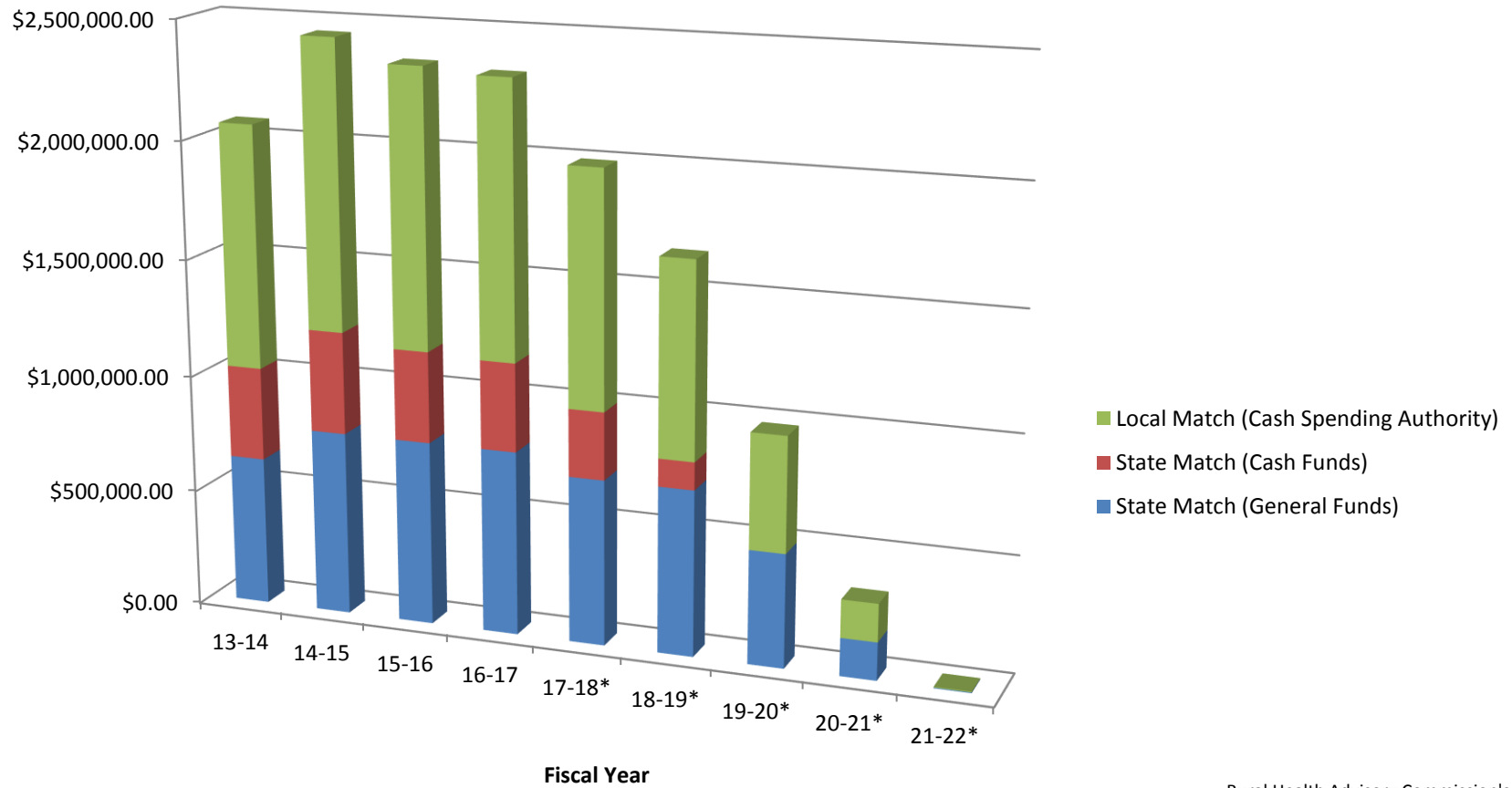
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CHART 4

Nebraska Loan Repayment Program

\$ Amount of Awards by Contribution Source by Fiscal Year

(Note: Loan Repayment requires a 50-50 State & Local Match. Cash Spending Authority is needed for the Local Match)



Note: Loan Repayment requires a 3-year practice obligation
 *FY17-18 is based on current & expected LR awards
 *FY18-19 through FY20-21 are based on current obligations.

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CHART 5
Nebraska Loan Repayment Program
Recipients Paid in Fiscal Year by Profession

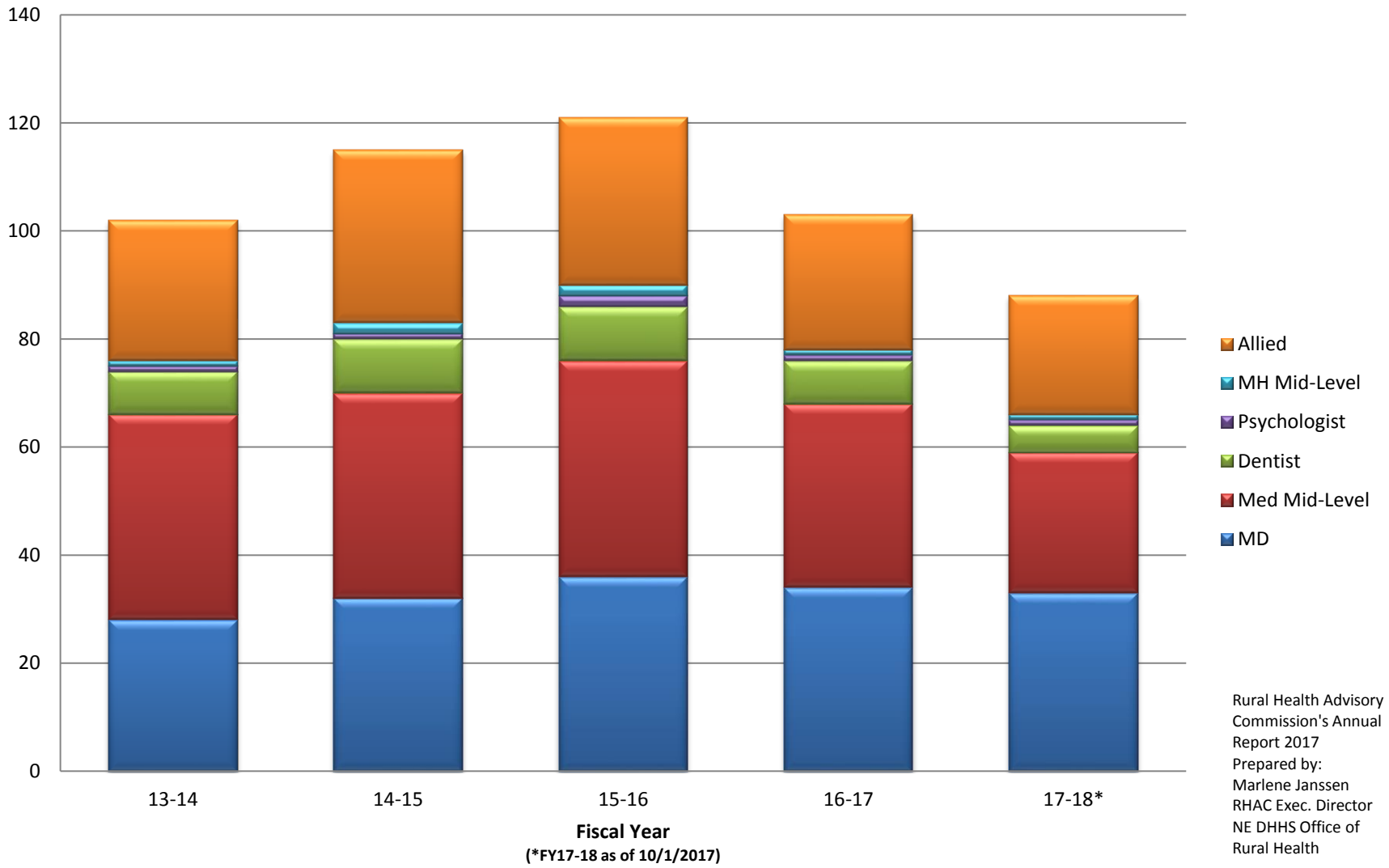


CHART 6
Nebraska Student Loan Program
Student Loan Recipients by Profession by Fiscal Year

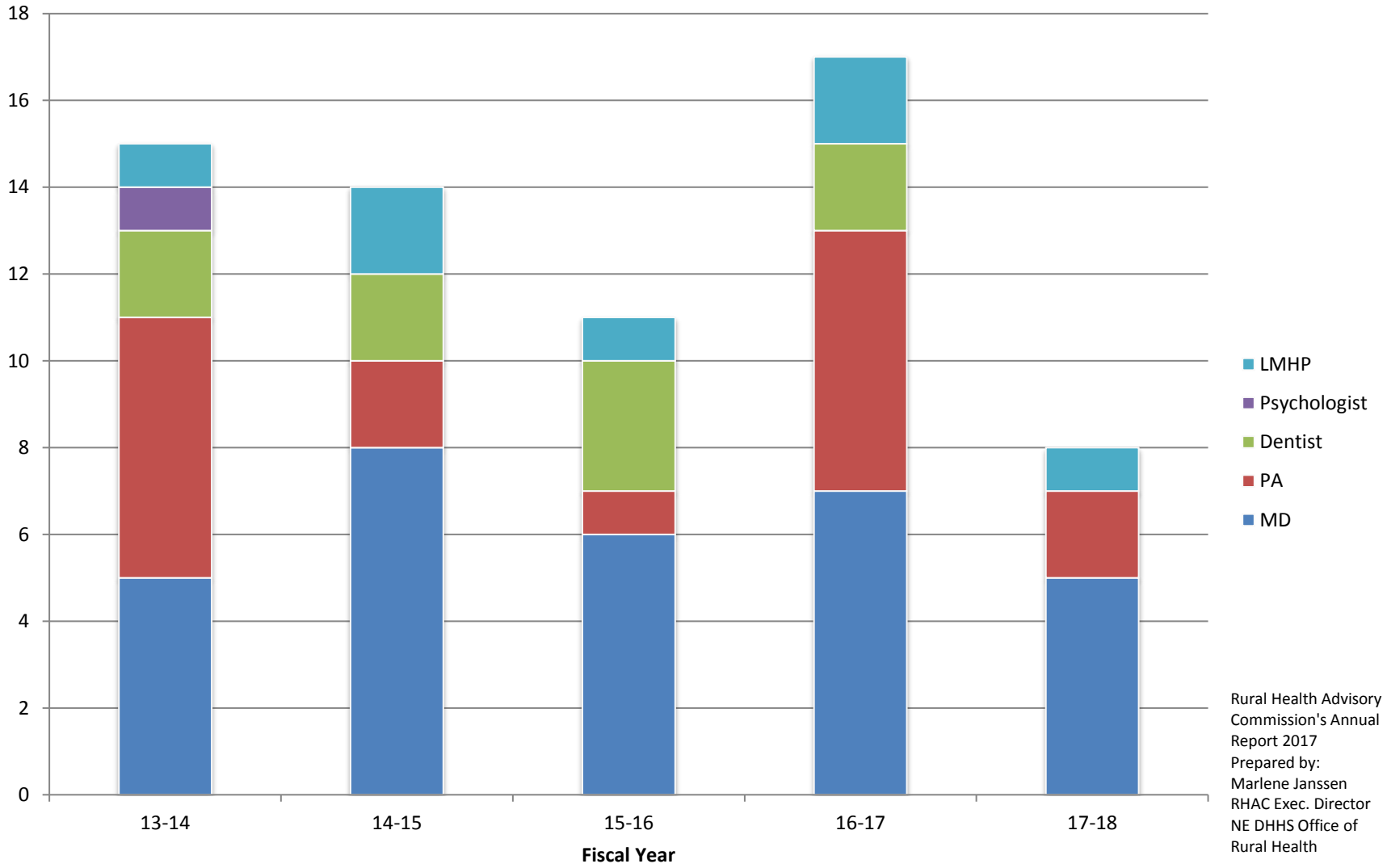


TABLE A
Nebraska Rural Student Loan Program
Number of Student Loans by Type & Outcome By Fiscal Year
(Duplicate Counts (1))

Fiscal Year	Total Amount Awarded	Student Loan Awards			In Training As of 2017 (2)	Outcomes As of 2017				
						In Practice Forgiveness	Completed Practice	Partial Forgiveness/ Buyout or Write Off	Contract Buyout	Buyout Rate (3)
		New	Continuation	Total						
2008-09	\$227,500	7	7	14	1	3	6	1	3	21.4%
2009-10	\$220,000	6	7	13	1	4	5	2	1	7.7%
2010-11	\$255,000	7	10	17	1	4	8	2	2	11.8%
2011-12	\$220,000	6	8	14	1	4	6	1	2	14.3%
2012-13	\$215,000	8	6	14	3	7	2	1	1	7.1%
2013-14	\$230,000	11	4	15	5	6	3	0	1	NA
2014-15	\$240,000	7	7	14	9	5	NA	0	0	NA
2015-16	\$220,000	5	6	11	9	2	NA	0	0	NA
2016-17	\$260,000	8	9	17	16	1	NA	0	0	NA
2017-18	\$130,000	0*	8	8	8	NA	NA	0	0	NA
								5-Year Average Buyout Rate		12.5%

Footnotes:

1. Student loan recipients may receive up to four annual loans. This means a recipient will be counted as "New" the first year and then as "Continuation" in subsequent years. Summing the "Total" student loan awards over several years will result in duplication of individuals receiving awards.
2. "In Training" means in school, residency, or provisionally licensed.
3. "Buyout Rate" is the number of recipients who buyout their contracts without ever practicing a primary care specialty in a shortage area divided by total student awards for each year. Buyout rates are not applicable for 2013-2017 since most recipients are still in training.

Historical Notes:

- * In 2000, dental students became eligible to apply for the Nebraska Student Loan Program. The maximum student loan award amount was increased to \$20,000
- * In 2004, graduate-level mental health students became eligible for the Nebraska Student Loan Program.
- * In 2009, the Rural Health Advisory Commission began awarding student loans at the maximum amounts: \$20,000 for doctorate level students and \$10,000 for full-time master's level students.
- * In 2017, the Rural Health Advisory Commission did not awarding any *new* student loans due to the number of loan repayment applications on the waiting list.

TABLE B

Nebraska Loan Repayment Program

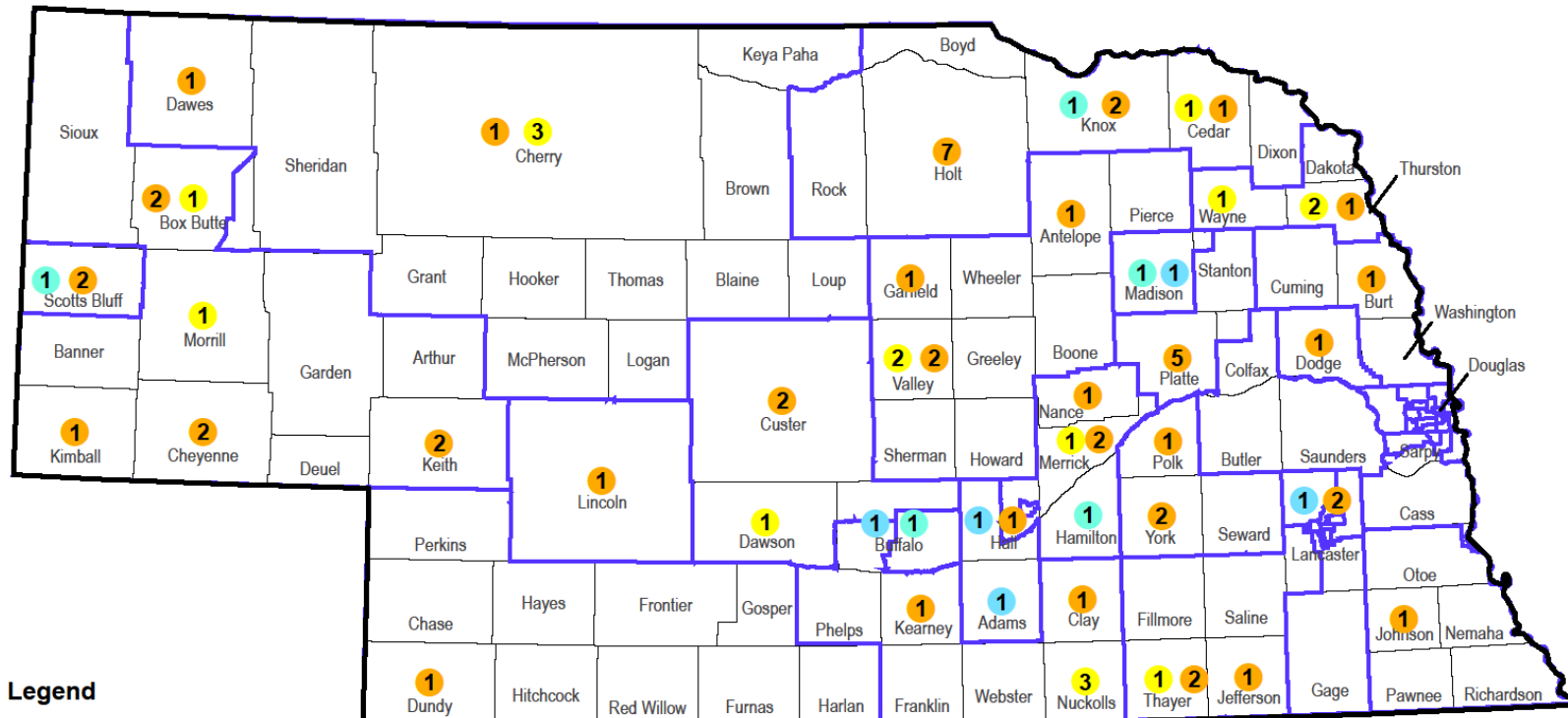
Number of Awards by Status

1994-2017

Status	Awards
In Practice Under Obligation as of 10/2016	68
Completed Practice Obligation	451
Default	42
Other	5
Total	566

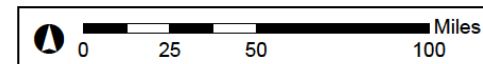
Obligated NE Loan Repayment and Student Loan Incentive Program Participants

79 Total As of Oct 01, 2017



Legend

- Legislative Districts
- 52 MD/DO/PA/APRN
- 5 DDS
- 5 MH
- 17 OT/PT/Pharm



Source: Health Professions Tracking Service
DHHS - Nebraska Office of Rural Health
October 2017

Cartography: Andy Pedley | Community & Regional Planning Intern | DHHS
For: Marlene Janssen | Exec. Director, Rural Health Advisory Commission
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