

## Public Health Service, HHS

## Pt. 5, App. G

Group 1 Areas with no foot care practitioners, and areas with  $R > 50,000$  and no podiatrists.

Group 2 Other areas with  $R > 50,000$ .

Group 3 Areas with  $50,000 > R > 28,000$ .

### APPENDIX F TO PART 5—CRITERIA FOR DESIGNATION OF AREAS HAVING SHORTAGES OF PHARMACY PROFESSIONAL(S)

#### Part I—Geographic Areas

##### A. Criteria.

A geographic area will be designated as having a shortage of pharmacy professional(s) if the following three criteria are met:

1. The area is a rational area for the delivery of pharmacy services.

2. The number of pharmacists serving the area is less than the estimated requirement for pharmacists in the area, and the computed pharmacist shortage is at least 0.5.

3. Pharmacists in contiguous areas are overutilized or excessively distant from the population of the area under consideration.

##### B. Methodology.

In determining whether an area meets the criteria established by paragraph A of this Part, the following methodology will be used:

1. *Rational Areas for the Delivery of Pharmacy Services.*

(a) The following areas will be considered rational areas for the delivery of pharmacy services:

(i) A county, or a group of contiguous counties whose population centers are within 30 minutes travel time of each other; and

(ii) A portion of a county, or an area made up of portions of more than one county, whose population, because of topography, market or transportation patterns or other factors, has limited access to contiguous area resources, as measured generally by a travel time of greater than 30 minutes to these resources.

(b) The following distances will be used as guidelines in determining distances corresponding to 30 minutes travel time:

(i) Under normal conditions with primary roads available: 20 miles.

(ii) In mountainous terrain or in areas with only secondary roads available: 15 miles.

(iii) In flat terrain or in areas connected by interstate highways: 25 miles.

Within inner portions of metropolitan areas, information on the public transportation system will be used to determine the area corresponding to 30 minutes travel time.

##### 2. Counting of Pharmacists.

All active pharmacists within the area will be counted, except those engaged in teach-

ing, administration, or pharmaceutical research.

3. *Determination of Estimated Requirement for Pharmacists.*

(a) *Basic estimate.* The basic estimated requirement for pharmacists will be calculated as follows:

Basic pharmacist requirement =  $.15 \times (\text{resident civilian population}/1,000) + .035 \times (\text{total number of physicians engaged in patient care in the area})$ .

(b) *Adjusted estimate.* For areas with less than 20,000 persons, the following adjustment is made to the basic estimate to compensate for the lower expected productivity of small practices.

Estimated pharmacist requirement =  $(2 - \text{population}/20,000) \times \text{basic pharmacist requirement}$ .

##### 4. Size of Shortage Computation.

The size of the shortage will be computed as follows:

Pharmacist shortage = estimated pharmacist requirement - number of pharmacists available.

##### 5. Contiguous Area Considerations.

Pharmacists in areas contiguous to an area being considered for designation will be considered excessively distant or overutilized if either:

(a) Pharmacy professional(s) in contiguous areas are more than 30 minutes travel time from the center of the area under consideration, or

(b) The number of pharmacists in each contiguous area is less than or equal to the estimated requirement for pharmacists for that contiguous area (as computed above).

##### C. Determination of Degree-of-Shortage.

Designated areas will be assigned to degree-of-shortage groups, based on the proportion of the estimated requirement for pharmacists which is currently available in the area, as follows:

Group 1—Areas with no pharmacists.

Group 2—Areas where the ratio of available pharmacists to pharmacists required is less than 0.5.

Group 3—Areas where the ratio of available pharmacists to pharmacists required is between 0.5 and 1.0.

### APPENDIX G TO PART 5—CRITERIA FOR DESIGNATION OF AREAS HAVING SHORTAGES OF VETERINARY PROFESSIONAL(S)

#### Part I—Geographic Areas

A. *Criteria for Food Animal Veterinary Shortage.*

A geographic area will be designated as having a shortage of food animal veterinary professional(s) if the following three criteria are met:

**Pt. 5, App. G**

**42 CFR Ch. I (10-1-10 Edition)**

1. The area is a rational area for the delivery of veterinary services.

2. The ratio of veterinary livestock units to food animal veterinarians in the area is at least 10,000:1, and the computed food animal veterinarian shortage to meet this ratio is at least 0.5.

3. Food animal veterinarians in contiguous areas are overutilized or excessively distant from the population of the area under consideration.

*B. Criteria for Companion Animal Veterinary Shortage.*

A geographic area will be designated as having a shortage of companion animal veterinary professional(s) if the following three criteria are met:

1. The area is a rational area for the delivery of veterinary services.

2. The ratio of resident civilian population to number of companion animal veterinarians in the area is at least 30,000:1 and the computed companion animal veterinary shortage to meet this ratio is at least 0.5.

3. Companion animal veterinarians in contiguous areas are overutilized or excessively distant from the population of the area under consideration.

*C. Methodology.*

In determining whether an area meets the criteria established by paragraphs A and B of this part, the following methodology will be used:

*1. Rational Areas for the Delivery of Veterinary Services.*

(a) The following areas will be considered rational areas for the delivery of veterinary services:

(i) A county, or a group of contiguous counties whose population centers are within 40 minutes travel time of each other.

(ii) A portion of a county (or an area made up of portions of more than one county) which, because of topography, market and/or transportation patterns or other factors, has limited access to contiguous area resources, as measured generally by a travel time of greater than 40 minutes to these resources.

(b) The following distances will be used as guidelines in determining distances corresponding to 40 minutes travel time:

(i) Under normal conditions with primary roads available: 25 miles.

(ii) In mountainous terrain or in areas with only secondary roads available: 20 miles.

(iii) In flat terrain or in areas connected by interstate highways: 30 miles.

*2. Determination of Number of Veterinary Livestock Units (VLU) Requiring Care.*

Since various types of food animals require varying amounts of veterinary care, each type of animal has been assigned a weight indicating the amount of veterinary care it requires relative to that required by a milk cow. Those weights are used to compute the

number of "Veterinary Livestock Units" (VLU) for which veterinary care is required.

The VLU is computed as follows:

$$\begin{aligned} \text{Veterinary Livestock Units (VLU)} &= (\text{number of milk cows}) \\ &+ .2 \times (\text{number of other cattle and calves}) \\ &+ .05 \times (\text{number of hogs and pigs}) \\ &+ .05 \times (\text{number of sheep}) \\ &+ .002 \times (\text{number of poultry}). \end{aligned}$$

*3. Counting of Food Animal Veterinarians.*

The number of food animal veterinarians is determined by weighting the number of veterinarians within each of several practice categories according to the average fraction of practice time in that category which is devoted to food animal veterinary care, as follows:

$$\begin{aligned} \text{Number of Food Animal Veterinarians} &= (\text{number of veterinarians in large animal practice, exclusively}) \\ &+ (\text{number of veterinarians in bovine practice, exclusively}) \\ &+ (\text{number of veterinarians in poultry practice, exclusively}) \\ &+ .75 \times (\text{mixed practice veterinarians with greater than 50\% of practice in large animal care}) \\ &+ .5 \times (\text{mixed practice veterinarians with approximately 50\% of practice in large animal care}) \\ &+ .25 \times (\text{mixed practice veterinarians with less than 50\% of practice in large animal care}). \end{aligned}$$

*4. Counting of Companion Animal Veterinarians* (that is, those who provide services for dogs, cats, horses, and any other animals maintained as companions to the owner rather than as food animals).

The number of full-time equivalent companion animal veterinarians is determined by weighting the number of veterinarians within each of several practice categories by the average portion of their practice which is devoted to companion animal care by the practitioners within that category, as follows:

$$\begin{aligned} \text{Number of Companion Animal Veterinarians} &= (\text{number of veterinarians in large animal practice, exclusively}) \\ &+ (\text{number of veterinarians in equine practice, exclusively}) \\ &+ .75 \times (\text{mixed practice veterinarians with greater than 50\% of practice in small animal care}) \\ &+ .5 \times (\text{mixed practice veterinarians with approximately 50\% of practice in small animal care}) \\ &+ .25 \times (\text{mixed practice veterinarians with less than 50\% of practice in small animal care}). \end{aligned}$$

*5. Size of Shortage Computation.*

The size of shortage will be computed as follows:

$$\text{(a) Food animal veterinarian shortage} = (\text{VLU}/10,000) - (\text{number of food animal veterinarians}).$$

$$\text{(b) Companion animal veterinarian shortage} = (\text{resident civilian pop.}/$$

30,000)–(number of companion animal veterinarians).

**6. Contiguous Area Considerations.**

Veterinary professional(s) in areas contiguous to an area being considered for designation will be considered excessively distant from the population of the area or overutilized if one of the following conditions prevails in each contiguous area:

(a) Veterinary professional(s) in the contiguous area are more than 60 minutes travel time from the center of the area being considered for designation (measured in accordance with paragraph C.1.(b) of this part).

(b) In the case of food animal veterinary professional(s), the VLU-to-food animal veterinarian ratio in the contiguous area is in excess of 5,000:1.

(c) In the case of companion animal veterinary professional(s), the population-to-companion animal veterinarian ratio in the contiguous area is in excess of 15,000:1.

**C. Determination of Degree-of-Shortage.**

Designated areas will be assigned to degree-of-shortage groups as follows:

Group 1—Areas with a food animal veterinarian shortage and no veterinarians.

Group 2—Areas (not included above) with a food animal veterinarian shortage and no food animal veterinarians.

Group 3—All other food animal veterinarian shortage areas.

Group 4—All companion animal shortage areas (not included above) having no veterinarians.

Group 5—All other companion animal shortage areas.

## PART 5a—RURAL PHYSICIAN TRAINING GRANT PROGRAM

Sec.

5a.1 Statutory basis and purpose.

5a.2 Applicability.

5a.3 Definition of Underserved Rural Community.

**AUTHORITY:** Sec. 749B of the Public Health Service Act (42 U.S.C. 293k) as amended.

**SOURCE:** 75 FR 29451, May 26, 2010, unless otherwise noted.

### § 5a.1 Statutory basis and purpose.

This part implements section 749B(f) of the Public Health Service Act. These provisions define “underserved rural community” for purposes of the Rural Physician Training Grant Program.

### § 5a.2 Applicability.

This part applies to grants made under section 749B of the Public Health Service Act.

### § 5a.3 Definition of Underserved Rural Community.

*Underserved Rural Community* means a community:

(a) Located in:

(1) A non-Metropolitan County or Micropolitan county; or

(2) If it is within a Metropolitan county, all Census Tracts that are assigned a Rural-Urban Commuting Area (RUCAs) codes of 4–10; or

(3) Census Tracts within a Metropolitan Area with RUCA codes 2 and 3 that are larger than 400 square miles and have population density of less than 30 people per square mile; and

(b) Located in a current:

(1) Federally-designated Primary Health Care Geographic Health Professions Shortage Area, (under section 332(a)(1)(A) of the Public Health Service Act) or

(2) Federally-designated Medically Underserved Area (under section 330(b)(3) of the Public Health Service Act).

## PART 6—FEDERAL TORT CLAIMS ACT COVERAGE OF CERTAIN GRANTEES AND INDIVIDUALS

Sec.

6.1 Applicability.

6.2 Definitions.

6.3 Eligible entities.

6.4 Covered individuals.

6.5 Deeming process for eligible entities.

6.6 Covered acts and omissions.

**AUTHORITY:** Sections 215 and 224 of the Public Health Service Act, 42 U.S.C. 216 and 233.

**SOURCE:** 60 FR 22532, May 8, 1995, unless otherwise noted.

### § 6.1 Applicability.

This part applies to entities and individuals whose acts and omissions related to the performance of medical, surgical, dental, or related functions are covered by the Federal Tort Claims Act (28 U.S.C. 1346(b) and 2671–2680) in accordance with the provisions of section 224(g) of the Public Health Service Act (42 U.S.C. 233(g)).

### § 6.2 Definitions.

*Act* means the Public Health Service Act, as amended.

*Attorney General* means the Attorney General of the United States and any