RESOLUTION NO. 081251

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

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RESOLUTION UPDATING THE PUBLIC HEALTH, POLICY AND PLANNING FEE SCHEDULE EFFECTIVE JULY 1, 2025

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, the Board of Supervisors of the County of San Mateo, State of California, has authority to establish and amend certain fees or service charges subject to legal requirements; and

WHEREAS, Section 101325 of the Health and Safety Code authorizes the County to charge fees to pay the reasonable expenses of the Health Officer in enforcing state laws, regulations, and orders relating to public health; and

WHEREAS, this Board has determined to exercise this authority by updating the fees that are set forth in Exhibit A, attached hereto and incorporated herein by this reference as the San Mateo County Public Health, Policy and Planning Fee Schedule; and

WHEREAS, the Board of Supervisors finds that the fees set forth in Exhibit A do not exceed the cost of providing the product or service or enforcing the regulation for which the fees are levied.

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED by the

Board of Supervisors of the County of San Mateo that based on the above Recitals, the Board hereby adopts the San Mateo County Public Health, Policy and Planning Fee Schedule, attached hereto as Exhibit A, effective July 1, 2025.

BE IT FURTHER RESOLVED that the Chief of San Mateo County Health or designee is authorized to make changes to the Public Health, Policy and Planning Fee Schedule to replace tests for diseases already included on the approved fee schedule with an equivalent test, as long as the new test fee is no more than 10% above the current test and to add tests which provide a greater level of clinical information than current tests, as long as these fees are not greater than 10% above the highest fee in that category.

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Exhibit A San Mateo County Public Health, Policy and Planning Fee Schedule *Effective July 1, 2025*

I. Health Clinics Fees[1]

Item	Fee FY 24/25	Fee FY 25/26	Change
Clinic Visits			
Adult Immunization Administration	\$26.00	\$26.00	\$ -
Adult Blood Draw	\$35.00	\$35.00	\$ -
Clinic visit with a nurse practitioner, registered nurse, or doctor at Edison Clinic	\$25.00	\$25.00	\$ -
Clinic visit with a nurse practitioner, registered nurse, or doctor at Mobile Clinic[2]	\$25.00	\$25.00	\$ -
Physical Exam at Mobile Clinic	\$60.00	\$60.00	\$ -
Adult Vaccines			
Combined Hepatitis A/B (Twinrix) – per dose - series of 3-4	\$50.00	\$105.00	\$5.00
Hepatitis A – per dose - series of 2 (Twinrix)	\$28.00	\$70.00	\$42.00
Hepatitis B – per dose – series of 3	\$68.00	\$68.00	\$ -
Hepatitis B - ENGERIX-B – per dose - series of 3	\$34.00	\$34.00	\$ -
Hepatitis B - (HepliSav)	N/A	\$130.00	
Meningococcal Meningitis – series of 2 (Menveo)	\$106.00	\$122.00	\$16.00
Mumps, Measles, Rubella – series of 2 (Priorix)	\$57.00	\$85.00	\$28.00
Polio	\$37.00	\$37.00	\$ -
Pneumococcal pneumonia	\$46.00	\$46.00	\$ -
Pneumococcal pneumonia (pneumovax 23)	N/A	\$110.00	
Pneumococcal pneumonia (Prevnar 20)	N/A	\$235.00	
Tetanus: Tdap (Boostrix)	\$46.00	\$40.00	\$(6.00)
Tetanus: Td (Tenivac)	\$27.00	\$35.00	\$8.00
Varicella – 2 dose series (Varivax)	\$88.00	\$18.00	\$(70.00)
Flu (Fluarix)	N/A	\$20.00	
Flu 65+ (Flublok)	N/A	\$65.00	
Covid	N/A	\$130.00	
Monkeypox (Jynneos)	N/A	\$265.00	
Human Papilloma Virus (Gardasil 9)	N/A	\$290.00	
Zoster (Shingrix)	N/A	\$185.00	
Blood Draws and Laboratory	Fee FY 24/25	Fee FY 25/26	Change
Gonorrhea & Chlamydia NAAT (TMA)	\$35.09	\$35.09	\$ -
Herpes Simplex Virus 1 & 2 NAAT	\$35.09	\$35.09	\$ -
Herpes virus Type 1 and 2 (Serology)	\$28.00	\$28.00	\$ -

Hepatitis B Surface Antibody - HBsAb	\$25.00	\$25.00	\$ -
Hepatitis B Core Antigen – HBcAg	\$12.05	\$12.05	\$ -
Hepatitis B Core Antibody – HBcAb	\$16.00	\$16.00	\$ -
Hepatitis B Surface Antigen - HBsAg	\$11.77	\$11.77	\$ -
Hepatitis C Screening	\$60.00	\$60.00	\$ -
HIV Insti Test	\$14.00	\$14.00	\$ -
HIV-1 RNA Quantitative - Viral Load	\$85.10	\$85.10	\$ -
HIV-1/HIV-2 Diagnostic Supplemental Test	\$8.89	\$8.89	\$ -
HIV-1/ HIV-2 Antibody by EIA	\$19.57	\$19.57	\$ -
Measles (only) immunity	\$14.00	\$14.00	\$ -
Mumps (only) immunity	\$12.00	\$12.00	\$ -
Mumps, Measles, Rubella immunity panel	\$50.00	\$50.00	\$ -
Quantiferon	\$61.98	\$61.98	\$ -
Rapid Hepatitis C (Fingerstick)	\$19.00	\$19.00	\$ -
Rubella (only) immunity	\$32.00	\$32.00	\$ -
Syphilis EIA	\$13.24	\$13.24	\$ -
Trichomonas NAAT (TMA)	\$35.09	\$35.09	\$ -
Varicella Zoster Virus (VZV) Serology	\$12.88	\$12.88	\$ -

Skin Tests	Per dose Fee FY 24/25	Per dose Fee FY 25/26	Change
1-Step Tuberculosis skin testing	\$35.00	\$35.00	\$ -
2-Step Tuberculosis skin testing (plus administration fee)	\$24.00	\$24.00	\$ -
A dulta respiring of there 1 Step on 2 Step Typeroylegic skip testing will also new the add	ition of an immun	instian	

Adults receiving either 1 Step or 2 Step Tuberculosis skin testing will also pay the addition of an immunization administration fee listed as "Adult Immunization Administration" under Clinic Visits.

II. Laboratory Fees[4] Item

Respiratory Disease Tests	Fee FY 24/25	Fee FY 25/26	Change
Acid Fast Smear	\$5.39	\$5.39	\$ -
Accu-Probe for M. Avium	\$48.24	\$48.24	\$ -
Accu-Probe for M. Gordonae	\$48.24	\$48.24	\$ -
Accu-Probe for M. Kansasii	\$48.24	\$48.24	\$ -
Accu-Probe for M. Tuberculosis	\$42.84	\$42.84	\$ -
AFB Culture (only)	\$10.80	\$10.80	\$ -
Bordetella Pertussis NAAT (LAMP)	\$35.09	\$35.09	\$ -
FilmArray Respiratory PCR Panel	\$416.78	\$416.78	\$ -
Identification Culture – Fungus/Mold/Yeast	\$10.32	\$10.32	\$ -
Identification Culture – Mycobacteria	\$8.62	\$8.62	\$ -

Identification Mass Spectrometry- Fungus/Yeast/Mold	\$24.11	\$24.11	\$ -
Identification Mass Spectrometry- Mycobacteria	\$24.11	\$24.11	\$ -
Influenza A/B Typing only	\$95.80	\$95.80	\$ -
Influenza RT - PCR Subtyping (diagnostic)	\$95.80	\$95.80	\$ -
SARS-CoV-2/Flu/RSV	\$142.63	\$142.63	\$ -
TB Drug Susceptibility Test, Primary	\$6.64	\$6.64	\$ -
TB GeneXpert PCR	\$41.68	\$41.68	\$ -
TB Quantiferon	\$61.98	\$61.98	\$ -
Varicella Zoster Virus (VZV) IgG EIA	\$12.88	\$12.88	\$ -
HSV 1 & 2 and Varicella Zoster Virus (VZV) PCR	N/A	\$70.18	

Sexually Transmitted Disease Tests	Fee FY 24/25	Fee FY 25/26	Change
Gonorrhea & Chlamydia, NAAT	\$70.18	\$35.09	\$(35.09)
Gonorrhea Culture	\$8.62	\$8.62	\$ -
Herpes Simplex Virus 1 and 2, NAAT	\$35.09	\$35.09	\$ -
HIV-1/2 Antigen/Antibody Combo, CMIA	\$24.08	\$24.08	\$ -
HIV-1/ HIV -2 Geenius Supplemental Test	\$13.71	\$8.89	\$(4.82)
HIV-1 RNA Quantitative, NAAT (TMA)	\$85.10	\$85.10	\$ -
Mpox NAAT	\$51.31	\$51.31	\$ -
Mycoplasma Genitalium, NAAT (TMA)	\$35.09	\$35.09	\$ -
RPR, with reflex to Titer	\$18.64	\$4.40	\$(14.24)
Syphilis (TP), CMIA	\$13.24	\$13.24	\$ -
Syphilis Particle Aglutination TP-PA Syphilis Confirmation	\$13.24	\$13.24	\$ -
Trichomonas, NAAT (TMA)	\$35.09	\$35.09	\$ -

Enteric Disease Tests	Fee FY 24/25	Fee FY 25/26	Change
Cryptosporidium/Giardia Antigen Rapid	\$13.82	\$13.82	\$ -
FilmArray Gastrointestinal PCR	\$416.78	\$416.78	\$ -
Identification Mass Spec- Bacterial	\$24.11	\$24.11	\$ -
Norovirus RT-PCR	\$35.09	\$35.09	\$ -
Shigatoxin EIA	\$11.98	\$11.98	\$ -
Stool Culture (Aerobic)	\$9.44	\$9.44	\$ -

Fee FY 24/25	Fee FY 25/26	Change
\$12.39	\$12.39	\$ -
\$11.26	\$11.26	\$ -
\$12.05	\$12.05	\$ -
\$10.74	\$10.74	\$ -
\$11.77	\$11.77	\$ -
	24/25 \$12.39 \$11.26 \$12.05 \$10.74	24/25 25/26 \$12.39 \$12.39 \$11.26 \$11.26 \$12.05 \$12.05 \$10.74 \$10.74

Hepatitis B Virus Surface Antigen, Qualitative CMIA	\$10.33	\$10.33	\$ -	
Hepatitis C Viral RNA Quantitative	\$42.84	\$42.84	\$ -	
Hepatitis C Antibody, CMIA	\$14.27	\$14.27	\$ -	
FilmArray Meningitis/Encephalitis PCR	\$416.78	\$416.78	\$ -	

Vector-borne Diseases Tests	Fee FY 24/25	Fee FY 25/26	Change
Animal Brain Removal (all animals minus bat)	\$45.00	\$45.00	\$ -
Blood Smear for Parasites	\$5.99	\$5.99	\$ -
Ova and Parasite	\$8.90	\$8.90	\$ -
Pinworm Examination	\$4.27	\$4.27	\$ -
Rabies Direct Fluorescent Antibody	\$12.05	\$12.05	\$ -
Zika/Dengue/Chikungunya NAAT	\$35.09	\$35.09	\$ -

Chronic Disease Tests	Fee FY 24/25	Fee FY 25/26	Change
Lead Screen	\$12.11	\$12.11	\$ -

Environmental Tests (Microbiology) -Weekday	Routine Testing	Fee FY 24/25	Fee FY 25/26	Change
AB 1876 (EH Only)		\$45.00	\$45.00	\$ -
AB 411 (EH Only)		\$45.00	\$45.00	\$ -
Colilert 18 Test (Enumeration - Quantiray)		\$32.00	\$32.00	\$ -
Colilert 18 Test (Enumeration - Quantiray) >30 spec/run (Bulk)		\$25.00	\$25.00	\$ -
Colilert 18 Test (Presence/Absence)		\$22.00	\$22.00	\$ -
Colilert 18 Test (Presence/Absence) >30 spec./run (Bulk)		\$15.00	\$15.00	\$ -
Drinking/Source Water (EH only)		\$32.00	\$32.00	\$ -
Enterolert Test		\$27.00	\$27.00	\$ -
Fecal Coliform Test		\$32.00	\$32.00	\$ -
Heterotrophic Plate Count		\$25.00	\$25.00	\$ -
Environmental Tests (Microbiology) -Weekend	Routine Testing	Fee FY 24/25	Fee FY 25/26	Change
AB 1876 (EH Only)				
AB 411 (EH Only)				
Colilert 18 Test (Enumeration - Quantiray)		\$62.00	\$62.00	\$ -
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Colilert 18 Test (Enumeration - Quantiray)	\$62.00	\$62.00	\$ -
Colilert- 18 Test (Presence/Absence)	\$42.00	\$42.00	\$ -
Drinking/Source Water	\$62.00	\$62.00	\$ -
Enterolert Test (ENTERO)	\$54.00	\$54.00	\$ -
Fecal Coliform Test	\$62.00	\$62.00	\$ -
Heterotrophic Plate Count	\$60.00	\$60.00	\$ -

Environmental Tests (Chemical and Physical) -Weekday	Routine Testing	Fee FY 24/25	Fee FY 25/26	Change
Physical Properties I		\$30.00	\$30.00	\$ -
Color		\$15.00	\$15.00	\$ -
Odor		\$15.00	\$15.00	\$ -
Turbidity		\$15.00	\$15.00	\$ -
Environmental Tests (Chemical and Physical) -Weekend	Routine Testing	Fee FY 24/25	Fee FY 25/26	Change
Physical Properties I		\$60.00	\$60.00	\$ -
Color		\$30.00	\$30.00	\$ -
Odor		\$30.00	\$30.00	\$ -

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Other Services	Fee FY 24/25		Change
Non-Diagnostic Health Assessment Registration Fee	\$100.00	\$100.00	\$ -
Courier Fees (based on courier rates at time of shipping)			

\$30.00

\$30.00

\$ -

III. Vital Statistics	Fee FY 24/25	Fee FY 25/26	Change
Item			
Birth Certificate	\$34.00	\$34.00	\$ -
Birth Certificate to a government agency	\$32.00	\$32.00	\$ -
Death Certificate	\$26.00	\$26.00	\$ -
Burial Permit	\$12.00	\$12.00	\$ -
After Hours Burial Permit	\$15.00	\$15.00	\$ -
Letters of Non-Contagious Disease (Transit Letter)	\$15.00	\$15.00	\$ -
Medical Marijuana ID Card for patient or caregiver	\$100.00	\$100.00	\$ -
Medical Marijuana ID Card for Medi-Cal patient or Caregiver of Medi-Cal patient	\$50.00	\$50.00	\$ -

[1] ACE/MCE Program members only pay program co-pay. Fees may be waived for any person who meets the eligibility criteria under the Federal Health Care for the Homeless Program and/or for persons clinically determined to be at risk for transmitting an STD/CD to others.

[2] A variety of preventive health screenings may be provided for free.

[3] Vaccines are provided free to children, but an administration fee

applies.

Turbidity

[4] The County Health Officer may waive fees for tests that are in the best interest of the public's health, for example, in outbreak situations, or in communicable disease investigations.

RESOLUTION NUMBER: 081251

Regularly passed and adopted this 10th day of June, 2025

AYES and in favor of said resolution:

Supervisors: JACKIE SPEIER RAY MUELLER LISA GAUTHIER DAVID J. CANEPA

NOES and against said resolution:

Supervisors:

NONE

ABSENT Supervisor:

NOELIA CORZO

President, Board of Supervisors County of San Mateo State of California

Certificate of Delivery

I certify that a copy of the original resolution filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.

Assistant Clerk of the Board of Supervisors