RESOLUTION NO..

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 NOVEMBER 16, 2016

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 November 16, 2016.

BE IT FURTHER RESOLVED that the Chief of the Health System or designee is authorized to make changes to the Public Health, Policy and Planning Fee Schedule as long as the new fee is no more than 10% above the current fee.

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Exhibit A San Mateo County Public Health, Policy and Planning Fee Schedule

I. Health Clinics Fees¹

ltem Clinia Minis	Fee
Clinic Visits Clinic visit with a nurse practitioner, registered nurse, or doctor at Edison Clinic	\$25.00
Clinic visit with a nurse practitioner, registered nurse, or doctor at Mobile Clinic ²	\$25.00
Physical Exam at Mobile Clinic Adult and Children's Immunization Administration (under age 18) ³	\$60.00 \$10.00
Adult Vaccines Hepatitis A Hepatitis B Hepatitis B - Engerix-B Combined Hepatitis A/B (Twinrix) Influenza HPV Vaccine price per one dose (treatment includes 3 doses) Meningococcal Meningitis Mumps, Measles, Rubella Polio Pneumococcal pneumonia Tetanus: Tdap Tetanus: Td Varicella Shingles (Zostavax)	\$28.00 \$68.00 \$34.00 \$50.00 \$35.00 \$137.00 \$106.00 \$57.00 \$37.00 \$46.00 \$46.00 \$27.00 \$88.00 \$164.00
Blood Draws and Laboratory Mumps, Measles, Rubella immunity panel Measles (only) immunity Mumps (only) immunity Rubella (only) immunity Hepatitis B Infection Panel (HBsAg, HBsAb, HBcAB) Hepatitis B Immunity (HBsAb only) Varicella Zoster Virus (VZV) Serology	\$50.00 \$24.00 \$23.00 \$25.00 \$85.00 \$25.00 \$29.00

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.

Quantiferon	\$40.00
Syphilis EIA	\$21.00
Hepatitis C Antibody by EIA	\$59.00
HCV (Rapid Antibody)	\$19.00
Herpes Simplex PCR	\$159.00
Herpes virus Type 1 and 2 (serology)	\$28.00
HIV-1 RNA Quantitative - Viral Load	\$132.00
HIV (Rapid Antibody)	\$11.00
HIV-1/HIV-2 Diagnostic Supplemental Test	\$177.00
HIV-1/ HIV-2 Antibody and Antigen by EIA	\$24.00
Gonorrhea & Chlamydia NAAT (TMA)	\$22.00
Trichomonas NAAT (TMA)	\$38.00

Skin Tests

Tuberculosis skin testing (children receiving this test and immunization(s) during the same visit will pay one administrative fee).

\$10.00
2-Step Tuberculosis skin testing

\$24.00

II. Laboratory Fees⁴

Fee
\$35.00
\$90.00
\$90.00
\$90.00
\$90.00
\$110.00
\$125.00
\$285.00
\$150.00
\$130.00
\$88.00
\$163.00
φ103.00
\$181.00
\$110.00
\$105.00
\$40.00
\$29.00

Sexually Transmitted Disease Tests

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.

Chlamydia NAAT (TMA) Gonorrhea & Chlamydia NAAT (TMA) Gonorrhea by NAAT (TMA) Gonorrhea Culture Herpes Simplex PCR HIV-1/ HIV-2 Antibody and Antigen by EIA HIV-1/ HIV -2 Diagnostic Supplemental Test HIV-1 RNA Quantitative - Viral Load Syphilis EIA RPR, Quantitative Trichomonas NAAT (TMA) TPPA Syphilis Confirmation	\$22.00 \$22.00 \$22.00 \$177.00 \$159.00 \$24.00 \$177.00 \$132.00 \$21.00 \$22.00 \$38.00 \$48.00
Enteric Disease Tests Campylobacter Culture Cryptosporidium/Giardia Antigen FilmArray Gastrointestinal PCR Panel Norovirus RT-PCR Salmonella Culture Shigella Culture E.coli 0157:H7 Culture Stool Culture Aerobic Vibrio Culture Yersinia Culture	\$164.00 \$75.00 \$207.00 \$110.00 \$283.00 \$188.00 \$235.00 \$283.00 \$164.00 \$164.00
Bloodborne Diseases	
Hepatitis C PCR Quantitative – Viral Load	\$150.00
Vectorborne Diseases Blood Smear for Parasites Arthropod/Insect Identification (Insect ID)	\$285.00 \$25.00
Other Communicable Disease Tests Molecular test for infectious agent, qualitative Molecular Test for infectious agent, quantitative Enzyme Immunoassay Test Microscopic examinations C. difficile Xpert PCR	\$111.00 \$111.00 \$30.00 \$15.00 \$94.00
Chronic Disease Tests Lead Retest Lead Screen	\$28.00 \$28.00

Other Tests

Bacteria Culture Definitive	\$249.00
Bacterial Culture For ID	\$195.00
Culture For Identification - Mold	\$428.00
Culture For Identification – Yeast	\$261.00
Fungus Culture (Yeast or Mold)	\$165.00
Ova and Parasite	\$286.00
Pinworm Exam	\$195.00
Parasite Identification	\$195.00

Environmental Tests (Microbiology)	Routine Testing (Received by 3 pm weekdays)	Received after 3 pm /Weekends /Holidays
AB 1876 (EH Only)	\$45.00	N/A
AB 411 (EH Only)	\$45.00	N/A
Colilert Test (Colilert - Quantitray)	\$32.00	\$62.00
Colilert Test (Colilert – Quantitray) >30 spec./run	\$15.00	\$32.00
Colilert Test (Presence/Absence)	\$22.00	\$42.00
Colilert Test (Presence/Absence) >30 spec./run	\$15.00	\$32.00
Drinking/Source Water (EH only)	\$32.00	\$62.00
Enterolert Test	\$27.00	\$52.00
Fecal Coliform Test	\$32.00	\$62.00
Heterotropic Plate Count	\$25.00	\$50.00
Membrane Filter Test (Coliforms) (MFT)	\$20.00	\$40.00
Multiple Tube Fermentation, Presumptive	\$40.00	\$72.00
Microscopic examinations	\$25.00	\$52.00

Environmental Tests (Chemical and Physical)	Routine Testing (Received by 3 pm weekdays)	3 pm /Weekends /Holidays
Physical Properties I	\$30.00	\$60.00
Physical Properties II	\$30.00	\$60.00
Color	\$15.00	\$30.00
Odor	\$15.00	\$30.00
Turbidity	\$15.00	\$30.00
Total Dissolved Solids	\$15.00	\$30.00
pH	\$15.00	\$30.00
NaCl	\$15.00	\$30.00
Conductivity	\$15.00	\$30.00
Chlorine	\$15.00	\$30.00

Received after

Other Services	
Non-Diagnostic Health Assessment Registration Fee	\$100.00
Courier Fee (weekdays)	\$40.00
Courier Fee (weekends & holidays)	\$100.00

Courier Fee (2 hrs.)	\$60.00
Courier Fee (Immediate)	\$100.00
Overnight shipping fee	\$75.00

III. Vital Statistics

Item	Fee
Birth Certificate	\$30.00
Birth certificate to a government agency	\$28.00
Death certificate	\$23.00
Fetal death certificate	\$23.00
Still birth certificate	\$23.00
Burial permit	\$12.00
After hours burial permit	\$12.00
Medical Marijuana ID Card for patient or caregiver	\$100.00
Medical Marijuana ID Card for Medi-Cal patient or	\$50.00
caregiver of Medi-Cal patient	