

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 JULY 1, 2018**

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, 2018.

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 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

I. Health Clinics Fees¹

Item	Current Fee FY 17/18	Proposed Fee FY 18/19	Change
Clinic Visits			
Clinic visit with a nurse practitioner, registered nurse, or doctor at Edison Clinic	\$25.00	\$25.00	\$0
Clinic visit with a nurse practitioner, registered nurse, or doctor at Mobile Clinic ²	\$25.00	\$25.00	\$0
Physical Exam at Mobile Clinic	\$60.00	\$60.00	\$0
Adult and Children's Immunization Administration (under age 18) ³	\$10.00	\$10.00	\$0
Adult Vaccines			
Hepatitis A	\$28.00	\$28.00	\$0
Hepatitis B	\$68.00	\$68.00	\$0
Hepatitis B - Engerix-B	\$34.00	\$34.00	\$0
Combined Hepatitis A/B (Twinrix)	\$50.00	\$50.00	\$0
Influenza	\$35.00	\$35.00	\$0
HPV Vaccine price per one dose (treatment includes 3 doses)	\$137.00	\$137.00	\$0
Meningococcal Meningitis	\$106.00	\$106.00	\$0
Mumps, Measles, Rubella	\$57.00	\$57.00	\$0
Polio	\$37.00	\$37.00	\$0
Pneumococcal pneumonia	\$46.00	\$46.00	\$0
Tetanus: Tdap	\$46.00	\$46.00	\$0
Tetanus: Td	\$27.00	\$27.00	\$0
Varicella	\$88.00	\$88.00	\$0
Shingles (Zostavax)	\$164.00	\$164.00	\$0
Blood Draws and Laboratory			
Varicella Zoster Virus (VZV) Serology	\$33.00	\$33.00	\$0
Quantiferon	\$45.00	\$45.00	\$0
Syphilis EIA	\$27.00	\$27.00	\$0

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.

Herpes Simplex Virus 1 & 2 NAAT	\$114.00	\$114.00	\$0
Herpes virus Type 1 and 2 (serology)	\$28.00	\$28.00	\$0
HIV-1 RNA Quantitative - Viral Load	\$148.00	\$148.00	\$0
HIV-1/HIV-2 Diagnostic Supplemental Test	\$180.00	\$180.00	\$0
HIV-1/ HIV-2 Antibody by EIA	\$30.00	\$30.00	\$0
Gonorrhea & Chlamydia NAAT (TMA)	\$30.00	\$30.00	\$0
Trichomonas NAAT (TMA)	\$45.00	\$45.00	\$0

	Current per dose fee FY 17/18	Proposed per dose fee FY 18/19	Change
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Skin Tests

Tuberculosis skin testing (children receiving this test and immunization(s) during the same visit will pay one administrative fee).	\$10.00	\$10.00	\$0
2-Step Tuberculosis skin testing	\$24.00	\$24.00	\$0

II. Laboratory Fees⁴

Item	Current fee FY 2017/18	Proposed fees FY 18/19⁵	Change
Respiratory Disease Tests			
Acid Fast Smear	\$35.00	\$35.35	+\$0.45
Accu-Probe for M. Avium	\$100.00	\$101.00	+1.00
Accu-Probe for M. Gordonae	\$100.00	\$101.00	+\$1.00
Accu-Probe for M. Kansasii	\$100.00	\$101.00	+\$1.00
Accu-Probe for TB	\$100.00	\$101.00	+\$1.00
TB Culture (only)	\$110.00	\$111.10	+\$1.00
TB Smear & Culture	\$190.00	\$191.90	+\$1.90
Culture For Identification – Mycobacteria	\$380.00	\$383.80	+\$3.80
GeneXpert TB PCR	\$145.00	\$146.45	+\$1.45
TB Susceptibility Test	\$175.00	\$176.75	+\$1.75
Influenza A/B Typing and RSV RT PCR	\$91.00	\$91.91	+\$1.91
Influenza RT - PCR Subtyping (diagnostic)	\$110.00	\$111.10	+\$1.10
FilmArray Respiratory PCR Panel	\$194.00	\$195.94	+1.94
Bordetella Pertussis NAAT (LAMP)	\$125.00	\$126.25	+\$1.25
Bordetella Pertussis Culture	\$105.00	\$106.05	+1.05
Quantiferon	\$45.00	\$45.45	+0.45
Varicella Zoster Virus (VZV) Serology	\$33.00	\$33.33	+0.33

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.

	Current fee FY 17/18	Proposed fee FY 18/19	Change
Sexually Transmitted Disease Tests			
Chlamydia NAAT (TMA)	\$20.00	\$20.20	+\$0.20
Gonorrhea & Chlamydia NAAT (TMA)	\$30.00	\$30.30	+\$0.30
Gonorrhea by NAAT	\$20.00	\$20.20	+\$0.20
Gonorrhea Culture	\$233.00	\$235.33	+\$2.33
Herpes Simplex Virus 1 & 2 NAAT	\$114.00	\$115.14	+\$1.14
HIV-1/ HIV-2 Antibody and Antigen by EIA	\$30.00	\$30.30	+\$0.30
HIV-1/ HIV -2 Diagnostic Supplemental Test	\$180.00	\$181.80	+\$1.80
HIV-1 RNA Quantitative - Viral Load	\$148.00	\$149.48	+\$1.48
Syphilis EIA	\$27.00	\$27.27	+\$0.27
RPR, Quantitative	\$23.00	\$23.23	+\$0.23
Trichomonas NAAT (TMA)	\$45.00	\$45.45	+\$0.45
TPPA Syphilis Confirmation	\$62.00	\$62.62	+0.62

	Fee FY 17/18	Proposed Fees FY 18/19⁶	Change
Enteric Disease Tests			
Campylobacter Culture	\$216.00	\$218.16	+\$2.16
Cryptosporidium/Giardia Antigen	\$75.00	\$75.75	+\$0.75
FilmArray Gastrointestinal PCR Panel	\$207.00	\$209.07	+\$2.07
Norovirus RT-PCR	\$104.00	\$105.04	+\$1.04
Salmonella Culture	\$378.00	\$381.78	+\$3.78
Shigella Culture	\$248.00	\$250.48	+\$2.48
E.coli 0157:H7 Culture	\$235.00	\$237.35	+\$2.35
Stool Culture Aerobic	\$378.00	\$381.78	+\$3.78
Vibrio Culture	\$216.00	\$216.00	+\$0
Yersinia Culture	\$216.00	\$218.16	+\$2.16
C. difficile PCR	\$79.00	\$79.79	+\$0.79

	Fee FY 17/18	Proposed Fees FY 18/19⁷	Change
Bloodborne Diseases			
Hepatitis C PCR Quantitative – Viral Load	\$180.00	\$181.80	+\$1.80
Vector-borne Diseases			
Blood Smear for Parasites	\$380.00	\$383.80	+\$3.80
Arthropod/Insect Identification (Insect ID)	\$10.00	\$10.00	\$0
Borrelia test (if indicated by tick ID)	\$15.00	\$15.00	\$0

	Fee FY 17/18	Proposed Fees FY 18/19⁸	Change
Other Communicable Disease Tests			
Molecular test for infectious agent, qualitative	\$111.00	\$111.00	\$0
Molecular Test for infectious agent, quantitative	\$111.00	\$111.00	\$0
Enzyme Immunoassay Test	\$30.00	\$30.00	\$0
Microscopic examinations	\$15.00	\$15.00	\$0
Chronic Disease Tests			
Lead Screen	\$28.00	\$28.28	+\$0.28
Other Tests			
Bacteria Culture Definitive	\$331.00	\$334.31	+\$3.31
Bacterial Culture For ID	\$258.00	\$260.58	+\$2.58
Culture For Identification - Mold	\$575.00	\$580.75	+\$5.75
Culture For Identification – Yeast	\$347.00	\$350.0	+\$3.47
Fungus Culture (Yeast or Mold)	\$195.00	\$196.95	+\$1.95
Ova and Parasite	\$300.00	\$303.00	+\$3.00
Pinworm Exam	\$258.00	\$260.58	+\$2.58
Parasite Identification	\$258.00	\$260.58	+\$2.58
Environmental Tests (Microbiology)⁹			
	Routine Testing (Received by 3 pm weekdays)	Routine Testing (Received by 3 pm weekdays)	Change
AB 1876 (EH Only)	\$45.00	\$46.00	\$0
AB 411 (EH Only)	\$45.00	\$46.00	\$0
Colilert Test (Colilert - Quantiray)	\$32.00	\$32.00	\$0
Colilert Test (Colilert - Quantiray) >30 spec/run	\$15.00	\$25.00	\$0
Colilert Test (Presence/Absence)	\$22.00	\$22.00	\$0
Colilert Test (Presence/Absence) >30 spec./run	\$15.00	\$15.00	\$0
Drinking/Source Water (EH only)	\$32.00	\$32.00	\$0
Enterolert Test	\$27.00	\$27.00	\$0
Fecal Coliform Test	\$32.00	\$32.00	\$0
Heterotropic Plate Count	\$25.00	\$30.00	\$0
Membrane Filter Test (Coliforms) (MFT)	\$20.00	\$22.00	\$0
Multiple Tube Fermentation, Presumptive	\$40.00	\$40.00	\$0

⁹ No change to any of the environmental fees for FY 18/19

	Routine Testing (Received by 3 pm weekdays)	Routine Testing (Received After 3 pm weekdays)	Change
AB 1876 (EH Only)	N/A	N/A	N/A
AB 411 (EH Only)	N/A	N/A	N/A
Colilert Test (Colilert - Quantiray)	\$62.00	\$62.00	\$0
Colilert Test (Colilert - Quantiray) >30 spec./run	\$32.00	\$50.00	\$0
Colilert Test (Presence/Absence)	\$42.00	\$42.00	\$0
Colilert Test (Presence/Absence) >30 spec./run	\$32.00	\$32.00	\$0
Drinking/Source Water (EH only)	\$62.00	\$62.00	\$0
Enterolert Test (ENTERO)	\$52.00	\$54.00	\$0
Fecal Coliform Test	\$62.00	\$62.00	\$0
Heterotropic Plate Count	\$50.00	\$60.00	\$0
Membrane Filter Test (Coliforms) (MFT)	\$40.00	\$44.00	\$0
Multiple Tube Fermentation, Presumptive	\$72.00	\$72.00	\$0

Environmental Tests (Chemical and Physical)	Routine Testing (Received by 3 pm weekdays)	Routine Testing (Received by 3 pm weekdays)	Change
Physical Properties I	\$30.00	\$32.00	\$0
Physical Properties II	\$30.00	\$32.00	\$0
Color	\$15.00	\$15.00	\$0
Odor	\$15.00	\$15.00	\$0
Turbidity	\$15.00	\$15.00	\$0
Total Dissolved Solids	\$15.00	\$15.00	\$0
pH	\$15.00	\$15.00	\$0
NaCl	\$15.00	\$15.00	\$0
Conductivity	\$15.00	\$15.00	\$0
Chlorine	\$15.00	\$15.00	\$0

	Received After 3pm Weekends /Holidays	Routine After 3pm /Weekends /Holidays	Change
Physical Properties I	\$60.00	\$62.00	\$0
Physical Properties II	\$60.00	\$62.00	\$0
Color	\$30.00	\$30.00	\$0
Odor	\$30.00	\$30.00	\$0
Turbidity	\$30.00	\$30.00	\$0

Total Dissolved Solids	\$30.00	\$30.00	\$0
pH	\$30.00	\$30.00	\$0
NaCl	\$30.00	\$30.00	\$0
Conductivity	\$30.00	\$30.00	\$0
Chlorine	\$30.00	\$30.00	\$0

	Current fee FY 17/18	Proposed fee FY 18/19	Change
Other Services			
Non-Diagnostic Health Assessment Registration Fee	\$100.00	\$100.00	\$0
Courier Fee (weekdays)	\$40.00	\$40.00	\$0
Courier Fee (weekends & holidays)	\$100.00	\$100.00	\$0
Courier Fee (2 hrs.)	\$60.00	\$60.00	\$0
Courier Fee (Immediate)	\$100.00	\$100.00	\$0
Overnight shipping fee	\$75.00	\$75.00	\$0

III. Vital Statistics

Item	Current Fee FY 17/18	Proposed fee FY 18/19	Change
Birth Certificate	\$30.00	\$30.00	\$0
Birth certificate to a government agency	\$28.00	\$28.00	\$0
Death certificate	\$23.00	\$23.00	\$0
Fetal death certificate	\$23.00	\$23.00	\$0
Still birth certificate	\$23.00	\$23.00	\$0
Burial permit	\$12.00	\$12.00	\$0
After hours burial permit	\$12.00	\$12.00	\$0
Medical Marijuana ID Card for patient or caregiver	\$100.00	\$100.00	\$0
Medical Marijuana ID Card for Medi-Cal patient or caregiver of Medi-Cal patient	\$50.00	\$50.00	\$0