

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, 2019**

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, 2019.

BE IT FURTHER RESOLVED that the Chief of 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

I. Health Clinics Fees¹

Item	Fee FY 19/20	Change
Clinic Visits		
Clinic visit with a nurse practitioner, registered nurse, or doctor at Edison Clinic	\$25.00	\$0
Clinic visit with a nurse practitioner, registered nurse, or doctor at Mobile Clinic ²	\$25.00	\$0
Physical Exam at Mobile Clinic	\$60.00	\$0
Adult and Children's Immunization Administration ³	\$15.00	+\$5.0
Adult Vaccines		
Hepatitis A	\$28.00	\$0
Hepatitis B	\$68.00	\$0
Hepatitis B - Engerix-B	\$34.00	\$0
Combined Hepatitis A/B (Twinrix)	\$50.00	\$0
Influenza	\$35.00	\$0
HPV Vaccine price per one dose (treatment includes 3 doses)	\$137.00	\$0
Meningococcal Meningitis	\$106.00	\$0
Mumps, Measles, Rubella	\$57.00	\$0
Polio	\$37.00	\$0
Pneumococcal pneumonia	\$46.00	\$0
Tetanus: Tdap	\$46.00	\$0
Tetanus: Td	\$27.00	\$0
Varicella	\$88.00	\$0
Shingles (Zostavax)	\$164.00	\$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.

Blood Draws and Laboratory		Fee FY 19/20	Change
Varicella Zoster Virus (VZV) Serology		\$33.00	\$0
Quantiferon		\$45.00	\$0
Syphilis EIA		\$27.00	\$0
Herpes Simplex Virus 1 & 2 NAAT		\$114.00	\$0
Herpes virus Type 1 and 2 (serology)		\$28.00	\$0
HIV-1 RNA Quantitative - Viral Load		\$148.00	\$0
HIV-1/HIV-2 Diagnostic Supplemental Test		\$180.00	\$0
HIV-1/ HIV-2 Antibody by EIA		\$30.00	\$0
Gonorrhea & Chlamydia NAAT (TMA)		\$30.00	\$0
Trichomonas NAAT (TMA)		\$45.00	\$0
Skin Tests		Per dose Fee FY 19/20	Change
Tuberculosis skin testing (children receiving this test and immunization(s) during the same visit will pay one administrative fee).		\$10.00	\$0
2-Step Tuberculosis skin testing		\$24.00	\$0
		Fee FY 19/20	Change
II. Laboratory Fees⁴			
Item			
Respiratory Disease Tests			
Acid Fast Smear		\$35.0	
Accu-Probe for M. Avium		\$101.00	\$0
Accu-Probe for M. Gordonae		\$101.00	\$0
Accu-Probe for M. Kansasii		\$101.00	\$0
Accu-Probe for M. Tuberculosis		\$101.00	\$0
AFB Culture (only)		\$111.00	\$0
AFB Smear & Culture		\$192.00	\$0
Culture for Identification – Mycobacteria		\$384.00	\$0
GeneXpert MTB PCR		\$146.00	\$0
TB Drug Susceptibility Test, Primary		\$177.00	\$0
Influenza A/B Typing and RSV RT PCR-GeneXpert		\$92.00	\$0
Influenza A/B Typing only		\$92.00	\$0
Influenza RT - PCR Subtyping (diagnostic)		\$111.00	\$0
FilmArray Respiratory PCR Panel		\$196.00	\$0

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.

Bordetella Pertussis NAAT (LAMP)	\$126.00	\$0
Bordetella Pertussis Culture	\$106.00	\$0
Quantiferon	\$45.00	\$0
TB Blood Culture	\$111.00	\$0
Varicella Zoster Virus (VZV) IgG EIA	\$33.00	\$0

Sexually Transmitted Disease Tests

	Fee FY 19/20	Change
Chlamydia NAAT (TMA)	\$20.00	\$0
Gonorrhea & Chlamydia NAAT (TMA)	\$30.00	\$0
Gonorrhea by NAAT	\$20.00	\$0
Gonorrhea Culture	\$235.00	\$0
Herpes Simplex Virus 1 and 2 NAAT	\$115.00	\$0
HIV-1/ HIV-2 Antibody and Antigen by EIA	\$30.00	\$0
HIV-1/ HIV -2 Geenius Supplemental Test	\$182.00	\$0
HIV-1 RNA Quantitative (TMA)	\$149.00	\$0
Syphilis IgG EIA	\$27.00	\$0
RPR, with reflex to Titer	\$23.00	\$0
Trichomonas NAAT (TMA)	\$45.00	\$0
TPPA Syphilis Confirmation	\$63.00	\$0

Enteric Disease Tests

	Fee FY 19/20	Change
Campylobacter Culture	\$218.00	\$0
Cryptosporidium/Giardia Antigen Rapid	\$76.00	\$0
FilmArray Gastrointestinal PCR Panel	\$209.00	\$0
GeneXpert Norovirus RT-PCR	\$105.00	\$0
Salmonella Culture	\$382.00	\$0
Shigella Culture	\$250.00	\$0
E.coli 0157 Culture	\$237.00	\$0
Stool Culture Aerobic	\$382.00	\$0
Vibrio Culture	\$216.00	\$0
Yersinia Culture	\$218.00	\$0
C. difficile PCR	\$80.00	\$0

Bloodborne Diseases

	Fee FY 19/20	Change
Hepatitis C Viral RNA Quantitative (TMA)	\$182.00	\$0

Vector-borne Diseases

Blood Smear for Parasites	\$384.00	\$0
Arthropod/Insect Identification (Insect ID)	\$25	+\$15.0

	Fee FY 19/20	Change
Other Communicable Disease Tests		
Molecular test for infectious agent, qualitative	\$111.00	\$0
Molecular Test for infectious agent, quantitative	\$111.00	\$0
Enzyme Immunoassay Test	\$30.00	\$0
Microscopic examinations	\$15.00	\$0

Chronic Disease Tests		
Lead Screen	\$28.00	\$0

	Fee FY 19/20	Change
Other Tests		
Bacteria Culture Definitive	\$334.00	\$0
Bacterial Culture For ID	\$261.00	\$0
Culture for Identification - Fungus	\$581.00	\$0
Culture for Identification – Yeast	\$350.0	\$0
Fungus Blood Culture	\$197.00	\$0
Fungus Culture (Yeast or Mold)	\$197.00	\$0
Ova and Parasite Exam	\$303.00	\$0
Pinworm Exam	\$261.00	\$0
Parasite Identification	\$261.00	\$0

Environmental Tests (Microbiology)⁵	Routine Testing (received by 3pm weekdays)	Routine Testing (received after 3pm weekdays)	Change
AB 1876 (EH Only)	\$45.00	\$46.00	\$0
AB 411 (EH Only)	\$45.00	\$46.00	\$0
Colilert 18 Test (Enumeration - Quantiray)	\$32.00	\$32.00	\$0
Colilert 18 Test (Enumeration - Quantiray) >30 spec/run (Bulk)	\$15.00	\$25.00	\$0
Colilert 18 Test (Presence/Absence)	\$22.00	\$22.00	\$0
Colilert 18 Test (Presence/Absence) >30 spec./run (Bulk)	\$15.00	\$15.00	\$0
Drinking/Source Water (EH only)	\$32.00	\$32.00	\$0
Enterolert Test	\$27.00	\$27.00	\$0

⁵ No change to any of the environmental fees for FY 18/19
IMPORTANT NOTE: Fees are rounded to the nearest dollar.

	Routine Testing (received by 3pm weekdays)	Routine Testing (received after 3pm weekdays)	Change
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

Weekend Testing	Routine Testing (Received by 3 pm weekend)	Routine Testing (Received After 3 pm weekend)	Change
AB 1876 (EH Only)	N/A	N/A	\$0
AB 411 (EH Only)	N/A	N/A	\$0
Colilert 18 Test (Enumeration - Quantiray)	\$62.00	\$62.00	\$0
Colilert- 18 Test (Enumeration - Quantiray) >30 spec/run	\$32.00	\$50.00	\$0
Colilert- 18 Test (Presence/Absence)	\$42.00	\$42.00	\$0
Colilert- 18 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 after 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

Weekend Testing	Routine Testing (Received by 3 pm weekends/ holidays)	Routine Testing (Received After 3 pm weekend/ 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
Other Services		Fee FY 19/20	Change
Non-Diagnostic Health Assessment Registration Fee			\$0
Courier Fee (weekdays)			\$0
Courier Fee (weekends & holidays)			\$0
Courier Fee (2 hrs.)			\$0
Courier Fee (Immediate)			\$0
Overnight shipping fee			\$0
III. Vital Statistics		Fee FY 19/20	Change
Item			
Birth Certificate		\$30.00	\$0
Birth certificate to a government agency		\$28.00	\$0
Death certificate		\$23.00	\$0
Fetal death certificate		\$23.00	\$0
Still birth certificate		\$23.00	\$0
Burial permit		\$12.00	\$0
After hours burial permit		\$12.00	\$0
Medical Marijuana ID Card for patient or caregiver		\$100.00	\$0
Medical Marijuana ID Card for Medi-Cal patient or caregiver of Medi-Cal patient		\$50.00	\$0