

RESOLUTION NO. 078225

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, 2021**

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, 2021.

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% greater than the current test fee 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 21/22 | 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 |
| Physical Exam at Mobile Clinic | \$60.00 | \$0 |
| Adult Immunization Administration | \$35.00 | \$0 |
| Adult Blood Draw | \$35.00 | \$0 |
| Children's Immunization Administration ³ | \$15.00 | \$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) price per one dose (treatment requires 3 doses) | \$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.

| | Fee FY | Change |
|--|---------------|---------------|
| Blood Draws and Laboratory | 21/22 | |
| Mumps, Measles, Rubella immunity panel | \$50.00 | \$0 |
| Rubella (only) immunity | \$32.00 | \$0 |
| Mumps (only) immunity | \$12.00 | \$0 |
| Measles (only) immunity | \$14.00 | \$0 |
| Varicella Zoster Virus (VZV) Serology | \$33.00 | \$0 |
| Quantiferon | \$45.00 | \$0 |
| Syphilis EIA | \$27.00 | \$0 |
| Hepatitis B Surface Antibody - HBsAb | \$25.00 | \$0 |
| Hepatitis B Core Antigen – HBcAg | \$8.00 | \$0 |
| Hepatitis B Core Antibody – HBcAb | \$16.00 | \$0 |
| Hepatitis B Surface Antigen - HBsAg | \$7.00 | \$0 |
| Hepatitis C Screening | \$60.00 | \$0 |
| Herpes Simplex Virus 1 & 2 NAAT | \$114.00 | \$0 |
| Herpes virus Type 1 and 2 (Serology) | \$28.00 | \$0 |
| HIV Insti Test | \$14.00 | \$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 |
| Rapid Hepatitis C (Fingerstick) | \$19.00 | \$0 |

| | Per dose | |
|-------------------|-----------------|---------------|
| Skin Tests | Fee FY | Change |
| | 21/22 | |

| | | |
|--|---------|-----|
| 1-Step Tuberculosis skin testing | \$35.00 | \$0 |
| 2-Step Tuberculosis skin testing (plus administration fee) | \$24.00 | \$0 |

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.

Children receiving the 1-Step Tuberculosis skin testing and immunization(s) during the same visit will pay one administration fee listed as “Children's Immunization Administration” under Clinic Visits.

| II. Laboratory Fees⁴ | Fee FY | |
|---|---------------|---------------|
| Item | 21/22 | Change |
| Respiratory Disease Tests | | |
| Acid Fast Smear | \$35.00 | \$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 |
| Bordetella Pertussis NAAT (LAMP) | \$126.00 | \$0 |
| Bordetella Pertussis Culture | \$106.00 | \$0 |
| Culture for Identification – Mycobacteria | \$384.00 | \$0 |
| FilmArray Respiratory PCR Panel | \$196.00 | \$0 |
| GeneXpert MTB PCR | \$146.00 | \$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 |
| SARS-CoV-2 PCR | \$148.00 | \$0 |
| SARS-CoV-2/ Flu/RSV | \$100.00 | \$0 |
| TB Drug Susceptibility Test, Primary | \$177.00 | \$0 |
| TB Blood Culture | \$111.00 | \$0 |
| Quantiferon | \$45.00 | \$0 |
| Varicella Zoster Virus (VZV) IgG EIA | \$33.00 | \$0 |
| | | |
| | Fee FY | |
| | 21/22 | Change |
| Sexually Transmitted Disease Tests | | |
| 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 | \$120.00 | \$0 |
| HIV-1 RNA Quantitative (TMA) | \$149.00 | \$0 |
| Mycoplasma Genitalium | \$30.00 | \$0 |
| Syphilis IgG EIA | \$27.00 | \$0 |
| RPR, with reflex to Titer | \$20.00 | \$0 |
| Trichomonas NAAT (TMA) | \$45.00 | \$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.

| | | |
|---|---------------|---------------|
| TPPA Syphilis Confirmation | \$63.00 | \$0 |
| | Fee FY | |
| Enteric Disease Tests | 21/22 | Change |
| Campylobacter Culture | \$218.00 | \$0 |
| Cryptosporidium/Giardia Antigen Rapid | \$40.00 | \$0 |
| Gastrointestinal PCR Panel | \$209.00 | \$0 |
| Norovirus RT-PCR | \$105.00 | \$0 |
| Salmonella Culture | \$382.00 | \$0 |
| Shigella Culture | \$250.00 | \$0 |
| E.coli O157 Culture | \$237.00 | \$0 |
| Stool Culture Aerobic | \$210.00 | \$0 |
| Vibrio Culture | \$165.00 | \$0 |
| Yersinia Culture | \$165.00 | \$0 |
| C. difficile PCR | \$80.00 | \$0 |
| | Fee FY | |
| Bloodborne Diseases | 21/22 | Change |
| Hepatitis C Viral RNA Quantitative | \$182.00 | \$0 |
| | | |
| Vector-borne Diseases | | |
| Blood Smear for Parasites | \$150.00 | \$0 |
| Arthropod/Insect Identification (Insect ID) | \$25.00 | \$0 |
| Zika | \$0 | \$0 |
| | Fee FY | |
| Other Communicable Disease Tests | 21/22 | Change |
| 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 |
| Lead Retest | \$18.00 | \$0 |
| | Fee FY | |
| Other Tests | 21/22 | Change |
| Bacteria Culture Definitive | \$215.00 | \$0 |
| Bacterial Culture For ID | \$261.00 | \$0 |
| Culture for Identification – Fungus/Mold | \$581.00 | \$0 |
| Culture for Identification – Yeast | \$350.00 | \$0 |
| Fungus Blood Culture | \$197.00 | \$0 |
| Fungus Culture (Yeast or Mold) | \$197.00 | \$0 |

| | | |
|------------------------------------|----------|-----|
| Ova and Parasite Exam | \$80.00 | \$0 |
| Pinworm Exam | \$50.00 | \$0 |
| Parasite Identification | \$50.00 | \$0 |
| Rabies Direct Fluorescent Antibody | \$200.00 | \$0 |

| | Routine Testing (received by 3pm weekdays) | Routine Testing (received after 3pm weekdays) | Change |
|---|---|--|---------------|
| Environmental Tests (Microbiology) | | | |
| 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) | \$25.00 | \$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 |

| | 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 |

| | Routine Testing (Received by 3 pm weekend) | Routine Testing (Received After 3 pm weekend) | Change |
|--|--|--|---------------|
| Weekend Testing | | | |
| 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 21/22 | Change |
|---|---------------------|---------------|
| Non-Diagnostic Health Assessment Registration Fee | \$100.00 | \$0 |
| Courier Fee (weekdays) | \$40.00 | \$0 |
| Courier Fee (weekends & holidays) | \$100.00 | \$0 |
| Courier Fee (2 hrs.) | \$60.00 | \$0 |
| Courier Fee (Immediate) | \$100.00 | \$0 |

| | | |
|------------------------|---------|-----|
| Overnight shipping fee | \$75.00 | \$0 |
|------------------------|---------|-----|

| III. Vital Statistics | Fee FY | |
|------------------------------|---------------|---------------|
| Item | 21/22 | Change |

| | | |
|---|----------|-----|
| 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 |
| 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 |

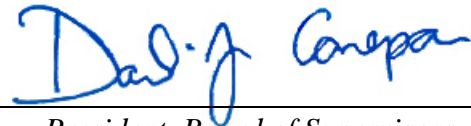
Regularly passed and adopted this 8th day of June, 2021

AYES and in favor of said resolution:

Supervisors: _____ *DAVE PINE*
_____ *CAROLE GROOM*
_____ *DON HORSLEY*
_____ *WARREN SLOCUM*
_____ *DAVID J. CANEPA*

NOES and against said resolution:

Supervisors: _____ *NONE*



*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