



# **RESOLUTION No. 16-219**

## **OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA**

### **RESOLUTION APPROVING A REVISED FEE SCHEDULE FOR THE NEVADA COUNTY PUBLIC HEALTH DEPARTMENT, EFFECTIVE AS OF JULY 7, 2016, AND AMENDING RESOLUTION 14-318**

WHEREAS, on June 24, 2014, pursuant to Resolution 14-318, the Board of Supervisors approved a revised fee schedule for the Nevada County Public Health Department; and

WHEREAS, the County desires that the Nevada County Public Health Department be financially self-supporting to the greatest extent possible by charging a fee equal to the actual cost of providing services; and

WHEREAS, due to various factors including low County childhood immunization rates and often serving clients of lower economic status and to in order to encourage Nevada County residents to receive vitally important vaccinations Public Health will reduce some fees below their actual cost of providing services, and when this situation occurs, use other available Public Health funds to cover these costs; and

WHEREAS, in the interest of increasing the rate of immunizations, the Board desires to allow a sliding fee schedule for charges related to vaccine fees based on U.S. Federal Government Poverty Guidelines; and

WHEREAS, shingles is not considered a public health issue, and the Zostovax vaccine is a pharmacy benefit for much of the target population of the vaccine; therefore, the vaccine will not be eligible for the sliding scale fee; and

WHEREAS, in the interest of providing more accurate tuberculosis (TB) testing results to a higher-risk population, Public Health has introduced a two-step TB test to the Fee Schedule; and

WHEREAS, the California Business and Professions Code states that the fee related to the local health officer's review and authorization of non-diagnostic health screenings shall be set by the local enforcement agency, Public Health has added standard fees for single and multiple events to the Fee Schedule; and

WHEREAS, in the interest of protecting and promoting the public health of the county the Health Officer or designee may waive any fee on a case-by-case basis or for specific events.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Nevada County Board of Supervisors of the County of Nevada, State of California, that the revised Nevada County Public Health Department Fee Schedule attached hereto as Exhibit A, is hereby approved, effective as of July 7, 2016.

BE IT FURTHER RESOLVED that the Board of Supervisors hereby approves a sliding fee schedule based on U.S. Federal Government Poverty Guidelines for charges related to all vaccine fees, except the shingles vaccine, in the form attached hereto as Exhibit B.

BE IT FURTHER RESOLVED that, in the interest of protecting and promoting the public health of the County, the County Public Health Officer or designee may waive any fee on a case-by-case basis or for specific events. All fee waivers shall be documented in writing either for specific events or in the individual medical record.

BE IT FURTHER RESOLVED that Resolution 14-318 and Exhibit A thereto, are hereby amended to be consistent with this Resolution.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a special meeting of said Board, held on the 7th day of June, 2016, by the following vote of said Board:

Ayes: Supervisors Nathan H. Beason, Edward Scofield, Dan Miller, Hank Weston and Richard Anderson.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER  
Clerk of the Board of Supervisors

By: 



Dan Miller, Chair

6/7/2016 cc: PH\*  
AC\*

**Exhibit A**  
**FY 2016-17 Public Health Fee Study**  
**Current and Proposed Fees for Adults and Children**

| Service Type                                              | Current Fees              |                                     |                                         |                            |                                | Proposed Fees             |                                     |                                         |                            |                                |
|-----------------------------------------------------------|---------------------------|-------------------------------------|-----------------------------------------|----------------------------|--------------------------------|---------------------------|-------------------------------------|-----------------------------------------|----------------------------|--------------------------------|
|                                                           | Vaccine Cost <sup>1</sup> | Administration (pmt day of service) | Administration (If billed) <sup>1</sup> | Total (pmt day of service) | Total (If billed) <sup>1</sup> | Vaccine Cost <sup>1</sup> | Administration (pmt day of service) | Administration (If billed) <sup>1</sup> | Total (pmt day of service) | Total (If billed) <sup>1</sup> |
| <b>IMMUNIZATIONS<sup>2</sup></b>                          |                           |                                     |                                         |                            |                                |                           |                                     |                                         |                            |                                |
| VFC/317/State Vaccines <sup>3</sup>                       | -                         | \$10                                | \$20                                    | \$10                       | \$20                           |                           |                                     |                                         |                            |                                |
| Chicken Pox (Varicella)                                   | \$95                      | \$10                                | \$20                                    | \$105                      | \$115                          |                           |                                     |                                         |                            |                                |
| DTaP (Daptacel)                                           | \$25                      | \$10                                | \$20                                    | \$35                       | \$45                           |                           |                                     |                                         |                            |                                |
| Flu (Influenza) - Adult <sup>4</sup>                      | -                         | \$15                                | \$25                                    | \$15                       | \$25                           |                           |                                     |                                         |                            |                                |
| Flu (Influenza) - Pediatric <sup>4</sup>                  | -                         | \$10                                | \$20                                    | \$10                       | \$20                           |                           |                                     |                                         |                            |                                |
| Hepatitis A - Adult                                       | \$45                      | \$10                                | \$20                                    | \$55                       | \$65                           |                           |                                     |                                         |                            |                                |
| Hepatitis A - Pediatric                                   | \$15                      | \$10                                | \$20                                    | \$25                       | \$35                           |                           |                                     |                                         |                            |                                |
| Hepatitis B - Adult                                       | \$25                      | \$10                                | \$20                                    | \$35                       | \$45                           |                           |                                     |                                         |                            |                                |
| Hepatitis B - Pediatric/Adolescent                        | \$10                      | \$10                                | \$20                                    | \$20                       | \$30                           |                           |                                     |                                         |                            |                                |
| Hib                                                       | \$25                      | \$10                                | \$20                                    | \$35                       | \$45                           |                           |                                     |                                         |                            |                                |
| HPV (Gardasil)                                            | \$140                     | \$10                                | \$20                                    | \$150                      | \$160                          |                           |                                     |                                         |                            |                                |
| Immunoglobulin (ISG) 2 ml vial**                          | \$60                      | \$10                                | \$20                                    | \$70                       | \$80                           |                           |                                     |                                         |                            |                                |
| Kinrix (DTaP & Polio)                                     | \$35                      | \$10                                | \$20                                    | \$45                       | \$55                           |                           |                                     |                                         |                            |                                |
| Menactra (Meningitis)                                     | \$115                     | \$10                                | \$20                                    | \$125                      | \$135                          |                           |                                     |                                         |                            |                                |
| Menomune (Meningitis)                                     | \$115                     | \$10                                | \$20                                    | \$125                      | \$135                          |                           |                                     |                                         |                            |                                |
| MMR (measles, mumps, rubella)                             | \$55                      | \$10                                | \$20                                    | \$65                       | \$75                           |                           |                                     |                                         |                            |                                |
| Pediarix (DTaP/HSV/IPV)                                   | \$50                      | \$10                                | \$20                                    | \$60                       | \$70                           |                           |                                     |                                         |                            |                                |
| Pentacel (DTaP/IPV/Hib)                                   | \$80                      | \$10                                | \$20                                    | \$90                       | \$100                          |                           |                                     |                                         |                            |                                |
| Pneumonia (pneumovax)                                     | \$70                      | \$10                                | \$20                                    | \$80                       | \$90                           |                           |                                     |                                         |                            |                                |
| Pneumococcal Conjugate (Prevnar)                          | \$135                     | \$10                                | \$20                                    | \$145                      | \$155                          |                           |                                     |                                         |                            |                                |
| Polio (IPV)                                               | \$30                      | \$10                                | \$20                                    | \$40                       | \$50                           |                           |                                     |                                         |                            |                                |
| Rotavirus (Rotarix)                                       | \$95                      | \$10                                | \$20                                    | \$105                      | \$115                          |                           |                                     |                                         |                            |                                |
| Tetanus/Diphtheria (Td)                                   | \$20                      | \$10                                | \$20                                    | \$30                       | \$40                           |                           |                                     |                                         |                            |                                |
| Tdap                                                      | \$30                      | \$10                                | \$20                                    | \$40                       | \$50                           |                           |                                     |                                         |                            |                                |
| Zostavax (Shingles) <sup>4</sup>                          | \$165                     | \$10                                | \$20                                    | \$175                      | \$185                          |                           |                                     |                                         |                            |                                |
| <b>DIAGNOSTIC TESTING</b>                                 |                           |                                     |                                         |                            |                                |                           |                                     |                                         |                            |                                |
| TB Test Assessment                                        | \$1 50                    | \$23.50                             | -                                       | \$25                       | -                              | \$25                      | -                                   | \$25                                    | -                          |                                |
| Two Step TB Test <sup>1</sup>                             | -                         | -                                   | -                                       | -                          | -                              | \$3                       | \$37                                | -                                       | \$40                       |                                |
| <b>EXAMS<sup>1</sup></b>                                  |                           |                                     |                                         |                            |                                |                           |                                     |                                         |                            |                                |
| Initial Active TB Exam                                    | \$205                     | -                                   | \$10                                    | \$205                      | \$215                          |                           |                                     |                                         |                            |                                |
| Initial Latent TB Exam                                    | \$145                     | -                                   | \$10                                    | \$145                      | \$155                          |                           |                                     |                                         |                            |                                |
| Follow-Up Active Exam                                     | \$105                     | -                                   | \$10                                    | \$105                      | \$115                          |                           |                                     |                                         |                            |                                |
| Follow-Up Latent Exam                                     | \$70                      | -                                   | \$10                                    | \$70                       | \$80                           |                           |                                     |                                         |                            |                                |
| Active Meds (Cost per Dose) <sup>***</sup>                | \$9.11                    | -                                   | -                                       | \$9.11                     | -                              |                           |                                     |                                         |                            |                                |
| Latent Meds (Cost per Dose) <sup>***</sup>                | \$0.09                    | -                                   | -                                       | \$0.09                     | -                              |                           |                                     |                                         |                            |                                |
| <b>NON-DIAGNOSTIC GENERAL HEALTH ASSESSMENT SCREENING</b> |                           |                                     |                                         |                            |                                |                           |                                     |                                         |                            |                                |
| Single Event                                              | -                         | -                                   | -                                       | -                          | -                              | \$65                      | -                                   | \$65                                    | -                          |                                |
| Multiple Events                                           | -                         | -                                   | -                                       | -                          | -                              | \$95                      | -                                   | \$95                                    | -                          |                                |
| <b>MEDICAL MARIJUANA ID CARD</b>                          | -                         | \$170                               | -                                       | \$170                      | -                              | -                         | -                                   | -                                       | -                          | -                              |

\*If VFC/317/State Eligible, individual will only be responsible for the \$10.00/\$20.00 administration fee. VFC Vaccine will still be provided if client is unable to pay administration fee (per VFC regulations)

\*\* Dosage depends on weight of individual  
 - = Not Applicable

<sup>1</sup>Vaccine, TB Diagnostic Testing Solution, and TB Meds prices reflect current charges to the County by the manufacturer/distributor and will be adjusted as these costs increase or decrease. The prices are determined using the accounting procedure LIFO (last in, first out). There is an administration fee charge per injection.

<sup>2</sup> Billing charge is higher due to additional administrative cost of billing client, public or private insurance company, or county department (vouchers).

<sup>3</sup> Clients who do not have insurance may qualify for a discounted fee for immunizations and TB Exams based on a sliding scale that has been established using the current year's U.S. Federal Government Poverty Guidelines.

<sup>4</sup> Zostavax Vaccine not eligible for sliding fee scale rates.

Public Health Officers may waive fees for all shots.

Changes are noted in red.

**Exhibit B**  
**Public Health Sliding Fee Scale**

**% Pay by Scale**

| Poverty Level (as per annual US Federal Poverty Guidelines) | 133%   | 175% | 200% | 250% | 251% & Above |
|-------------------------------------------------------------|--------|------|------|------|--------------|
| Percent of Public Health Fee Patient Pays                   | No Fee | 25%  | 50%  | 75%  | 100%         |