

BEFORE THE BOARD OF SUPERVISORS  
OF THE COUNTY OF FRESNO  
STATE OF CALIFORNIA

ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE AMENDING THE MASTER SCHEDULE OF FEES, CHARGES AND  
RECOVERED COSTS FOR THE COUNTY OF FRESNO, WHICH AMENDS SECTION 2100 –  
PUBLIC HEALTH, WHERE SUBSECTION 2107 IS NOW AMENDED.

The Board of Supervisors of the County of Fresno does hereby ordain as follows:

SECTION 1: The Master Schedule of Fees, Charges and Recovered costs for the  
County of Fresno, Section 2100 – Public Health is hereby amended, by amending subsection  
2107 to read in their entirety as set forth in Exhibit A, attached hereto and incorporated by this  
reference.

SECTION 2: This Ordinance shall take effect (30) days from the date of its final passage.

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1 The FOREGOING was passed and adopted by the following vote of the Board of  
2 Supervisors of the County of Fresno this \_\_\_\_\_ day of \_\_\_\_\_, 2026, to wit:

3 AYES:

4 NOES:

5 ABSENT:

6 ABSTAINED

7  
8 \_\_\_\_\_  
9 Garry Bredefeld, Chairman of the Board of  
Supervisors of the County of Fresno

10 **ATTEST:**

11 Bernice E. Seidel  
12 Clerk of the Board of Supervisors  
13 County of Fresno, State of California

14  
15 By: \_\_\_\_\_

16 Deputy

17  
18 FILE # \_\_\_\_\_

19  
20 AGENDA # \_\_\_\_\_

21  
22 ORDINANCE # \_\_\_\_\_

## MASTER SCHEDULE OF FEES, CHARGES, AND RECOVERED COSTS

## SECTION 2100 - PUBLIC HEALTH

| FEE DESCRIPTION                                                                                                                                                                                                                               | FEE AMOUNT                                                                                                | FEE SETTING AUTHORITY | YEAR ADOPTED | EFFECTIVE DATE | % OF COST | REFERENCE     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|--------------|----------------|-----------|---------------|
| <b>The Director of Public Health or designee is authorized to reduce or waive Public Health fees upon client's submittal of a written statement of inability to pay for services or upon approved documentation of special circumstances.</b> |                                                                                                           | Board of Supervisors  | 2018-19      | 9/1/2018       |           | Ord.# 18-011  |
| <b>2101. Clinic Services</b>                                                                                                                                                                                                                  | Medi-Cal Rates as published in the current Consolidated Inpatient and Outpatient Services provider manual | Board of Supervisors  | 2018-19      | 9/1/2018       |           | Ord.# 18-011  |
| <b>2102. Laboratory</b>                                                                                                                                                                                                                       |                                                                                                           | Board of Supervisors  | 2012-13      | 5/28/2013      | 100%      | Ord.# 13-010  |
| a. Clinical Rate                                                                                                                                                                                                                              | Medi-Cal Rates published in the Current Consolidated Inpatient and Outpatient Services provider manual    |                       |              |                |           |               |
| *Annual rates to be prorated by quarter                                                                                                                                                                                                       |                                                                                                           |                       |              |                |           |               |
| b. Infectious Material Inspection                                                                                                                                                                                                             | \$435.00                                                                                                  | Board of Supervisors  | 2024-25      | 6/5/2025       | 100%      | Ord. # 25-010 |
| c. Infectious Material Permit                                                                                                                                                                                                                 | \$271.00                                                                                                  | Board of Supervisors  | 2024-25      | 6/5/2025       | 100%      | Ord. # 25-010 |
| <b>2103. Family Immunization Clinic</b>                                                                                                                                                                                                       | \$19.13 per shot                                                                                          | Board of Supervisors  | 2018-19      | 9/1/2018       | 100%      | Ord.# 18-011  |
| <b>2104. Travel Clinic #</b>                                                                                                                                                                                                                  |                                                                                                           | Board of Supervisors  | 2018-19      | 9/1/2018       |           | Ord.# 18-011  |
| a. DT/DAP (Tetanus, Diptheria, Pertussis)                                                                                                                                                                                                     | \$ 66.00 per shot                                                                                         |                       |              |                | 100%      |               |
| b. Typhoid (polysaccharide)                                                                                                                                                                                                                   | \$ 91.00 per shot                                                                                         |                       |              |                | 100%      |               |
| c. Measles, Mumps, Rubella                                                                                                                                                                                                                    | \$112.00 per shot                                                                                         |                       |              |                | 100%      |               |
| d. Yellow Fever                                                                                                                                                                                                                               | \$ 149.00 per shot                                                                                        |                       |              |                | 100%      |               |
| e. Hepatitis A                                                                                                                                                                                                                                | \$ 115.00 per shot                                                                                        |                       |              |                | 100%      |               |
| f. Inactivated Polio Vaccine                                                                                                                                                                                                                  | \$ 93.00 per shot                                                                                         |                       |              |                | 100%      |               |
| g. Menomune/Attenuated/Inactivated                                                                                                                                                                                                            | \$ 169.00 per shot                                                                                        |                       |              |                | 100%      |               |
| h. Twinrix (Hepatitis A Hepatitis B)                                                                                                                                                                                                          | \$99.00 per shot                                                                                          |                       |              |                | 100%      |               |
| i. Menactra                                                                                                                                                                                                                                   | \$150.00 per shot                                                                                         |                       |              |                | 100%      |               |
| j. Hepatitis B                                                                                                                                                                                                                                | \$64.00 per shot                                                                                          |                       |              |                | 100%      |               |
| k. Pneumococcal                                                                                                                                                                                                                               | \$250.00 per shot                                                                                         |                       |              |                | 100%      |               |
| l. Shingles                                                                                                                                                                                                                                   | \$ 286.00 per shot                                                                                        |                       |              |                | 100%      |               |
| m. Varicella                                                                                                                                                                                                                                  | \$159.00 per shot                                                                                         |                       |              |                | 100%      |               |
| n. Pneumococcal Pneumovax                                                                                                                                                                                                                     | \$127.00 per shot                                                                                         |                       |              |                | 100%      |               |
| o. Bexsero                                                                                                                                                                                                                                    | \$212.00 per shot                                                                                         |                       |              |                | 100%      |               |
| <b>2105. Flu Clinic#*</b>                                                                                                                                                                                                                     |                                                                                                           |                       |              |                |           |               |
| a. Flu                                                                                                                                                                                                                                        | \$20.00 per shot                                                                                          | Board of Supervisors  | 2018-19      | 9/1/2018       | 100%      | Ord.# 18-011  |
| * Does not include cost of vaccine                                                                                                                                                                                                            |                                                                                                           |                       |              |                |           |               |
| <b>2106. Occupational and Worksite Consultation, Training and Technical Assistance</b>                                                                                                                                                        |                                                                                                           |                       |              |                |           |               |
| a. Health Promotion                                                                                                                                                                                                                           | \$79.00/hr                                                                                                | Board of Supervisors  | 2018-19      | 9/1/2018       | 100%      | Ord.# 18-011  |

## MASTER SCHEDULE OF FEES, CHARGES, AND RECOVERED COSTS

## SECTION 2100 - PUBLIC HEALTH

| FEE DESCRIPTION                                                                                         | FEE AMOUNT             | FEE SETTING AUTHORITY | YEAR ADOPTED | EFFECTIVE DATE | % OF COST | REFERENCE                    |
|---------------------------------------------------------------------------------------------------------|------------------------|-----------------------|--------------|----------------|-----------|------------------------------|
| <b>(CONTINUED)</b>                                                                                      |                        |                       |              |                |           |                              |
| <b>2107. Emergency Medical Services</b>                                                                 |                        | Board of Supervisors  | 2026-27      | 9/24/2026      |           | Ord.#                        |
| a. EMT I Certification                                                                                  | \$153.00 per trainee   |                       |              |                | 100%      |                              |
| EMT I Recertification                                                                                   | \$115.00 per trainee   |                       |              |                | 100%      |                              |
| b. EMT P Training                                                                                       | \$9,315.00 per trainee |                       |              |                | 100%      |                              |
| c. EMS Dispatcher Certification/Recertification                                                         | \$79.00 per trainee    |                       |              |                | 100%      |                              |
| d. Base Physician Certification/Recertification                                                         | \$51.00 per trainee    |                       |              |                | 100%      |                              |
| e. MICN Certification                                                                                   | \$50.00 per trainee    |                       |              |                | 100%      |                              |
| f. EMT P Accreditation                                                                                  | \$78.00 per trainee    |                       |              |                | 100%      |                              |
| g. Miscellaneous Supplies                                                                               | At Cost                |                       |              |                | 100%      |                              |
| <b>2108. Jail Medical Services<br/>per Penal Code</b>                                                   | \$3.00 per visit       | B.O.S./State          | 1994-95      |                | 6%        | Ord. # 95-003<br>P.C. 4011.2 |
| <b>2109. Protected Health Information</b>                                                               |                        | Board of Supervisors  | 2018-19      | 9/1/2018       | 100%      | Ord.# 18-011                 |
| a. <b>Written Summary</b>                                                                               | \$41.00 each           |                       |              |                |           |                              |
| b. <b>Accounting for Disclosures*</b>                                                                   | \$13.00 each           |                       |              |                |           |                              |
| c. <b>Postage</b>                                                                                       | At Cost                |                       |              |                |           |                              |
| * The first accounting requested by an individual in any 12 month period will be provided at no charge. |                        |                       |              |                |           |                              |
| <b>2113. Medical Marijuana Identification Card</b>                                                      |                        | Board of Supervisors  | 2016-17      | 7/1/2017       | 100%      | Ord.# 17-010                 |
| a. Non Medi-cal Applicant                                                                               | \$63.00 each           |                       |              |                |           |                              |
| b. Medi-Cal Applicant                                                                                   | \$32.00 each           |                       |              |                |           |                              |
| <b>2114. Epidemiology Support Services</b>                                                              | \$92.00 per hour       | Board of Supervisors  | 2018-19      | 9/1/2018       | 100%      | Ord.# 18-011                 |
| <b>2115. Court Ordered HIV Testing</b>                                                                  | \$77.00 each           | Board of Supervisors  | 2018-19      | 9/1/2018       | 100%      | Ord.# 18-011                 |

# To be adjusted upward in the future commensurate with any increase in the cost of vaccine.