

[Health Code - Patient Rates for Fiscal Years 2025-2026 and 2026-2027]

Ordinance amending the Health Code to set patient rates for services provided by the Department of Public Health (DPH), for Fiscal Years 2025-2026 and 2026-2027; and authorizing DPH to waive or reduce fees to meet the needs of low-income patients through its provision of charity care and other discounted payment programs.

NOTE: **Unchanged Code text and uncodified text** are in plain Arial font. **Additions to Codes** are in *single-underline italics Times New Roman font*. **Deletions to Codes** are in *strikethrough italics Times New Roman font*. **Board amendment additions** are in double-underlined Arial font. **Board amendment deletions** are in ~~strikethrough Arial font~~. **Asterisks (* * * *)** indicate the omission of unchanged Code subsections or parts of tables.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Article 3 of the Health Code is hereby amended by revising Section 128, to read as follows:

SEC. 128. PATIENT RATES.

(a) The Board of Supervisors of the City and County of San Francisco does hereby determine and fix the proper reasonable amounts to be charged to persons for services furnished by the Department of Public Health (*“Department”*) as follows, which rates shall be effective for services delivered as of July 1, 2024⁵, through June 30, 2026⁷. *The County Clerk’s Office may charge the amounts listed herein for services rendered relating to vital records.*

TYPE OF SERVICE	UNIT	AMOUNT	
		2024-25 <u>2025-26</u>	2025-26 <u>2026-27</u>
San Francisco Health Network			

TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> 2025-26	<u>2025-26</u> 2026-27
<p>The San Francisco Health Network is the Department of Public Health’s system of care, which includes Zuckerberg San Francisco General Hospital and Trauma Center (<u>ZSFG</u>), Laguna Honda Hospital and Rehabilitation Center, and the network of Community Primary Care Clinics. Patient Rates listed under this section, labeled “San Francisco Health Network,” apply to all providers that fall under the San Francisco Health Network.</p>			
Clinical Lab, Supplies & Drugs	<p>Special Price Lists are located at 1001 Potrero Avenue, ZSFG, incorporated into this provision by reference as if specifically set forth herein. The fees relating to clinical lab, supplies, and drugs may be set. Such rates are subject to change by the Director of Health or the Director’s designee based on increases or decreases to procurement cost of the individual supplies and medications. These Special Price Lists are The list of such fees, which is posted on the California Department of Health Care Access and Information website in the Hospital Chargemasters file (https://hcai.ca.govhttps://data.chhs.ca.gov/dataset/chargemasters) or is available upon request from DPH, is incorporated by reference as if set forth herein.</p>		
General Clinic			
Initial Patient			
Evaluation & Management (E/M) Expanded Exam	Visit	<u>721</u> 702	<u>741</u> 723
E/M Detailed Exam	Visit	<u>823</u> 801	<u>846</u> 825
E/M Comprehensive Exam	Visit	<u>1,102</u> 1,072	<u>1,133</u> 1,104
E/M Complex Exam	Visit	<u>1,375</u> 1,338	<u>1,414</u> 1,378
Established Patient			
E/M Brief Exam	Visit	<u>336</u> 327	<u>345</u> 337
E/M Focused Exam	Visit	<u>399</u> 388	<u>410</u> 400

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TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> <u>2025-26</u>	<u>2025-26</u> <u>2026-27</u>
E/M Expanded Exam	Visit	<u>525</u> 511	<u>540</u> 526
E/M Detailed Exam	Visit	<u>745</u> 725	<u>766</u> 747
E/M Comprehensive Exam	Visit	<u>1,161</u> 1,130	<u>1,194</u> 1,164
Consultation			
E/M Expanded Consult	Visit	<u>699</u> 680	<u>719</u> 700
E/M Detailed Consult	Visit	<u>784</u> 763	<u>806</u> 786
E/M Comprehensive Consult	Visit	<u>1,036</u> 1,008	<u>1,065</u> 1,038
E/M Complex Consult	Visit	<u>1,227</u> 1,194	<u>1,262</u> 1,230
E/M Add On			
Prolong E/M Service	15 minutes	<u>92</u> 90	<u>95</u> 93
Complex E/M Service Add on	Visit	<u>42</u> 41	<u>43</u> 42
Home Patient Visits			
Initial Patient			
E/M Brief Exam	Visit	<u>161</u> 157	<u>166</u> 162
E/M Low Severity Exam	Visit	<u>231</u> 225	<u>238</u> 232
E/M Moderate Severity Exam	Visit	<u>541</u> 526	<u>556</u> 542
E/M High Severity Exam	Visit	<u>658</u> 640	<u>677</u> 659
Established Patient			
E/M Brief Exam	Visit	<u>161</u> 157	<u>166</u> 162
E/M Low to Moderate Severity Exam	Visit	<u>249</u> 242	<u>256</u> 249
E/M Moderate to High Severity Exam	Visit	<u>380</u> 370	<u>391</u> 381

TYPE OF SERVICE	UNIT	AMOUNT	
		2024-25 2025-26	2025-26 2026-27
E/M High Severity Exam	Visit	<u>530</u> 516	<u>545</u> 532
Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG)			
Diagnostic Radiology Anatomic Pathology All Other Special Services	<i>Special Price Lists are located at 1001 Potrero Avenue, ZSFG, incorporated into this provision by reference as if specifically set forth herein. Such rates are subject to change. The fees relating to diagnostic radiology, anatomic pathology, and other special services may be set by the Director of Health or the Director's designee. These Special Price Lists are The list of such fees, which is posted on the California Department of Health Care Access and Information website in the Hospital Chargemasters file (https://hcai.ca.govhttps://data.chhs.ca.gov/dataset/chargemasters) or is available upon request from DPH, is incorporated by reference as if set forth herein.</i>		
In-Patient Care			
Medical Surgical	Day	9,769	9,769
Intensive Care	Day	22,460	22,460
Intensive Care – Trauma	Day	22,460	22,460
Coronary Care	Day	22,460	22,460
Stepdown Units	Day	14,103	14,103
Pediatrics	Day	9,343	9,343
Obstetrics	Day	7,645	7,645
<u><i>Nursery</i></u>			
New Born	Day	4,177	4,177
Semi-Intensive Care	Day	14,901	14,901
Intensive Care	Day	22,459	22,459
Labor/Delivery Hours of Stay	Hour	363	363

TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> <u>2025-26</u>	<u>2025-26</u> <u>2026-27</u>
Psychiatric Inpatient	Day	7,645	7,645
Psychiatric Forensic Inpatient – 7L	Day	7,645	7,645
Security Unit – 7D	Day	7,645	7,645
Skilled Nursing Facility	Day	3,059	3,059
Mental Rehab Unit	Day	2,528	2,528
Adult Residential Facility	Day	510	510
Respiratory Therapy			
O2 Therapy	per 24 hours	<u>418,407</u>	<u>430,419</u>
Surgical Services			
Minor Surgery I (Come & Go)	1st Hour	<u>7,717</u> <u>7,510</u>	<u>7,935</u> <u>7,736</u>
Minor Surgery I (Come & Go)	Add'l ½ Hour or portion	<u>3,859</u> <u>3,755</u>	<u>3,968</u> <u>3,868</u>
Minor Surgery II	1st Hour	<u>8,424</u> <u>8,198</u>	<u>8,662</u> <u>8,445</u>
Minor Surgery II	Add'l ½ Hour or portion	<u>4,212</u> <u>4,099</u>	<u>4,331</u> <u>4,222</u>
Major Surgery I	1st Hour	<u>12,688</u> <u>12,347</u>	<u>13,046</u> <u>12,719</u>
Major Surgery I	Add'l ½ Hour or portion	<u>5,071</u> <u>4,935</u>	<u>5,214</u> <u>5,084</u>
Major Surgery II	1st Hour	<u>14,286</u> <u>13,902</u>	<u>14,689</u> <u>14,320</u>
Major Surgery II	Add'l ½ Hour or portion	<u>5,721</u> <u>5,567</u>	<u>5,882</u> <u>5,735</u>
Major Surgery III	1st Hour	<u>15,899</u> <u>15,472</u>	<u>16,347</u> <u>15,938</u>
Major Surgery III	Add'l ½ Hour or portion	<u>6,361</u> <u>6,190</u>	<u>6,540</u> <u>6,376</u>

	TYPE OF SERVICE	UNIT	AMOUNT	
			<u>2024-25</u> 2025-26	<u>2025-26</u> 2026-27
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3	Surgery (3 Teams)	1st Hour	<u>26,213</u> 25,509	<u>26,952</u> 26,277
4	Surgery (3 Teams)	Add'l ½ Hour or portion	<u>10,487</u> 10,205	<u>10,783</u> 10,512
5	Major Trauma I	1st Hour	<u>14,944</u> 14,543	<u>15,365</u> 14,981
6	Major Trauma I	Add'l ½ Hour or portion	<u>5,981</u> 5,820	<u>6,150</u> 5,995
7				
8	Interventional Radiology	1st Hour	<u>6,873</u> 6,688	<u>7,067</u> 6,889
9	Interventional Radiology	Add'l ½ Hour or portion	<u>3,436</u> 3,344	<u>3,533</u> 3,445
10				
11	Recovery Room	1st Hour	<u>4,914</u> 4,782	<u>5,053</u> 4,926
12	Recovery Room	Each Add'l Hour or portion	<u>2,457</u> 2,391	<u>2,526</u> 2,463
13				
14	Anesthesia	1st Hour	<u>11,040</u> 10,743	<u>11,351</u> 11,066
15	Anesthesia	Add'l ½ Hour or portion	<u>5,510</u> 5,362	<u>5,665</u> 5,523
16	Trauma Care			
17	Trauma Activation – 900	Visit	29,924	29,924
18	Trauma Activation – 911	Visit	17,602	17,602
19				
20	Trauma Critical Care	1st 1-74 minutes	9,371	9,371
21	Trauma Critical Care	Each add'l 30 min. or portion	2,342	2,342
22				
23	ED Level 5 Team Trauma	Visit	17,602	17,602
24				
25	Emergency Clinic			

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TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> 2025-26	<u>2025-26</u> 2026-27
Level I	Room	556	556
Level II	Room	1,665	1,665
Level III	Room	3,563	3,563
Level IV	Room	5,869	5,869
Level V	Room	11,846	11,846
Resuscitation		8,208	8,208
Psychiatric Emergency Services			
Psych Crisis – Level 1 ER Room	Room	1,135	1,135
Psych Crisis – Level 2 ER Room	Room	2,637	2,637
Psych Crisis – Level 3 ER Room	Room	4,143	4,143
Psych Crisis – Level 4 ER Room	Room	5,648	5,648
Psych Crisis – Level 5 ER Room	Room	7,156	7,156
Psych Crisis – Level 6 ER Room	Room	8,662	8,662
Medication Svs./Min.	per minute	27	27
Community Primary Care			
Dental Services			
Initial Complete Exam	Visit	<u>215</u> 209	<u>221</u> 215
Periodic Exam	Visit	<u>215</u> 209	<u>221</u> 215
Prophylaxis - Adult	Visit	<u>297</u> 289	<u>305</u> 298
Prophylaxis – Child	Visit	<u>283</u> 275	<u>291</u> 283
Extract Single Tooth	Visit	<u>427</u> 416	<u>439</u> 429

TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> 2025-26	<u>2025-26</u> 2026-27
One Surface, Permanent Tooth	Visit	<u>344</u> 335	<u>354</u> 345
Home Health Services			
Skilled Nursing	Visit	<u>748</u> 728	<u>769</u> 750
Home Health Aide Services	Visit	<u>397</u> 386	<u>408</u> 398
Medical Social Services	Visit	<u>1,032</u> 1,004	<u>1,061</u> 1,034
Physical Therapy	Visit	<u>820</u> 798	<u>843</u> 822
Occupational Therapy	Visit	<u>820</u> 798	<u>843</u> 822
Speech Therapy	Visit	<u>820</u> 798	<u>843</u> 822
TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> 2025-26	<u>2025-26</u> 2026-27
Laguna Honda Hospital and Rehabilitation Center			
In-Patient Care			
Regular Hospital Rates			
Acute	Day	7,047	7,047
Rehabilitation	Day	7,047	7,047
Skilled Nursing Facility	Day	1,508	1,508
All-Inclusive Rates			
Acute	Day	9,248	9,248
Rehabilitation	Day	8,057	8,057
Skilled Nursing Facility	Day	1,756	1,756

TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> 2025-26	<u>2025-26</u> 2026-27
Community Behavioral Health Services			
Outpatient Mental Health and Drug Medi-Cal Organized Delivery System			
Psychiatrist/Contracted Psychiatrist/Physician	Hour <i>or</i> <u>portion</u>	<u>2,109.13</u> 2,065.48	<u>2,168.61</u> 2,129.10
Physician's Assistant	Hour <i>or</i> <u>portion</u>	<u>945.93</u> 926.36	<u>972.61</u> 954.89
Nurse Practitioner	Hour <i>or</i> <u>portion</u>	<u>1,048.82</u> 1,027.11	<u>1,078.40</u> 1,058.75
Registered Nurse	Hour <i>or</i> <u>portion</u>	<u>856.70</u> 838.97	<u>880.86</u> 864.81
Certified Nurse Specialist	Hour <i>or</i> <u>portion</u>	<u>1,048.82</u> 1,027.11	<u>1,078.40</u> 1,058.75
Alcohol and Drug Counselor	Hour <i>or</i> <u>portion</u>	<u>455.30</u> 445.88	<u>468.14</u> 459.61
Licensed Vocational Nurse	Hour <i>or</i> <u>portion</u>	<u>450.05</u> 440.73	<u>462.74</u> 454.31
Pharmacist	Hour <i>or</i> <u>portion</u>	<u>1,009.59</u> 988.69	<u>1,038.06</u> 1,019.15
Licensed Psychiatric Technician	Hour <i>or</i> <u>portion</u>	<u>385.82</u> 377.83	<u>396.70</u> 389.47
Psychologist/Pre-licensed Psychologist	Hour <i>or</i> <u>portion</u>	<u>848.22</u> 830.67	<u>872.14</u> 856.25

TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> <u>2025-26</u>	<u>2025-26</u> <u>2026-27</u>
Licensed Practitioner of the Healing Arts (MFT, LCSW, LPCC)/Intern or Waivered Licensed Practitioner of the Healing Arts (MFT, LCSW, LPCC)	Hour <i>or</i> <u>portion</u>	<u>548.91</u> <u>537.55</u>	<u>564.39</u> <u>554.10</u>
Occupational Therapist	Hour <i>or</i> <u>portion</u>	<u>730.68</u> <u>715.56</u>	<u>751.29</u> <u>737.60</u>
Mental Health Rehabilitation Specialist	Hour <i>or</i> <u>portion</u>	<u>412.97</u> <u>404.43</u>	<u>424.62</u> <u>416.88</u>
Peer <u>Support Recovery</u> Specialist	Hour <i>or</i> <u>portion</u>	<u>433.62</u> <u>424.65</u>	<u>445.85</u> <u>437.73</u>
<i>Peer Support Specialist</i>	<i>Hour</i>	<u>94.36</u>	<u>97.27</u>
Medical Assistant	Hour <i>or</i> <u>portion</u>	<u>309.37</u> <u>302.97</u>	<u>318.09</u> <u>312.30</u>
Other Qualified Providers	Hour <i>or</i> <u>portion</u>	<u>412.97</u> <u>404.43</u>	<u>424.62</u> <u>416.88</u>
<u>Community Health Worker</u>	Hour <i>or</i> <u>portion</u>	<u>423.30</u>	<u>435.24</u>
Interactive Complexity	Occurrence	<u>18.89</u> <u>18.32</u>	<u>19.42</u> <u>18.88</u>
Sign Language or Oral Interpretive Services	Per 15 minutes	<u>31.88</u> <u>30.92</u>	<u>32.78</u> <u>31.88</u>
Mobile Crisis			
Mobile Crisis	Per encounter	<u>3,143.81</u> <u>3,049.58</u>	<u>3,232.47</u> <u>3,143.51</u>
Transportation, mileage	Per mile	<u>0.69</u> <u>0.67</u>	<u>0.71</u> <u>0.69</u>

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TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> <u>2025-26</u>	<u>2025-26</u> <u>2026-27</u>
Transportation, staff time	<i>Per 15 minutes</i>	120.24	123.63
<i>Psychiatrist/Contracted Psychiatrist/Physician</i>	<i>Per 15 minutes</i>	516.37	532.27
<i>Physician's Assistant</i>	<i>Per 15 minutes</i>	231.59	238.72
<i>Nurse Practitioner</i>	<i>Per 15 minutes</i>	256.78	264.69
<i>Registered Nurse</i>	<i>Per 15 minutes</i>	209.74	216.20
<i>Certified Nurse Specialist</i>	<i>Per 15 minutes</i>	256.78	264.69
<i>Alcohol and Drug Counselor</i>	<i>Per 15 minutes</i>	111.47	114.90
<i>Licensed Vocational Nurse</i>	<i>Per 15 minutes</i>	110.18	113.58
<i>Pharmacist</i>	<i>Per 15 minutes</i>	247.17	254.79
<i>Licensed Psychiatric Technician</i>	<i>Per 15 minutes</i>	94.46	97.37
<i>Psychologist/Pre-licensed Psychologist</i>	<i>Per 15 minutes</i>	207.67	214.06
<i>Licensed Practitioner of the Healing Arts (MFT, LCSW, LPCC)/Intern or Waivered Licensed Practitioner of the</i>	<i>Per 15 minutes</i>	134.39	138.53

TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> <u>2025-26</u>	<u>2025-26</u> <u>2026-27</u>
<i>Healing Arts (MFT, LCSW, LPCC)</i>			
<i>Occupational Therapist</i>	<i>Per 15 minutes</i>	<i>178.89</i>	<i>184.40</i>
<i>Mental Health Rehabilitation Specialist</i>	<i>Per 15 minutes</i>	<i>101.11</i>	<i>104.22</i>
<i>Peer Recovery Specialist</i>	<i>Per 15 minutes</i>	<i>106.16</i>	<i>109.43</i>
<i>Peer Support Specialist</i>	<i>Per 15 minutes</i>	<i>23.59</i>	<i>24.32</i>
<i>Medical Assistant</i>	<i>Per 15 minutes</i>	<i>75.74</i>	<i>78.08</i>
<i>Other Qualified Providers</i>	<i>Per 15 minutes</i>	<i>101.11</i>	<i>104.22</i>
Mental Health			
24-Hour Services			
Hospital Inpatient	Day	7,645	7,645
Skilled Nursing	Day	<u>302.02</u> <u>293.91</u>	<u>310.54</u> <u>302.96</u>
Adult Crisis Residential	Day	<u>744.64</u> <u>722.32</u>	<u>765.64</u> <u>744.57</u>
Adult Residential	Day	<u>568.32</u> <u>551.29</u>	<u>584.35</u> <u>568.27</u>
Therapeutic Foster Care (TFC) Service Model	Day	<u>634.24</u> <u>615.23</u>	<u>652.13</u> <u>634.18</u>
Day Services			
Day Rehabilitation	Day	<u>376</u> <u>364.73</u>	<u>386.60</u> <u>375.96</u>
Day Rehabilitation	Half Day	<u>250.67</u> <u>243.16</u>	<u>257.74</u> <u>250.64</u>
Day Treatment Intensive	Day	<u>805.96</u> <u>781.80</u>	<u>828.69</u> <u>805.88</u>
Day Treatment Intensive	Half Day	<u>537.31</u> <u>521.20</u>	<u>552.46</u> <u>537.26</u>

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TYPE OF SERVICE	UNIT	AMOUNT	
		<u>2024-25</u> 2025-26	<u>2025-26</u> 2026-27
Crisis Stabilization	Hour	<u>363.04</u> 352.16	<u>373.28</u> 363.01
Socialization	Hour	<u>152.17</u> 147.61	<u>156.46</u> 152.16
<u>Clubhouse</u>	<u>Day</u>	<u>301.04</u>	<u>309.53</u>
<u>Monthly Services</u>			
<u>Assertive Community Treatment</u>	<u>Full Month</u>	<u>5,074.69</u>	<u>5,217.80</u>
<u>Assertive Community Treatment</u>	<u>Partial Month</u>	<u>3,383.13</u>	<u>3,478.53</u>
<u>Forensic Assertive Community Treatment</u>	<u>Full Month</u>	<u>5,252.30</u>	<u>5,400.41</u>
<u>Forensic Assertive Community Treatment</u>	<u>Partial Month</u>	<u>3,501.53</u>	<u>3,600.27</u>
<u>Coordinated Specialty Care</u>	<u>Full Month</u>	<u>4,160.06</u>	<u>4,277.37</u>
<u>Coordinated Specialty Care</u>	<u>Partial Month</u>	<u>1,386.68</u>	<u>1,425.78</u>
<u>Multi Systemic Therapy</u>	<u>Full Month</u>	<u>9,542.05</u>	<u>9,811.14</u>
<u>Multi Systemic Therapy</u>	<u>Partial Month</u>	<u>6,361.36</u>	<u>6,540.75</u>
<u>Supported Employment</u>	<u>Full Month</u>	<u>1,913.52</u>	<u>1,967.48</u>
<u>Supported Employment</u>	<u>Partial Month</u>	<u>956.76</u>	<u>983.74</u>
Substance Use Disorder (SUD)			
Opioid Replacement Therapy (OTP)/Narcotic Treatment Program (NTP)			
Methadone	Daily	<u>38.62</u> 37.46	<u>39.71</u> 38.61

TYPE OF SERVICE	UNIT	AMOUNT	
		2024-25 2025-26	2025-26 2026-27
Buprenorphine – Naloxone Combo	Daily	<u>52.24</u> 50.67	<u>53.71</u> 52.23
Buprenorphine Mono	Daily	<u>51.67</u> 50.12	<u>53.13</u> 51.66
Disulfiram – Perinatal	Daily	<u>13.99</u> 13.57	<u>14.38</u> 13.98
Buprenorphine Injectable (Sublocade)	Monthly	<u>2,200.77</u> 8,729.38	<u>2,262.83</u> 8,998.24
Naltrexone Injectable (Vivitrol)	Monthly	<u>7,408.86</u> 6,954.90	<u>7,617.79</u> 7,169.11
Naloxone HCL – 2 pack (Generic)	Per pack of 2	<u>112.72</u> 109.34	<u>115.90</u> 112.70
Naloxone HCL – 2 pack (Narcan)	Per pack of 2	<u>153.83</u> 149.22	<u>158.17</u> 153.81
<u>SUD Residential Treatment 24-Hour Service (Residential)</u>			
Level 3.2 Residential Withdrawal Management	Day	<u>213.86</u> 207.45	<u>219.89</u> 213.84
Level 3.1 Residential	Day	<u>331.20</u> 321.27	<u>340.54</u> 331.16
Level 3.3 Residential	Day	<u>197.32</u> 191.41	<u>202.88</u> 197.30
Level 3.5 Residential	Day	<u>214.42</u> 207.99	<u>220.47</u> 214.40

TYPE OF SERVICE	UNIT	AMOUNT	
		2024-25 2025-26	2025-26 2026-27
Population Health & Prevention			
Vital Records			
Birth Certificate	Per Certificate	Rates Per California Health and Safety Code Section 103625 50	

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TYPE OF SERVICE	UNIT	AMOUNT	
		2024-25 2025-26	2025-262026-27
Death Certificate	Per Certificate	Rates Per California Health and Safety Code Section 1036 <u>25</u> 50	
Permit – Disposition of Human Remains	Per Permit	Rates Per California Health and Safety Code Sections <u>103065</u> , <u>103675 to 103685, inclusive, and 103692</u> 50	
Out-of-County Cross File Fee	Per Certificate	Rates Per California Health and Safety Code Section 103 <u>065</u> 650	
Letter of Non-Contagious Disease	Per Letter	15	15
Expedited Registration of Vital Event	Per Event	Rates Per California Health and Safety Code Section 1036 50	
<u>Expedited Registration of Vital Event</u>	<u>Per Event</u>	<u>42</u>	<u>42</u>
Expedited Documents	Per Delivery	30	30
After Hours Registration of Vital Event	Per Event	42	42
Reproduction of Documents	Per Page	2	2
Medical Marijuana ID Card			
Medical Marijuana ID	Card	100	100
		AMOUNT	
<i>TYPE OF SERVICE</i>	<i>UNIT</i>	2024-25 2025-26	2025-262026-27
Adult Immunization Clinic			
<i>Vaccines</i>			
<i>Clinic Visits</i>			

TYPE OF SERVICE	UNIT	AMOUNT	
		2024-25 2025-26	2025-26 2026-27
Travel Health Visit (THV1)	Per Visit	70	70
Travel Health Visit (THV2) – Under Age 18 with Parent THV1	Per Visit	70	70
Registered Nurse Visit – Off-Site Location	Per Visit	200	200
Other Vaccines and Testing	Per Injection/ <u>Dose</u>	<p><i>Special Price List is located at 101 Grove Street, Adult Immunization and Travel Clinic, incorporated into this provision by reference as if specifically set forth herein, and not subject to change except by amendment to this provision. The fees relating to vaccines and testing may be set the Director of Health or the Director's designee. This Special Price List The list is posted on the City and County of San Francisco's Department of Public Health Communicable Disease and Control Prevention website (https://www.sf.gov/information--aitc-services-and-prices https://www.sfedep.org/aitc/aitc-regular-prices-low-cost-or-free-vaccines/) or is available upon request from DPH and is incorporated by reference as if set forth herein.</i></p>	

(b) The Department of Public Health may waive or reduce the fees listed in subsection (a) of this Section 128 if a patient or any other person legally obligated to pay meets the eligibility

1 requirements established by the Department as part of a program adopted by the Department to meet
2 the needs of low-income patients, including but not limited to charity care and discount payment
3 programs. The Department has the sole authority to determine whether a patient or other person
4 legally obligated to pay is eligible for a waiver or reduction in fees.

5
6 Section 2. Effective Date. This ordinance shall become effective 30 days after
7 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
8 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
9 of Supervisors overrides the Mayor's veto of the ordinance.

10
11 Section 3. Scope of Ordinance. In enacting this ordinance, the Board of Supervisors
12 intends to amend only those words, phrases, paragraphs, subsections, sections, articles,
13 numbers, punctuation marks, charts, diagrams, or any other constituent parts of the Municipal
14 Code that are explicitly shown in this ordinance as additions, deletions, Board amendment
15 additions, and Board amendment deletions in accordance with the "Note" that appears under
16 the official title of the ordinance.

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18 APPROVED AS TO FORM:
19 DAVID CHIU, City Attorney

20 By: /s/ Henry L. Lifton
21 HENRY L. LIFTON
22 Deputy City Attorney

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