

Bear River Health Department
Fees Schedule
2022 Proposed Changes

Service	Current Fee	Proposed Fee	Comments	Board Action	Effective Date of Current Fee
COMMUNITY HEALTH					
Youth Life Skills Class	50.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	7/1/2012
ENVIRONMENTAL HEALTH					
<u>Environmental Assessment</u>					
Phase I Assessment	75.00	90	Personnel and administration costs	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
<u>Food Service</u>					
Food Handler's Permit	20.00	25.00	3 year permit	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	8/1/2013
Duplicate Food Handler's Permit	3.00	5.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Food Safety Manager Permit	15.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Catering - Commissary	120.00	150.00	Permitted establishment with seating	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	12/2/2008
Permanent Establishment Permits	120.00	175.00	Risk Level 1	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	6/14/2017
	200.00	275.00	Risk Level 2	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	6/14/2017
	300.00	375.00	Risk Level 3	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	6/14/2017
	400.00	475.00	Risk Level 4	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	6/14/2017
Food Service Plan Review	100.00	150.00	Moderate Review/Change of Ownership	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	6/14/2017
	175.00	400.00	Risk Level 1	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	6/14/2017
	250.00	400.00	Risk Level 2	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	6/14/2017
	325.00	400.00	Risk Level 3	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	6/14/2017
Incomplete Plan Packet	75.00	90.00	Incomplete plans processing; Personnel and administration costs	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
Follow-up Inspections	75.00/hr	90.00/hr	Additional/Follow-up inspections; Personnel and administration costs	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
<u>Lab Services</u>					
Coliform - Presence/Absence Testing	20.00	25.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Coliform - eColi Quantitative	25.00	30.00	Sample processing expenses	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
Fecal Coliform	20.00	25.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
<u>Wastewater</u>					
Conventional Septic System Permit	375.00	400.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2022

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At-Grade System	750.00	800.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2022
Mound System	675.00	775.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2022
Packed Bed Media System	675.00	775.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2022
Septic Experimental Permit	675.00	775.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2022
Alternative Plan Review	75.00/hr	90.00/hr	EH Scientist time for plan review	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
Septic System Resale/Add. Inspections	75.00	90.00	Personnel and administration costs	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
Septic Tank Location Service	75.00	90.00	Personnel and administration costs. 2 site visits.	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
Septic System Alteration Permit	75.00	90.00	Personnel and administration costs. 2 site visits.	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
<u>Community Env Health</u>					
Day Care Inspection	75.00	90.00	Personnel and administration costs.	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
Housing Inspection	75.00	90.00	Personnel and administration costs.	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
<u>Body Art</u>					
Tattoo/Body Art Fac. Plan Rev.	175.00	200.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Facility Annual Permit	175.00	200.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Annual Tech Certificate Renewal	35.00	50.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
<u>Pools</u>					
Pool Sample	20.00	25.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
<u>Hazardous Materials</u>					
Heating Oil Tank Inspection	75.00	90.00	Personnel and administration costs	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
<u>General Env Health</u>					
Additional Inspection Fee	75.00/hr	90.00/hr	Hourly cost EH Scientist. Personnel and admin costs	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
Tanning Bed Facility Permit	150.00	175.00	Annual permit for facility with up to 2 beds.	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	12/2/2008
Additional Beds	20.00/Bed	25.00/Bed	Annual permit for each additional bed.	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	12/2/2008
<u>Air Quality</u>					
Emissions Inspection Fee - OBD Test	15.00	Market	Remove capped fee and let emissions stations set price	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2014
Emissions Inspection Fee - Tampering	20.00	Market	Remove capped fee and let emissions stations set price	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2014

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INDIVIDUAL AND FAMILY HEALTH					
Family Planning					
Initial Exam	40.00 - 65.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	12/2/2008
Annual Exam	40.00 - 65.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	12/2/2008
UA - Current Clients	20.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Annual Records Review Visit	20.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Repeat Pap Smear	Lab cost	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2013
Lab Work (Lipid Panel, Glucose, etc)	Lab cost	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2013
Hematocrit Test	5.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Pregnancy Test	10.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Dispensing Fee (per Rx)	2.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Birth Control Methods					
Condoms (per package)	1.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Oral Contraceptive Pills (30 day)	Cost	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2008
Patch (month supply)	10.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
Cancer Screening					
Full Exam	25.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	9/1/2013
Breast Exam	25.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	9/1/2013
Pelvic Exam	25.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	9/1/2013
Tuberculosis					
Chest X-ray Referral	Lab cost	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/9/2019
Liver Function Test	11 - 15.00	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	8/30/2013
Liver Function Test - Admin Cost		0 - 10.00	New fee	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	New fee
Medication Dispensing Fee	9.00	0 - 10.00		<input type="checkbox"/> Approve <input type="checkbox"/> Reject	10/4/2005
TB Skin Test		20.00	New fee	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	New fee

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EMS					
HIV and HBsAB Screen	Lab cost	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2016
HBsAB Screen Only	Lab cost	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2016
HIV Screen Only	Lab cost	NA	Remove from fee schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2016
Immunizations					
Immunization Record		5.00	New fee	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	New fee
Missed Travel Appointment		15.00	New fee for individuals who miss their appt without cancelling ahead	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	New fee
Exams					
Lab Tests		Cost	Removed individual lab tests and created general category	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	New fee
Office Visit - Physician/NP	25.00 - 300.00	25.00 - 300.00	No change to fee - add nurse practitioner to schedule	<input type="checkbox"/> Approve <input type="checkbox"/> Reject	1/1/2016

Items highlighted in yellow are fees that are no longer charged. We propose they be removed from the fee schedule.

BOH CHAIR SIGNATURE _____