

HB 215 DHSS: Public Health Fees

Briefing Paper

Division of Public Health Summary of Fees

The division currently is able to charge fees for certain clinical services:

- maternal and child health services
- preventive medical services
- public health nursing services
- nutrition services
- health education
- laboratories

Fees are limited to the actual cost of providing the service and may be waived if it is not in the public interest or is not economically feasible to collect (AS 44.29.022). Regulations (7 AAC 80) establish the rates and direct that fees will be collected. Services may not be denied because of an individual's inability to pay. A sliding fee schedule reduces the amount for those unable to pay. Fees are waived in the public interest such as when the department initiates the contact with the individual for the purposes of communicable disease control.

The division would charge additional fees only when it is in the public interest and economical, and, most significantly, does not undermine the division's public health mission. Services would not be denied because of an individual's inability to pay. In most cases, additional fees may not generate enough revenue to fully offset costs; however, the revenue collected will reduce dependence on other funds. Regulations would be adopted for each new fee, allowing the public the opportunity to provide input.

The fees below would be the priority to establish. Additional fees may be added in the future, once the cost/benefit is known.

- Registration, certification, and inspection of radiological device fees are needed to support a second radiological health physicist for these magnetic resonance imaging (MRI), computed tomography (CT), mammography, and ultraviolet devices. Currently only fees for X-ray devices are authorized and only X-ray devices are registered, certified and inspected.
- An administration fee for healthcare practitioner loan repayment program, Supporting Healthcare Access through Loan Repayment Program (SHARP), would cover the cost of operating the program. Similar loan repayment programs charge an administrative fee. Currently the program operations are 100% UGF.
- Allowing a reasonable fee for custom statistical and epidemiological analyses on public health data sets would greatly enhance the usefulness of the datasets. The division is frequently asked for ad hoc analyses; however, our resources are consumed in collecting the data, leaving little capacity for analysis. Other states charge annual or per-hour fees for analytical work.
- The division has turned away requests to assist with community health assessments and community action plan development. This assistance ensured that tribal and local partners were united in their efforts to achieve the goals of the 25 health priorities in the statewide health improvement plan, Healthy Alaskans 2020. The division lost the capacity for this service when the UGF funded position was eliminated in recent budget cuts. The ability to charge fees would enable us to once again support local efforts for healthier communities.