ALASKA LEGISLATURE COMMITTEE FILES 1993-1994 8672

7771 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

P201DETR 02/21/92 PERSONAL SERVICES EXPENDITURES DETAIL REPORT PAGE: 1
DEPARTMENT OF HEALTH AND SOCIAL SERVICES SCENARIO 1
COMP: LAB SERVICES BRU: STATE HEALTH SERVICES

PCN	JOB CLASS TITLE	T S	LOC	B U	R&S	MNTH RATE	MOS BDG	PREM PAY	ANN BENES	TOTAL P.S.
061023	CHF PUBLIC HEALTH LAB	F	AWA	SS	23C	5086	12.00	0	22109	85320
061024	CLERK TYPIST III	F	AWA	GG	08F	2053	12.00	0	11887	37402
061056	MICROBIOLOGIST IV	F	EBA	SS	20A	3893	12.00	0	18352	66735
061057	MICROBIOLOGIST III	F	EBA	GG	18J	4135	12.00	0	19158	70549
061058	MICROBIOLOGIST II	F	EBA	GG	16K	3743	12.00	0	17789	64308
061059	MICROBIOLOGIST II	F	EBA	GG	16C	3141	12.00	0	15686	54724
061060	CLERK V	F	EBA	GG	11F	2466	12.00	0	13329	43977
061061	DATA PROC CLERK I	F	EBA	GG	08A	1769	12.00	0	10895	32881
061062	LABORATORY ASSISTANT II	F	EBA	GG	08K	2180	12.00	0	12330	39424
061065	LABORATORY ASSISTANT II	F	AWA	GG	08B	1820	12.00	0	11073	33693
061067	MICROBIOLOGIST II	F	AWA	GG	16D	3258	12.00	0	16095	56587
061165	MICROBIOLOGIST IV	F	JBA	SS	20B	4200	12.00	0	19424	71623
061166	MICROBIOLOGIST III	F	JBA	GG	18A	3512	12.00	0	16982	60630
061167	DATA PROC CLERK I	F	JBA	GG	08C	1952	12.00	0	11534	35794
061205	MICROBIOLOGIST III	F	AWA	GG	18K	4288	12.00	0	19692	72985

MONTHLY RATE IS BASE RATE. OTHER AMOUNTS INCLUDE 3.57000 % COLA IF APPLICABLE
SNA 17 A01PCICS NUM LOCAL.CPY

P201DETR 02/21/92 PERSONAL SERVICES EXPENDITURES DETAIL REPORT PAGE: 2
DEPARTMENT OF HEALTH AND SOCIAL SERVICES SCENARIO 1
COMP: LAB SERVICES BRU: STATE HEALTH SERVICES

PCN	JOB CLASS TITLE	T S	LOC	B U	R&S	MNTH RATE	MOS BDG	PREM PAY	ANN BENES	TOTAL P.S.
061210	LABORATORY ASSISTANT II	F	AWA	GG	08M	2315	12.00	0	12802	41573
061232	MICROBIOLOGIST II	F	AWA	SS	16D	3290	12.00	0	16246	57135
061255	ADMIN ASST I	F	AWA	GG	12F	2639	12.00	0	13933	46732
061282	LABORATORY ASSISTANT II	F	JBA	GG	08B	1893	12.00	0	11328	34855
061316	CLERK TYPIST III	P	AWA	GG	08A	1769	6.00	0	4268	15261
061345	MICROBIOLOGIST I	F	JBA	GG	14A	2655	12.00	0	13989	46986
061376	MICROBIOLOGIST II	F	EBA	GG	16K	3743	12.00	0	17789	64308
061377	LABORATORY ASSISTANT II	F	EBA	GG	08J	2121	12.00	0	12124	38485
061379	MICROBIOLOGIST II	F	EBA	GG	16K	3743	12.00	0	17789	64308
061380	LABORATORY ASSISTANT II	F	JBA	GG	08E	2071	12.00	0	11949	37689
061435	CLERK IV	F	JBA	GG	09F	2267	12.00	0	12634	40809
061436	LABORATORY ASSISTANT II	F	JBA	GG	08D	2013	12.00	0	11747	36765
061437	MICROBIOLOGIST III	F	JBA	GG	18A	3512	12.00	0	16982	60630
061445	DATA PROC CLERK I	F	EBA	GG	08D	1936	12.00	0	11478	35539
061446	DATA PROC CLERK I	F	JBA	GG	08D	2013	12.00	0	11747	36765

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DEPARTMENT OF HEALTH AND SOCIAL SERVICES SCENARIO 1
COMP: LAB SERVICES BRU: STATE HEALTH SERVICES

PCN	JOB CLASS TITLE	T S	LOC	B U	R&S	MNTH RATE	MOS BDG	PREM PAY	ANN BENES	TOTAL P.S.
061448	MICROBIOLOGIST II	F	JBA	GG	16B	3164	12.00	0	15767	55090
061493	CHEMIST II	F	AWA	GG	16A	2931	12.00	0	14953	51381
061504	RADIOLOGICAL PHYSICIST	F	AWA	GG	20A	3866	12.00	0	18218	66266
061506	MICROBIOLOGIST II	F	EBA	GG	16B	3042	12.00	0	15341	53148
061553	MICROBIOLOGIST II	F	JBA	GG	16F	3639	12.00	0	17425	62652
061554	LABORATORY ASSISTANT II	F	JBA	GG	08C	1952	12.00	0	11534	35794
061556	MICROBIOLOGIST II	F	JBA	GG	16C	3267	12.00	0	16126	56730
061585	MICROBIOLOGIST II	F	JBA	GG	16D	3388	12.00	0	16549	58656
061586	LABORATORY ASSISTANT II	F	JBA	GG	08D	2013	12.00	0	11747	36765
061587	DATA PROC CLERK I	F	JBA	GG	08C	1952	12.00	0	11534	35794

MONTHLY RATE IS BASE RATE. OTHER AMOUNTS INCLUDE 3.57000 % COLA IF APPLICABLE

SNA 17 A01PCICS NUM LOCAL.CPY

P201DETR 02/21/92 PERSONAL SERVICES EXPENDITURES DETAIL REPORT PAGE: 4
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COMP: LAB SERVICES BRU: STATE HEALTH SERVICES

PCN	JOB CLASS TITLE	T S	LOC	B U	R&S	MNTH RATE	MOS BDG	PREM PAY	ANN BENES	TOTAL P.S.

	PREMIUM PAY	BENEFITS	PERSONAL SERVICES
COLUMN TOTALS:	0	582,334	1,996,748

FULL TIME POSITIONS	39	TOTAL PERSONAL SERVICES	1,996,748
PART TIME & SEASONAL	1	PLUS LUMP SUM PREMIUM PAY	0
NON PERM. POSITIONS	0	SUB-TOTAL	1,996,748
OTHER.....	0	MINUS 4.67008 % VAC. ADJUSTMENT	93,247
TOTAL POSITIONS:	40	PERSONAL SERVICES, LINE 100	1,903,501

MONTHLY RATE IS BASE RATE. OTHER AMOUNTS INCLUDE 3.57000 % COLA IF APPLICABLE

SNA 17 A01PCICS NUM LOCAL.CPY

TEST DATA FOR THE JUNEAU LABORATORY

Test	Bacteriology			Immunology		
**********	FY92	WTU	Total	FY92	WTU	Total
Pertussis	14	11.61	162.6			
Anerobic Bacteriology	8	132	1056			
Diptheria	2	49.1	98.2			
Meningitis	2	25.2	50.4			
Staphlococcus	10	8.2	82			
Syphilis				2553 32	1.0 1.2	2591
Rubella				7321 131	7.0 7.0	6041
Streptococcus Group A	156 75	5.0 10	1530			
Enteric Bacteriology	478	17.93	8568.5			
Gonorrhea	2439	1.93	4695.5			
Reference Bacteriology	98	60.56	5935			
H. Influenzia	3	19.2	57.6			
Parasitology	1329	60.48	80375			
Mycobactology	818	30.41	24872			
Mycology	296	23.35	6911			
Water Bacteriology	97	21.81	2116			
Water Suitability	1	46.00	46.00			

FAIRBANKS LABORATORY

25-Nov-92 STATE VIROLOGY LAB FY92

FY92 WORKLOADS

SYSTEM	CPT CODE	WTU CODE	TEST/PROCEDURE	TESTS	WTU	NUMBER OF TESTS	TOTAL WTU
BAC	87184	BA113000	N.GONO ANTIMIC	BAC	5	8	40
BAC	87181	BA112000	N.GONO BETA LAC	BAC	3	70	210
BAC	87158	BA108000	N.GONO KWIK	BAC	5	15	75
BAC	87088	BA111000	N.GONO MICRO EXAM	BAC	5	113	565
BAC	87088	BA107000	N.GONO OXIDASE	BAC	1	9369	9369
BAC	87070	BA105000	N.GONO PRIM CULTURE	BAC	3	9086	27258
BAC	87081	BA106000	N.GONO SUBCULTURE	BAC	2.5	138	345
BAC	88346	BA110000	N.GONO IFA	IFA	20	35	700
						18834	38562
IMM	86317	IM047000	CHLAMYDIA AB	EIA	10	0	0
IMM	86317	IM047000	CMV IGG AB	EIA	10	55	550
IMM	86317	IM047000	CMV IGM AB	EIA	10	35	350
IMM	86171	IM039000	COMPLIMENT FIXATION	CF	15	133	1995
IMM	86256	IM041000	EBV EARLY AG	IFA	20	0	0
IMM	86256	IM041000	EBV IGG AB	IFA	20	10	200
IMM	86256	IM041000	EBV IGM AB	IFA	20	10	200
IMM	86256	IM041000	EBV NUCLEAR	IFA	20	0	0
IMM	86296	IM047000	HEP A IGG AB	EIA	5	675	3375
IMM	86296	IM047000	HEP A IGM AB	EIA	10	827	8270
IMM	86289	IM047000	HEP BC IGG AB	EIA	5	6637	33185
IMM	86289	IM047000	HEP BC IGM AB	EIA	10	43	430
IMM	86295	IM047000	HEP BE AB	EIA	10	207	2070
IMM	86293	IM047000	HEP BE AG	EIA	10	201	2010
IMM	86291	IM047000	HEP BS AB	EIA	5	2475	12375
IMM	86287	IM047000	HEP BS AG	EIA	5	3832	19160
IMM	86295	IM047000	HEP D AB	EIA	10	32	320
IMM	86382	IM047000	HEPB CONFIRM	EIA	20	29	580
IMM	86312	IM047000	HIV1 AB	EIA	5	13065	65325
IMM	87999	IM047000	HIV1 AG	EIA	10	0	0
IMM	86312	IM047000	HIV1/2 AB	EIA	5	0	0
IMM	86312	IM047000	HIV2 AB	EIA	5	0	0
IMM	86280	VR032000	INFLUENZA A/B	HI	10	588	5880
IMM	86280	IM047000	MUMPS IGG AB	EIA	10	20	200
IMM	86256	IM047000	MYCOPLASMA IGG	EIA	10	0	0
IMM	86256	IM047000	MYCOPLASMA IGM	EIA	10	0	0
IMM	86280	IM047000	RUBELLA IGG AB	MEIA	10	0	0
IMM	86006	IM047000	RUBELLA IGM AB	EIA	10	46	460
IMM	86280	IM047000	RUBEOLA IGG	EIA	10	373	3730
IMM	86280	IM047000	RUBEOLA IGM	EIA	10	114	1140
IMM	86317	IM047000	TOXO IGG AB	EIA	10	31	310
IMM	86317	IM047000	TOXO IGM AB	EIA	10	35	350
IMM	87250	IM047000	VARIC ZOSTER IGG AB	EIA	20	28	560
						627	163025
VIR	86317	IM047000	ADENO 40/41 AG	EIA	10	0	0
VIR	87206	VR030000	CHLAM McCOY TC/READ	TC	27	10	270
VIR	87003	VR011000	CHLAM MOUSE INOC	MI	25	0	0
VIR	87206	VR011000	CHLAM SHELL VIAL	TC	20	161	3220
VIR	87166	IM041000	CHLAMYDIA AG	IFA	20	25	500
VIR	87176	IM041000	CMV AG	IFA	20	45	900
VIR	87206	VR011000	CMV SHELL VIAL	TC	20	49	980
VIR	86280	IM033000	HEMAGGLUTINATION	HI	10	588	5880
VIR	87176	IM041000	HSV1 AG	IFA	20	302	6040
VIR	86317	IM047000	HSV1/2 AB	EIA	10	70	700

VIR	86317	IM047000	HSV1/2 CON AG	EIA	10	439	4390
VIR	87176	IM041000	HSV2 AG	IFA	20	371	7420
VIR	87250	IM041000	INFLUENZA AG	IFA	20	588	11760
VIR	87253	VR033000	INFLUENZA A/B	HAD	6	588	3528
VIR	87253	VR036000	LEM POOL	NT'	20	513	10260
VIR	87253	VR036000	MONOSPECIFIC NT TST	NT	20	582	11640
VIR	87250	IM041000	PARAINFLU I/IV	IFA	20	147	2940
VIR	88346	VR025000	RABIES	IFA	45	108	4860
VIR	87003	VR026000	RABIES MI	MI	24	68	1632
VIR	88036	VR016000	RABIES NECROPSY	AUT	20	108	2160
VIR	86151	IM047000	ROTAVIRUS AG	EIA	10	93	930
VIR	87250	IM041000	RSV AG	IFA	20	109	2180
VIR	88346	IM047000	RSV AG	EIA	10	265	2650
VIR	87250	IM041000	VARIC ZOSTER AG	IFA	20	14	280
VIR	87126	VR035000	VIRUS ISOL.ACID LABLCCS		30	52	1560
VIR	87163	VR010000	VIRUS ISOL.AMML INOCCCS		25	66	1650
VIR	87250	VR029000	VIRUS ISOL.BLND PASSCCS		8	413	3304
VIR	87253	VR033000	VIRUS ISOL.HAD	CCS	6	3802	22812
VIR	87253	VR034000	VIRUS ISOL.HADI	CCS	20	968	19360
VIR	87126	VR029000	VIRUS ISOL.HARV	CCS	3	2904	8712
VIR	87250	VR029000	VIRUS ISOL.INOC	CCS	10	13814	138140
VIR	87250	VR027000	VIRUS ISOL.MAINT	CCS	14	15996	223944
VIR	87163	VR030000	VIRUS ISOL.READ	CCS	10	15996	159960
VIR	87250	VR029000	VIRUS ISOL.REPEATS	CCS	23	172	3956
VIR	87126	VR007000	VIRUS ISOL.SPEC PREPCCS		20	29	580
VIR	87163	VR029000	VIRUS ISOL.SPEC TRT	CCS	7	3999	27993
						63454	697091

ANCHORAGE LABORATORY

DEPARTMENT OF HEALTH & SOCIAL SERVICES
SOUTHCENTRAL REGIONAL LABORATORY

FEE FOR SERVICE - TEST DATA

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
SYPHILIS RPR QUALITATIVE				12,757	1.4	17,860
SYPHILIS RPR QUANTITATIVE				388.0	2.1	815
SYPHILIS FTA-ABS				365.0	12.0	4,380
SYPHILIS VDRL QUALITATIVE				102.0	6.0	612
BRUCELLOSIS SLIDE AGGLUTINATION				1.0	15.0	15
BRUCELLOSIS TUBE AGGLUTINATION				0.0	20.0	0
TULAREMIA SLIDE AGGLUTINATION				2.0	15.0	30
TULAREMIA TUBE AGGLUTINATION				0.0	20.0	0
RUBELLA RUBAZYME IgG				3,420.0	7.0	23,940
RUBELLA RUBAZYME IgM				10.0	7.0	70
TOTALS FOR IMMUNOLOGY				17,045.0		47,722

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TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
DIPHTHERIA MICROSCOPIC EXAM	3.0	5.0	15.0			
DIPHTHERIA PRIMARY CULTURE	3.0	5.0	15.0			
DIPHTHERIA SECONDARY CULTURE	3.0	2.5	7.5			
DIPHTHERIA BIOCHEMICALS	0.0	5.0	0.0			
DIPHTHERIA TOXOGENICITY	0.0	35.0	0.0			
DIPHTHERIA QC/DIRECT SMEAR	0.0	4.0	0.0			

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
MENINGITIDIS MICROSCOPIC EXAM	8.0	2.2	17.6			
MENINGITIDIS PRIMARY CULTURE	8 0	2.5	20.0			
MENINGITIDIS SECONDARY CULTURE	8.0	2.5	20.0			
MENINGITIDIS BIOCHEMICALS	8.0	3.0	24.0			
MENINGITIDIS SERO GROUPINGS	8.0	5.0	40.0			
MENINGITIDIS BETA LACTAMASE	8.0	2.0	16.0			
MENINGIDITIS OXIDASE TEST	0.0	1.0	0.0			
PERTUSSIS, PARAPERTUSSIS PRIM. CULT.	72.0	2.5	180.0			
PERTUSSIS, PARAPERTUSSIS SEC. CULT.	72.0	2.5	180.0			
PERTUSSIS, PARAPERTUSSIS FA	225.0	10.0	2,250.0			
PERTUSSIS, PARAPERTUSSIS MICRO EXAM	72.0	2.2	158.4			
PERTUSSIS, PARAPERTUSSIS CULT. CONF	2.0	10.0	20.0			
PERTUSSIS, PARAPERTUSSIS FA QC	131.0	5.0	655.0			
PERTUSSIS, PARA.. AGGLUTINATION W/ ANTISERA	2.0	2.5	5.0			
PERTUSSIS, PARAPERTUSSIS QC (2)	2.0	5.0	10.0			
H. INFLUENZAE MICROSCOPIC EXAM	7.0	2.2	15.4			
H. INFLUENZAE CULTURE	7.0	15.0	105.0			
H. INFLUENZAE CATALASE/OXIDASE	0.0	2.0	0.0			
H. INFLUENZAE SERO GROUPING	7.0	13.2	92.4			
H. INFLUENZAE BETA LACTAMASE	7.0	2.0	14.0			
S. PNEUMONIAE MICROSCOPIC EXAM	2.0	5.0	10.0			
S. PNEUMONIAE CULTURE	2.0	10.0	20.0			
S. PNEUMONIAE CATALASE	0.0	2.0	0.0			
S. PNEUMONIAE OPTOCHIN DISK	2.0	3.0	6.0			
S. PNEUMONIAE PENICILLIN DISK	2.0	3.0	6.0			

ANCHORAGE LABORATORY

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
BETA STREPTOCOCCUS CULTURE SCREEN	11.0	5.0	55.0			
BETA STREP PRIMARY CULTURE	14.0	5.0	70.0			
BETA STREP SUB CULTURE	3.0	2.5	7.5			
BETA STREP MICRO EXAM	0.0	2.2	0.0			
BETA STREPTOCOCCUS A-DISC/STREPTEX	3.0	8.0	24.0			
GONORRHEA MICROSCOPIC EXAM	1,328.0	3.0	5,484.0			
GONORRHEA PRIMARY CULTURE	32,594.0	3.0	97,782.0			
GONORRHEA SUBCULTURE	3,218.0	2.5	8,045.0			
GONORRHEA OXIDASE	32,596.0	1.0	32,596.0			
GONORRHEA BIOCHEMICALS	10.0	3.0	30.0			
GONORRHEA BETA LACTAMASE	519.0	2.0	1,038.0			
GONORRHEA DNA PROBE	2,887.0	5.0	14,435.0			
GONORRHEA PENICILLIN DISK	8.0	5.0	40.0			
GONORRHEA ACCUPROBE	541.0	3.0	1,623.0			
CHLAMYDIA SP. DNA PROBE (PACE II)	2,888.0	5.0	14,440.0			
ENTERIC INFECTION: PRI/SEC CULTURE	1,474.0	2.5	3,685.0			
ENTERIC INFECTION SUBCULTURE	991.0	2.5	2,477.5			
ENTERIC INFECTION CAMP MICRO/OXIDASE	6.0	5.0	30.0			
ENTERIC INFECTION BIOCHEMICALS	1,568.0	2.5	3,920.0			
ENT. INF. ANTIGEN PREP FOR SEROTYPING	80.0	8.0	640.0			
ENT. INF. AGGLUTINATION GROUPING	94.0	2.5	235.0			
ENT. INF. SIMPLE SEROTYPING	30.0	12.0	360.0			
ENT. INF. COMPLEX SEROTYPING	50.0	45.0	2,250.0			
ENTERIC INFECTION API	93.0	11.0	1,023.0			

ANCHORAGE LABORATORY

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
ANAEROBIC BACT. INF. MICRO EXAM	11.0	2.2	24.2			
ANAEROBIC BACT. INF. PRIMARY CULTURE	11.0	2.5	27.5			
ANAEROBIC SUBCULTURE	11.0	2.5	27.5			
ANAEROBIC BACT. INF. API	6.0	10.0	60.0			
ANAEROBIC BACT. INF. DEFINITIVE ID	4.0	50.0	200.0			
AEROBIC BACT. INF. MICROSCOPIC EXAM	192.0	2.2	422.4			
AEROBIC BACT. INF. PRIMARY CULTURE	166.0	2.5	415.0			
AEROBIC BACT. INF. DEFINITIVE CULTURE	156.0	15.0	2,340.0			
AEROBIC BACT. INF. SUB CULTURE	0.0	7.5	0.0			
AEROBIC BACT. INF. COAGULASE	12.0	5.0	60.0			
AEROBIC BACT. INF. SERO GROUPINGS	11.0	11.0	121.0			
AEROBIC BACT. INF. X V STRIPS	1.0	5.0	5.0			
AEROBIC BACT. INF. CATALASE/OXIDASE	173.0	2.0	346.0			
AEROBIC BACT. INF. BIOCHEMICALS	0.0	45.0	0.0			
AEROBIC BACT. INF. BETA LACTAMASE	13.0	3.0	39.0			
PSEUDOMONAS MICROSCOPIC EXAM	2.0	5.0	10.0			
PSEUDOMONAS PRIMARY CULTURE	12.0	2.5	30.0			
PSEUDOMONAS DEFINITIVE	2.0	7.5	15.0			
PSEUDOMONAS CATALSE/OXIDASE	2.0	2.0	4.0			
LEGIONELLA FA STAIN	9.0	10.0	90.0			
LEGIONELLA FA/FORMALIN FIX SLIDES	9.0	1.0	9.0			
LEGIONELLA FA/QC	9.0	5.0	45.0			

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
T.B. INFECTION DIGESTION CONCENTRATION	6,045.0	10.0	60,450.0			
T.B. INFECTION MICROSCOPIC EXAM	1,108.0	10.0	11,080.0			
T.B. INFECTION PRIMARY CULTURE	6,045.0	5.0	30,225.0			
T.B. INFECTION SUBCULTURE	477.0	5.0	2,385.0			
T.B. INFECTION PRIMARY BIOCHEMICALS	181.0	8.0	1,448.0			
T.B. INFECTION SPECIATION	19.0	10.0	190.0			
T.B. INFECTION SUSCEPTIBILITIES	55.0	8.0	440.0			
Mtb COMPLEX ACCUPROBE	83.0	8.7	722.1			
M AVIUM COMPLEX ACCUPROBE	49.0	8.7	426.3			
SPORE TEST/AUTO CLAVE	67.0	1.0	67.0			
PARASITIC CONCENTRATION	1,807.0	4.0	7,228.0			
PARASITIC MICROSCOPIC EXAM	1,807.0	7.1	12,829.7			
PARASITIC STAIN SMEAR	1,788.0	45.0	80,460.0			
PARASITIC PIN WORM SLIDE	1.0	2.5	2.5			
PARASITIC MACROSCOPIC EXAM	6.0	5.25	31.5			
PLASMODIUM INFECTION MICROSCOPIC	4.0	20.0	80.0			
ARTHROPOD INFECTION MICROSCOPIC	2.0	15.0	30.0			
CRYPTOSPORIDIUM (PARA) FA	12.0	10.0	120.0			
CRYPTOSPORIDIUM FE CONCENTRATION	12.0	4.0	48.0			
CRYPTOSPORIDIUM (2 CONTROLS)	5.0	5.0	25.0			
BLOOD PARA. SLIDE PREP	0.0	5.0	0.0			

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
FOOD QUALITY ANAEROBIC CULTURE	2.0	70.0	140.0			
FOOD QUALITY AEROBIC CULTURE	10.0	29.0	290.0			
FOOD COAGULASE	9.0	2.5	22.5			
FOOD QLTY ENTEROBACTERIACEAE DETERMINATION	4.0	29.0	116.0			
FOOD QLTY STD PLATE COUNT	0.0	20.0	0.0			
FOOD QLTY COLIFORM COUNT	0.0	20.0	0.0			
FOOD QLTY STAPH COUNT	0.0	15.0	0.0			
FOOD QUALITY SPECIMEN PREPARATION	12.0	15.0	180.0			
STAPHYLOCOCCUS SUBCULTURE	0.0	2.5	0.0			
STAPHYLOCCOCUS MICRO EXAM	0.0	2.2	0.0			
API STAPH IDENTIFICATION	0.0	5.0	0.0			
TOTALS/BACTERIOLOGY	102,599.0		407,519.5			

DEPARTMENT OF HEALTH & SOCIAL SERVICES
SOUTHCENTRAL REGIONAL LABORATORY

SUMMARY OF RESULTS

LAB STANDARDS

TEST GROUP	BACTERIOLOGY #FY '92	TOTAL	IMMUNOLOGY #FY '92	TOTAL
	102,599.0	407,519.5	17,045.0	47,721.6

	TOTAL # TESTS	TOTAL WIU'S
TOTAL (BOTH GROUPS)	119,644.0	472,286.1

TABLE IV
COST ALLOCATION OF ADMINISTRATIVE SUPPORT TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS

Office of Chief	Administration	Support	Bacteriology	Immunology	Virology
Personnel					
06-1023	(100%) 89.90	-	-	-	-
06-1255	(100%) 46.80	-	-	-	-
06-1446	(100%) 73.30	-	-	-	-
Travel	10.28	-	-	-	-
Services	23.40	-	-	-	-
Supplies	1.80	-	-	-	-
Equipment	1.04	-	-	-	-
Information & Billing System Lease	300.00	-	-	-	-
Dpt/Div.Ind. Neg.Ind.	160.17	-	-	-	-
Other (CLIA)	20.56	-	-	-	-
		-	-	-	-
Anchorage	20.35	-	-	-	-
Juneau	17.30	-	-	-	-
Fairbanks	24.69	-	-	-	-
TOTAL	789.59	-	-	-	-
ALLOCATED TOTAL	-	-	307.94	116.07	365.58

TABLE V
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
JUNEAU LABORATORY

JUNEAU	Administration	Support	Bacteriology	Immunology	Virology
Personnel					
06-1205	(10%) 7.65	(50%) 38.30	(40%) 30.60	-	-
06-1232	-	(5%) 3.00	(95%) 57.50	-	-
06-1067	-	-	(82%) 43.70	(18%) 9.60	-
06-1210	-	(90%) 47.90	(10%) 5.30	-	-
06-1065	-	(100%) 39.50	-	-	-
06-1024	-	(100%) 35.40	-	-	-
PERSONNEL ACCUMULATION	7.65	164.10	137.10	9.60	-
ALLOCATION	-	-	154.42	9.68	-
PERSONNEL SUBTOTAL	-	-	291.52	19.28	-
Operating					
Travel	(25%) .48	-	(75%) 1.45	-	-
Services	-	(69%) 27.51	(30%) 11.96	(1%) .40	-
Supplies	-	(7%) 2.13	(82%) 24.89	(11%) 3.34	-
Equipment	-	-	(90%) 3.96	(10%) .44	-
Bldg.lease	(10%) 9.21	(30%) 27.62	(54%) 49.71	(6%) 5.52	-

TABLE V
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
JUNEAU LABORATORY

OPERATING SUBTOTAL	-	-	145.85	13.08	-
OPERATING ACCUMULATION	9.69	57.26	91.97	9.7	-
ALLOCATION	-	-	53.88	3.38	-
OPERATING SUBTOTAL	-	-	145.85	13.08	-
PERSONNEL SUBTOTAL	-	-	291.52	19.28	-
REAPPORTION-MENT TOTAL	-	-	437.36	32.36	-

TABLE VI
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
ANCHORAGE LABORATORY

ANCHORAGE	Administration		Support		Bacteriology		Immunology	
Personnel								
06-1056	(15%)	13.25	(65%)	57.40	(15%)	13.25	(5%)	4.42
06-1057	(10%)	7.10	(1%)	.71	(55%)	38.84	(34%)	24.03
06-1058	-		-		(100%)	64.40	-	
06-1059	-		-		(50%)	28.30	(50%)	28.30
06-1376	-		(3%)	1.99	(95%)	63.08	(2%)	1.33
06-1379	-		(2%)	1.29	(98%)	63.11	-	
06-1506	-		-		(100%)	55.70	-	
06-1377	-		(10%)	4.99	(50%)	24.95	-	
06-1062	-		(100%)	45.40	-		-	
06-1060	(100%)	35.10	-		-		-	
06-1061	(100%)	34.70	-		-		-	
06-1445	(100%)	36.70	-		-		-	
#078	-		-		(100%)	52.20	-	
SUBTOTAL		20.35		218.28		403.85		78.04
ALLOCATION	-		-			195.40		22.92

TABLE VI
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
ANCHORAGE LABORATORY

TOTAL	-	-	599.25	100.96
Operating				
Travel	$ 36.00	-	.03	.01
Services	$ 38,354.33	-	34.33	4.03
Supplies	$ 81,082.33	-	72.57	8.51
Equipment	$ 4,267.68	-	3.82	.45
Bldg. Lease	$112,434.00	-	110.63	11.81
Courier Service	$ 22,800.00	-	20.41	2.39
Janitorial	$ 5,652.00	-	5.06	.59
Medical Waste Dis.	$ 10,944.00	-	9.80	1.15
Other	$ 2,604.00	-	2.33	.27
SUBTOTAL (Operating)	-	-	248.97	29.21
SUBTOTAL (Personnel)	-	-	599.25	100.96
REAPPORTION-MENT TOTAL	-	-	848.22	130.17

TABLE VII
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
FAIRBANKS LABORATORY

FAIRBANKS	Admin.		Support		Bact.		Immunology		Virology	
Personnel										
06-1165	(15%)	12.92	(32%)	27.55	(8%)	6.89	(15%)	12.92	(30%)	25.83
06-1166	(1%)	.74	(14%)	10.39		-	(85%)	63.07		-
06-1437	(1%)	.61	(14%)	8.50	(7%)	4.25		-	(78%)	47.35
06-1345		-	(8%)	3.90		-	(90%)	43.83	(2%)	.97
06-1448		-	(13%)	7.50	(10%)	5.77	(7%)	4.04	(70%)	40.39
06-1553		-	(8%)	4.34		-	(90%)	48.87	(2%)	1.09
06-1556		-	(13%)	7.77	(10%)	5.98	(3%)	1.80	(74%)	44.25
06-1585		-	(8%)	4.34		-	(90%)	48.78	(2%)	1.08
06-1282		-	(100%)	45.1		-		-		-
06-1380		-	(100%)	50.0		-		-		-
06-1436	(0.5%)	.24	(99.5%)	47.46		-		-		-
06-1554	(0.5%)	.23	(99.5%)	46.07		-		-		-
06-1586		-	(100%)	46.6		-		-		-
06-1435	(25%)	10.23	(75%)	30.68		-		-		-
06-1167		-	(100%)	39.0		-		-		-
06-1446		-	(100%)	36.7		-		-		-

TABLE VII
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
FAIRBANKS LABORATORY

FAIRBANKS	Admin.	Support	Bact.	Immunology	Virology
06-1587	-	(100%) 36.2	-	-	-
SUBTOTAL	24.5	452.57	22.89	223.31	160.96
PERSONNEL ACCUMULATION	24.5	452.57	22.89	223.31	160.96
ALLOCATION	-	-	19.46	82.82	350.29
SUBTOTAL	-	-	42.35	306.13	511.25
Operating					
Travel	(10.1%) .19	(18%) .34	-	(33.3%) .63	(38.6%) .73
Services	-	(47.3%) 32.06	(1.5%) 1.02	(29.9%) 20.27	(21.3%) 14.44
Supplies	-	(47.3%) 82.42	(1.5%) 2.61	(29.9%) 52.10	(21.3%) 37.11
Bldg. Lease	-	(49.2%) 55.87	(4.2%) 4.77	(20.4%) 23.17	(26.1%) 29.64
Courier	-	(16.1%) .95	(2.6%) .15	(48.5%) 2.86	(32.8%) 1.94
Other	-	(100%) .45	-	-	-
ACCUMULATION	.19	172.09	8.55	99.03	83.86

TABLE VII
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
FAIRBANKS LABORATORY

FAIRBANKS	Admin.	Support	Bact.	Immunology	Virology
ALLOCATION	-	-	7.40	31.49	133.19
SUBTOTAL (Operating)	-	-	15.95	130.52	217.06
SUBTOTAL (Personnel)	-	-	42.35	306.13	511.25
REAPPORTION-MENT TOTAL	-	-	58.30	436.65	728.31

ALASKA REGIONAL HOSPITAL
LABORATORY OUTPATIENT FEE SCHEDULE
Revised May 1, 1993

17 Hydroxycorticoids	$59.00
5 HIAA 24 hour Urine	42.00
ABG-Blood Gases (OP)	38.00
Acetaminophen Serum, Quant.	40.00
Acetone	34.00
Acid Phosphatase	39.00
ACT Activated Clotting Time	46.00
Acid Phosphatase Prostatic	25.00
Albumin	15.00
Alcohol Screen-Urine	30.00
Aldolase	34.00
Aldosterone	70.00
Alkaline Phosphatase	15.00
Alpha Fetoprotein	38.00
Alpha 1, antitrypsen	53.00
Amikacin	40.00
Amino Acid urine	52.00
Ammonia Serum Quantitative	30.00
Amniostat	157.00
Amniotic Fluid Spect. Ratio	85.00
Amylase	27.00
Amylase, Urine	35.00
ANA Antinuclear Antibody	28.00
Antibody Screen	37.00
Antibody Thyroglobulin	44.00
Antimitochonrial	66.00
ASO Screen	31.00
Autologous Blood Unit	63.00
Barbituate Serum	110.00
Basic Immune Cellular Panel	225.00
Bence-Jones Protein Urine	26.00
Beta HCG, Serum	32.00
Beta HCG, Serum, Quant.	43.00
Bilirubin, Direct	15.00
Bilirubin, total	21.00
Bleeding Time	43.00
Blood Type ABO & RH	17.00
BUN	15.00

AK REGIONAL HOSPITAL LAB FEE SCHEDULE

C-Reactive Protein	19.00
Calcium, 24 hour Urine	33.00
Calcium Serum	15.00
Carotene	29.00
Catecholamine Plasma	48.00
Catecholamine Urine	48.00
CBC	13.00
CD-4 Helper Inducer	110.00
Cell Count Body Fluids	43.00
Chem-12 Profile	14.00
Chem-24 Profile	20.00
Chem 9 Profile	18.00
Chlamydia	33.00
Cholesterol	5.00
Cholinesterase (Pseudocholinesterase)	63.00
Chromosome Analysis complete	850.00
Chromosome Analysis, Philadelphia	500.00
Clonopin (Clonazapem)	39.00
Clostridium Difficile	65.00
Clotting Time, activated	46.00
CMV, IGG+IGM Antibody	58.00
Cocaine urine screen	20.00
Cold Agglutinins	69.00
Complement C3 Serum	40.00
Complement C4	40.00
Complement-Total, Serum	55.00
Copper, Serum	57.00
Cortisol plasma	40.00
CPK	15.00
CPK Isoenzyme	30.00
Creatinine Clearance	35.00
Creatinine Serum	15.00
Creatinine, Urine	21.00
Cryglobulin	34.00
Crystal Search	29.00
CSC	13.00
Culture, AFB, TB, Mycobacterium	46.00
Culture, Anaeroblic	52.00
Culture, Bacterial Routine	44.00
Culture Beta Strep Throat	24.00
Culture, Blood	83.00
Culture, Ear	114.00
Culture, Eye	108.00
Culture, Fungus	65.00
Culture, GC	28.00
Culture Herpes	48.00
Culture, Nasopharyngeal	76.00
Culture, Miscellaneous	44.00
Culture, Sputum	52.00
Cutlure, Stool	52.00

Culture, Throat	33.00
Culture, Urine	35.00
Culture, Vaginal	54.00
Culture, Viral for CMV	43.00
Culture, Wound	44.00
Cyclosporin	80.00
Cytology, Body Fluids	36.00
Cytology, Breast Smear	35.00
Cytology Hemosiderin-urine	11.00
Cytology, Needle Aspirate	35.00
Cytology, Pap Smear, 1 slide	13.00
Cytology, Pap Seam, 2 slides	20.00
Cytology Synovial fluid	58.00
Cytology, Sputum	40.00
D-Xylose, Urine	150.00
Desipramine Level	53.00
DHEA-S	75.00
Differential, WBC	31.00
Digoxin	52.00
Dilantin	34.00
Disopyramide	45.00
Drawing Fee	7.00
Drug of Abuse Screen	66.00
Drug Profile-Urine qualitative	51.00
Drug screen-mini	33.00
Electrolytes	15.00
Electrophoresis Lipoprotein	76.00
Electrophoresis Protein	40.00
Electrophoresis Urine	47.00
Employment Drug Screen	55.00
Eosinophil Smear	40.00
Eosinophil Total	40.00
ERA/PRA/DNA	152.00
Estradiol Serum	75.00
Estriol RIA	50.00
Estrogen	87.00
Ethosuximide Level Serum/Plasma	36.00
Factor VIII Assay	125.00
Fat Stain Feces	30.00
Ferritin	32.00
FDP	62.00
Fibrinogen	29.00
Folate Acid Erythhrocyte	43.00
Folate Acid Serum	28.00
FSH Serum	45.00
FTA-ABS	28.00

GC Gen Probe	28.00
GGTP-GGT	22.00
Glucose,1 Hour	15.00
Glucose, 2 hour PP	15.00
Glucose Fasting	15.00
Glucose Random	15.00
Glucose Tolerance, 3 hour	78.00
Glucose Tolerance, 5 hour	105.00
Glycosolated Hemoglobin	29.00
Gram Stain Smear	20.00
Growth Homone	75.00
Handling Charge	36.00
Haptoglobin	62.00
HDL Add On	12.00
Heavy Metals, Urine Quant.	182.00
Hepatitis AB IGM	32.00
Hepatitis B Core Antibody	33.00
HEP B Monitor Panel (HEP IV)	61.00
Hepatitis B Surface Antibody	29.00
Hepatitis B Surface Antigen	32.00
Hepatitis B-E Antibody	32.00
Hepatitis B-E Antigen	32.00
Hepatitis Profile	66.00
Hep-B Immune Panel (HEP III)	33.00
Herpes Virus Antibody	64.00
Herpes Culture	48.00
Herpes Direct	33.00
Herpes Virus Antibody	64.00
HIV-Antibody Western Block	115.00
HIV Screen	43.00
HLA-B27	68.00
IBC, Iron Binding Capacity Total	28.00
Imipramine (Tofranil)	83.00
Immunoglobulin, A,G&M	93.00
Immunoglobulin E	40.00
Immunoglobuin M	40.00
Immunoelectrophoresis Serum	75.00
India Ink Prep	33.00
Insulin	36.00
Iron Profile	28.00
Iron Serum	15.00
Kidney Stone Analysis	50.00
KOH Preparation	38.00

Lactic Acid	55.00
Lactose Tolerance (Blood or Breath)	168.50
Lactose TDL 3 hrs.	105.00
LDH Isoenzymes	52.00
LDH	15.00
LE Cell Prep	40.00
Lead serum	31.00
Lead urine, Quant.	58.00
Leukocyte Alk. Phos	43.00
LH Leutinizing Hormone	44.00
Lipase	34.00
Lipid Profile	28.00
Lipoprotein HDL	25.00
Lithium	22.00
Liver Profile	15.00
Lupus Antiocoagulant	110.00
Lupus Monitor Panel	257.00
L/S Ratio	275.00
Magnesium	15.00
Marijuana, urine screen	20.00
Mercury Screen, Urine	33.00
Metabolic screen	36.00
Metanephrines	39.00
Monospot (Heterophile)	29.00
Mumps Titer	48.00
Mycoplasma Antibody	43.00
Nortriptyline	42.00
Nutritional Assessment Profile	15.00
Occult Blood	15.00
Organic acid	250.00
Osmolality	58.00
Osmotic Fragility	145.00
Ova & Parasites, stool	41.00
Oxalate 24 hr, urine	33.00
Parathyroid Hormone C-Terminal	78.00
Paternity Testing Complete	550.00
PCP	95.00
Phenobarbital Quant	36.00
Phlebotomy	40.00
Phosphorous 24 hr. Urine	33.00
Phosphorus, Serum	15.00
Pinworm Prep	28.00
Porphyrins-Urine, Quant.	56.00
Pregnanetriol	84.00
Prenatal Profile II	46.00
Prenatal Profile	27.00

Primidone (Mysoline)	36.00
Profile Body Fluid	53.00
Profile Fertility	240.00
Profile Thyroid, T3, T4, T7	22.00
Progesterone	52.00
Prolactin	62.00
Porphobilinogen, Qual.	39.00
Protein Body Fluid	22.00
Protein Urine	20.00
PSA-Protatic Specific Antigen	72.00
Pseudocholinesterase	63.00
PTT	19.00
PT Prothrombin Time	19.00
Pyruvic Acid Serum	47.00
Quinidine	69.00
RA Factor (Latex Fixation)	39.00
RA W/Dilution (Titer)	65.00
Rast Allergens, Each	17.00
Rast, up to Five	69.00
Renin	50.00
RhoGam Micro	40.00
RhoGam	60.00
RPR	45.00
Rubella Titer	27.00
Salicylate Level	40.00
Screen - Cocaine & Marijuana, Alcohol	33.00
Sed Rate	14.00
Semen Analysis	55.00
Serum Viscosity	31.00
SGOT	15.00
SGPT	15.00
Sickle Cell Prep	16.00
Smear AFB TB Mycobacterium	31.00
Specimen Collection-DAU	20.00
Sperm Count	28.00
Sperm Washing & Prep	100.00
STAT Charge	34.00
Streptozyme	31.00
Sugar Water Test for PNH	63.00

T&B Cell Panel	175.00
T3 RIA	53.00
T3 Uptake	17.00
T4	20.00
Tegretol (Carbamazephine)	38.00
Testosterone	55.00
Theophylline	43.00
Thiocyanate	41.00
Thrombin Time	26.00
TLC Plate	55.00
Torch Titer	80.00
Total Protein, Serum	15.00
Toxoplasmosis Antibody	53.00
Tricyclic Profile	65.00
Triglycerides	15.00
TSH	34.00
Uric Acid Serum	15.00
Urine Acid, Urine	22.00
Urinalysis - Dipstick only	11.00
Urine Citrate 24 hrs.	127.00
Urine Cystine	53.00
Urine Glucose	11.00
Urine Ketones	11.00
Urobilinogen Qual. Urine	33.00
Valium (Diazepam)	79.00
Valproic Acid, Quant	91.00
Vancomycin, Peak	65.00
Vancomycin, Trough	65.00
Virus Adeno	65.00
Vitamin B-12	39.00
VMA	47.00
Wet Mount	21.00
Zinc Level	47.00

ALASKA REGIONAL HOSPITAL
LABORATORY OUTPATIENT FEE SCHEDULE
Revised May 1, 1993

17 Hydroxycorticoids	$59.00
5 HIAA 24 hour Urine	42.00
ABG-Blood Gases (OP)	38.00
Acetaminophen Serum, Quant.	40.00
Acetone	34.00
Acid Phosphatase	39.00
ACT Activated Clotting Time	46.00
Acid Phosphatase Prostatic	25.00
Albumin	15.00
Alcohol Screen-Urine	30.00
Aldolase	34.00
Aldosterone	70.00
Alkaline Phosphatase	15.00
Alpha Fetoprotein	38.00
Alpha 1, antitrypsen	58.00
Amikacin	40.00
Amino Acid urine	52.00
Ammonia Serum Quantitative	30.00
Amniostat	157.00
Amniotic Fluid Spect. Ratio	85.00
Amylase	27.00
Amylase, Urine	35.00
ANA Antinuclear Antibody	28.00
Antibody Screen	37.00
Antibody Thyroglobulin	44.00
Antimitochonrial	66.00
ASO Screen	31.00
Autologous Blood Unit	63.00
Barbituate Serum	110.00
Basic Immune Cellular Panel	225.00
Bence-Jones Protein Urine	26.00
Beta HCG, Serum	32.00
Beta HCG, Serum, Quant.	43.00
Bilirubin, Direct	15.00
Bilirubin, total	21.00
Bleeding Time	43.00
Blood Type ABO & RH	17.00
BUN	15.00

AK REGIONAL HOSPITAL LAB FEE SCHEDULE

TABLE VIII
TOTAL WORK TIME UNITS BY REVENUE CENTERS; BY LABORATORY

WTU - 92	Bacteriology	Immunology	Virology	*	TOTAL
Fairbanks	(4.3%) 38,562	(18.3%) 163,025	(77.4%) 691,211	* *	892,798
Anchorage	(89.5%) 407,520	(10.5%) 47,722	-	* *	455,242
Juneau	(94.1%) 136,510	(5.9%) 8,632	-	* *	145,142
*********	**********	**********	********	*	********
TOTAL	39% 582, 592	14.7% 219,379	46.3% 691,211	* *	1,493,182

TABLE IX
TOTAL COST ALLOCATION TO REVENUE COST CENTERS

**********	Bacteriology	Immunology	Virology
ADMINISTRATION	307.94	116.08	365.58
JUNEAU	437.36	32.36	-
ANCHORAGE	848.22	130.17	-
FAIRBANKS	58.31	436.62	728.311
TOTAL COST	1661.82	715.23	1093.89
FY 92 WTU	582593	219379	691211
COST/WTU	$2.85	$3.26	$1.58

REFERENCES

1. A Procedure Manual for the Determination of Work Time Units and Costs in the Public Health Laboratory. Collaboration of the Association of State and Territorial Public Health Laboratory Directors and The Centers for Disease Control Public Health Practice Program Office. June 1, 1990.

2. Clinical Laboratory Fee Schedule. University of Washington Department of Laboratory Medicine. Seattle, Washington 98115-0246. 1992.

3. Directory of Fees-Northwest. SmithKline Beecham Clinical Laboratories. Seattle, Washington. 1993.

4. Washington Public Health Laboratories - Fee Schedule. Washington State Department of Health Laboratories, Seattle, WA. 1993.

5. Directory of Services. North Dakota State Department of Health and Consolidated Laboratories. Bismarck, ND. 1991.

6. HSTL Billing Codes and Rates. Florida State Public Health Laboratory. Jacksonville, Florida. 1992.

7. Laboratory Services Manual. Alaska State Public Health Laboratories. Juneau, AK 99801. 1992.

8. Providence Hospital Test List. Providence Hospital. Anchorage, Alaska. 1993.

9. Laboratory Fees. Minnesota Department of Health, Public Health Laboratory Division, Minneapolis, MN. 1993.

10. Work Time Units. U.S. Department of Health and Human Services Public Health Service Centers for Disease Control Laboratory Program Office Division of Management Development and Consultation Association of State and Territorial Public Health Laboratory Directors. Atlanta, Georgia 30333. 1986.

11. 1992 Fee Schedule. Physicians MEDLAB 1992 Fee Schedule. Portland, Oregon. 1992.

PROPOSED FEE SCHEDULE DOCUMENTATION

DIVISION OF PUBLIC HEALTH
OFFICE OF RADIOLOGIC HEALTH
320 W. Willoughby, Suite 101
P.O. Box 110613
Juneau, Alaska 99811-0613
(907) 465-3019

1993

STATE OF ALASKA
DEPARTMENT OF HEALTH
AND
SOCIAL SERVICES

Walter J. Hickel
Governor

Theodore A. Mala, MD, MPH
Commissioner

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AN OVERVIEW OF THE OFFICE OF RADIOLOGIC HEALTH

The mission of the Radiologic Health Program is to reduce the exposure of Alaskans to unnecessary and possibly harmful radioactivity, and to provide expert counsel to state government and the citizenry regarding the health effects of radiation exposures. The services provided by the Office of Radiologic Health staff are:

1. Annual registration of all Radiologic Health equipment.
2. Inspections of all x-ray units according to AS 46.03.020 and AS 46.30.260.
3. Inspections of certified mammography units in accordance with Federal Health Care Finance Administration (HCFA) requirements.
4. Emergency response to any Radiation incident in Alaska.
5. Public information: answer questions regarding radiation and its health effects.
6. Carry out the responsiblities for the State's Radon program.
7. Provide radon testing kits upon request for a fee.
8. Provide information materials to the public.
9. Perform radon surveys.
10. Coordinate regulatory and informational activities between State and Federal agencies: EPA, NRC, FDA.

At the present time there is one Radiologic Health Specialist in the Office of Radiologic Health. The Radiation Health Specialist plans and implements a statewide comprehensive radiation protection program covering ionizing and non-ionizing sources of radiation. Duties include administrative and technical aspects of the program. Major activities include registration and on-site inspection of ionizing radiation sources, consultation relating to quality assurance in the healing arts, administration of a statewide radon public information and home monitoring program and enforcement of the Alaska Radiation Protection Regulations (1978).

The major ionizing radiation sources are x-ray machines, radioactive materials and radon. In addition, the Department is the lead agency in responding to emergencies involving radiation sources. Non-ionizing radiation sources include microwave ovens, radiofrequency transmitters, lasers, high voltage transmission lines and ultra-violet lights. Presently, ionizing radiation receives the most attention.

In addition, there is a broad spectrum of other radiation related issues requiring program attention. These include food irradiation, tanning booths, waste disposal, transportation of radioactive materials and radioactive scale resulting from oil and gas production.

COST ANALYSIS FOR FY94 FEES TO REGISTER AND PERIODICALLY INSPECT RADIOLOGICAL EQUIPMENT

ASSUMPTIONS:

1. Costs - (Based on FY93 actuals)
   The actual cost to the State per inspection varies with each site. For example, an inspection performed in Juneau does not cost the State as much as an inspection performed in Anchorage would; however, the cost to the state, overall, is the same. These costs are an average of the cost of all the sites that are visited by the Radiologic Health Specialist.

   a. Travel-Air = **$500.00 avg/trip.** This is an estimated average airfare based on current Alaska Airlines prices.

   b. Time-Physicist = **$44.41/hr.** This is the Physicists hourly wage including fringe benefits of approximately 28%.

   c. Per Diem = **$100.00/day.** Per diem covers the Physicist's living expenses (food & lodging) while away from home.

   d. Clerk-typist = **$20.00/hr.** This is the clerk typist's hourly wage including fringe benefits of approximately 28% received.

   e. Car rental = **$35.00/day.** Assume that the average cost of renting a car will be approximately $35.00 per day. The State contract award price which only covers car rental in Anchorage, Fairbanks and Juneau is $25.00. However car rental prices in other places tend to be much higher. The $35.00 fee is an average of these prices.

   f. Miscellaneous expenses = **$20.00 - $50.00/trip.** Miscellaneous expenses consist of: batteries for the machines used for inspections, gasoline, and parking for the rental car. These costs range from $20.00 - $50.00 per trip.

2. Approximately 140 total inspections are performed per year. One week per month is spent actually performing inspections. Additional time is spent in travel, generating reports, providing consultations, and

ASSUMPTIONS (Cont...)

following up on deficiencies. This amounts to approximately 1.5 - 2.0 wks/month.

When inspections require travel, attempts are made to visit and inspect as many sites and types of equipment as possible. Inspection trips can be of 1, 3 or 5 days duration. In the case examples which follow, costs associated with each of these trips are outlined.

3. Equipment should be inspected according to the following schedule:

Dental Tubes	-	every 3 years
Radiography, etc..	-	every 3 years
Mammography Units	-	every year
Linear Accelerator	-	every 2 years

4. Indirect costs are not included in the fee calculation. Indirect costs consist of: leases, equipment rental, Fax, Phone, electricity, publications and training.

TABLE I

DOCUMENTATION FOR 1993 RADIOLOGIC HEALTH SERVICES FEES

Authority to collect fees for the registration and inspection of radiologic, medical and industrial devices was established by AS 44.49.022 in 1986. Regulation 7 AAC 80.010 established the fee schedule. The proposed regulations (Section VI) increase the fees charged in order to meet current costs.

The following pages provide 1993 cost-based information showing how fee revenues are applied to the cost of running the Radiologic Health inspection program.

The table that follows is a comparison of revenue collected, according to the new fee schedule, to the actual and average costs of various types of inspections.

Page 3 provides a list of the cost and operational elements used to develop the cost examples which follow. It is important to note that the criteria used to inspect dental, medical, mammographic equipment, and linear accelerators are different for each group; so also is the amount of time required for inspection. These differences are reflected in the examples given in Cases I through IV.

INSPECTION	TOTAL COST TO PROVIDERS To Register Equipment	TOTAL COST TO STATE To Inspect Equipment
Dental		
1 day/trip	$ 900.00	$1469.00
3 days/trip	$2700.00	$2557.00
5 days/trip	$4500.00	$4313.00
Average cost per day	$ 900.00	$ 927.00
Radiography, etc..		
1 day/trip	$ 960.00	$1619.00
3 days/trip	$2880.00	$3018.00
5 days/trip	$4800.00	$4557.00
Average cost per day	$ 960.00	$1022.00
Mammography		
2 days	$1500.00	$1557.00
Linear Accelerator		
2-3 days	$1000.00	$1379.00

CASE I
DENTAL TUBES

EXPLANATION:

The new cost for the registration of dental tubes is $50.00. These examples assume that there are 6 tubes in an average dental office, and that 6 tubes are inspected in a day, the fee charged would be $300.00. Further assuming that the frequency of inspections is every three years the provider will have payed $900.00 over a three year period towards the cost of the inspection. (6 tubes x $50.00/tube x 3 years = $900.00).

The Radiologic Health physicist can inspect approximately six dental tubes in one day. The cost to the State for one days worth of inspection is $1469.00. This includes travel expense, inspection time, travel time, per diem, rental car, and time to write up the inspection report. See pages 3 & 4 for the explanation of the costs to the state.

Example 1

1 day inspection (One dental office):

Cost to dentist: 6 tubes at $50.00 / tube x 3 years = **$ 900.00**

Cost to State:		
	Travel	= $ 500.00
	Inspections	= $ 330.00
	Travel time	= $ 178.00
	Per diem	= $ 100.00
	Rental Car	= $ 35.00
	Writing Report - Physicist	= $ 266.00
	- Clerk	= $ 60.00
		= $1469.00

CASE I
DENTAL TUBES
(Cont...)

Example 2

3 days inspection (Several dental offices):

Total cost to dentists: 6 tubes/day x 3 days x $50.00/tube x 3 years

= $2700.00

Total cost to State:	Travel	= $ 500.00
	Inspection time	= $ 999.00
	Travel time	= $ 178.00
	Per diem	= $ 300.00
	Rental Car	= $ 105.00
	Miscellaneous	= $ 25.00
	Writing Reports - Physicist	= $ 300.00
	- Clerk	= $ 120.00
		= $2557.00

Example 3

5 days inspection (Several dental offices):

Total cost to dentists: 6 tubes/day x 5 days x $50.00/tube x 3 years.

= $4500.00

Total cost to State:	Travel	= $ 500.00
	Inspection time	= $1665.00
	Travel time	= $ 178.00
	Per diem	= $ 540.00
	Rental Car	= $ 175.00
	Miscellaneous	= $ 50.00
	Writing Reports - Physicist	= $ 825.00
	- Clerk	= $ 380.00
		= $4313.00

Note: Example 1 is an inspection of one dental office with 6 tubes. Examples 2 & 3 are three and five day inspections of several dental offices, each with 6 tubes.

CASE II
RADIOGRAPHY, FLUOROSCOPY, PORTABLE X-RAY, CHIROPRACTORS AND VETERINARY INSTALLATIONS

EXPLANATION

The new registration fee per tube is $80.00. Assuming that 4 tubes are inspected in a day, the total fee collected would equal $320.00. Further assuming that the frequency of inspection is every three years the provider will have payed $960.00 over a three year period towards the cost of the inspection.
(4 tubes/day x $80.00/tube x 3 years = $960.00).

The physicist can inspect up to 4 of these tubes per day.The cost to the State for one days worth of inspection is $1619.00. This includes travel expense, inspection time, travel time, per diem, rental car, and time to write up the inspection report. See pages 3 & 4 for the explanation of the cost to the state.

Example 1

1 day inspection (One place of business):

Cost to Dr./Hospital:	4 tubes/day x $80.00/tube x 3 years		**= $ 960.00**
Total Cost to State:	Travel		= $ 500.00
	Inspection time		= $ 333.00
	Travel time		= $ 178.00
	Per diem		= $ 100.00
	Rental car		= $ 35.00
	Miscellaneous		= $ 30.00
	Writing Reports - Physicist		= $ 333.00
		-Clerk	= $ 120.00
			= $1619.00

CASE II
RADIOGRAPHY, FLUOROSCOPY, PORTABLE X-RAY, CHIROPRACTORS AND VETERINARY INSTALLATIONS
(Cont...)

Example 2

3 days inspection (Several places of business):

Cost to Dr./Hospital: 4 tubes/day x 3 days x $80.00/tube x 3 years

= $2880.00

Total Cost to State:	Travel	= $ 500.00
	Inspection time	= $ 999.00
	Travel time	= $ 178.00
	Per diem	= $ 300.00
	Rental car	= $ 115.00
	Miscellaneous	= $ 30.00
	Writing Report - Physicist	= $ 666 00
	- Clerk	= $ 200.00
		= $3018.00

Example 3

5 days inspection (Several places of business):

Cost to Dr./Hospital: 4 tubes/day x 5 days x $80.00/tube x 3 years

= $4800.00

Total Cost to State:	Travel	= $ 500.00
	Inspection time	= $1665.00
	Travel time	= $ 178.00
	Per diem	= $ 540.00
	Rental Car	= $ 175.00
	Miscellaneous	= $ 50.00
	Writing Report - Physicist	= $ 999.00
	- Clerk	= $ 450.00
		= $4557.00

CASE III
MAMMOGRAPHY UNITS

EXPLANATION:

The Radiologic Health physicist can inspect one mammography unit per day. The registration fee per unit is $1500.00. The unit should be inspected once every year.

The cost to the State for one days worth of inspection is $1557.00. This includes travel expenses, inspection time, travel time, per diem, rental car, and time to write up the inspection report. See pages 3 & 4 for the explanation of the cost to the state.

INSPECTION:

Cost to Dr./Hospital: = $1500.00 per year (Annual Inspection)

= $1500.00

Total Cost to State:	Travel	= $ 500.00
	Inspection time	= $ 333.00
	Travel time	= $ 178.00
	Per diem	= $ 200.00
	Rental Car	= $ 70.00
	Miscellaneous	= $ 30.00
	Writing Report - Physicist	= $ 166.00
	- Clerk	= $ 80.00

= $1557.00

CASE IV
LINEAR ACCELERATORS

EXPLANATION:

The cost to the client per year is $500.00. The equipment should be inspected every two years.

The cost to the State is $1379.00. This includes travel expense, inspection time, per diem, rental car, and time to write up the inspection report. See pages 3 & 4 for the explanation on the cost to the State.

INSPECTION:

Cost to Hospital:	$500.00/year x 2 years		**= $1000.00**
Total Cost to State:	Travel		= $ 500.00
	Inspection time		= $ 333.00
	Per diem		= $ 200.00
	Rental car		= $ 70.00
	Miscellaneous		= $ 30.00
	Writing Report -	Physicist	= $ 166.00
		- Clerk	= $ 80.00
			= $1379.00

TABLE II

COMPARISON OF ALASKA RADIOLOGIC HEALTH FEES TO OTHER STATE FEES

TYPE OF TUBE	ALASKA	MONTANA	CALIFORNIA	FLORIDA	TENNESSEE
Dental	$50.00/tube	$100.00/tube	$70.13/2 years	$31.00/tube	$35.00/tube
Chiropractic	$80.00/tube	$130.00/tube	$212.93/2 years	$145.00/tube	
Medical	$80.00/tube	$130.00/tube	$212.93/2 years	$145.00/tube	$75.00/tube
Mammography	$1500.00/ year	$325.00/year	$212.93/2 years		
Linear Accelerator	$500.00/ year	$220 00/tube	$212.93/2 years	$258.00/tube	$100.00/tube
Veterinary	$80.00/tube	$100.00/tube	$154.13/2 years	$50.00/tube	$75.00/tube
Fluoroscopy	$80.00/tube	$220.00/tube	$212.93/2 years		

CHAPTER 80. FEES FOR DEPARTMENT SERVICES.

Article
1. Public Health Services (7 AAC 80-010 -- 7 AAC 80.090)
2. Family and Youth Services (7 AAC 80.100 -- 7 AAC 80.190)
3. Alcohol Safety Action Program Services (7 AAC 80.200 -- 7 AAC 80.230)
4. General Provisions (7 AAC 80.900 -- 7 AAC 80.990)

Article 1. Public Health Services

Section
10. Reasonable fee
20. Public interest waiver AAC 80.090
30. Fee schedule
40. Applicability to public health grantees and contractors
90. Definitions for 7 AAC 80.010 -- 7 AAC 80.090

7 AAC 80.010(c), (d), (h) and (i) are amended to read:

(c) A full discount of a fee will be allowed to an individual from a family with an annual income at or below that set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(d) No discount of a fee will be allowed to an individual from a family whose annual income exceeds 250 percent of the levels set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(h) In the case of certification or registration services provided and inspections conducted under [7 AAC 30.005 -- 7 AAC 30.080 and]AS 18.60.475(a), the reasonable fee for certification or registration will include an amount to compensate for the cost of inspections. When inspections are not done annually the amount included in the annual fee to compensate for the cost of inspections will be based on an average of cost-per-unit expenditures.

(i) The fees for personal care services, chore services and family planning will be based on monthly family income, relative to the United States Department of Health and Human Services poverty income guidelines for Alaska 58 Fed. Register 8287 (1993). The method for determining the fee schedule is set out in 7 AAC 80.030.
(Eff. 12/6/86, Register 100; am / / , Register)

Authority: AS 18.05.040
AS 44.29.022
AS 44.29.020
AS 47.05.010

Editor's notes -- A copy of the federal guidelines referred to in 7 AAC 80.010(c), (d) and (i) is available from the [OFFICE OF THE FAMILY PLANNING COORDINATOR,]Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612 H-06, Juneau, Alaska 99811-0612 [99811-9976].

7 AAC 80.020 is amended to read:

7 AAC 80.020. PUBLIC INTEREST WAIVER. (a) Notwithstanding 7 AAC 80.010(e) -- 7 AAC 80.010(g) t[T]he department will, in its discretion, waive a fee for a public health service if the commissioner determines that

(1) a public health emergency exists and public health services at no cost to the public are needed to meet the emergency;

(2) the service is necessary for the prevention of a communicable [OR SEXUALLY TRANSMITTED] disease, and charging a fee would seriously deter receipt of services and cause risk to the general public; or

(3) the public health is otherwise best served by waiver of the fee.

(b) No person will be denied public health services because of the person's inability to pay for services at the time treatment is sought. The department will post a sign informing the public of this policy in each location where services are provided. Except as provided in 7 AAC 80.010(d) [7 AAC 80.010(e)] -- (g), the department will discount [WAIVE] a fee for a public health service if a patient is unable to pay the fee at the time treatment is sought and requests that the fee be discounted [WAIVED]. (Eff. 12/6/86, Register 100; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

7 AAC 80.030 is amended to read:

7 AAC 80.030. FEE SCHEDULE. (a) The following fees will be collected for health services provided by the department;

Public Health Laboratory Tests

Disease/Agent	Test	Fee
Adenovirus	Isolation and identification	$ 69.50
Anaerobic Bacteria	Culture and identification	$134.00
Arbovirus	Isolation and identification	$150.00
Arthropods	Identification	$ 42.75
Brucellosis	Identification	$ 83.00

Brucellosis	Slide agglutination	$ 48.75
Brucellosis	Tube agglutination	$ 65.00
Chlamydia	Isolation and identification	$127.75
Chlamydia	EIA serology	$ 65.00
Chlamydia	DNA probe	$ 16.25
Cytomegalovirus	Isolation and identification	$ 69.50
Cytomegalovirus	EIA serology IgG	$ 32.50
Cytomegalovirus	EIA serology IgM	$ 32.50
Diphtheria	Culture, identification and biotype	$ 49.75
Diphtheria	Toxigenic testing	$ 99.75
Enteric Bacteria	Culture and identification	$ 46.75
Enteric Bacteria	Serotype	$111.00
Enteric Bacteria	Food testing	$125.25
Enterovirus	Isolation and identification	$ 88.25
Epstein-Barr Virus	IFA serology IgG	$ 65.00
Epstein-Barr Virus	IFA serology IgM	$ 65.00
E. coli 0157:h7	Culture and identification	$ 65.00
E. coli 0157:h7	Typing	$ 34.00
Filariasis	Identification	$128.25
Fungus/Yeast	Culture and identification	$ 91.00
Gonorrhea	Microscopic exam	$ 11.25
Gonorrhea	Culture and identification	$ 17.00
Gonorrhea	DNA probe	$ 8.50
Hemolphilis influenza	Culture and identification	$ 55.75
Hepatitis A	EIA serology IgG	$ 32.50
Hepatitis A	EIA serology IgM	$ 32.50
Hepatitis B	Immune status B, IgG	$ 32.50
Hepatitis B	Confirmation	$ 65.00
Hepatitis B	Diagnostic panel	$166.25

Hepatitis Delta	EIA serology	$ 32.50
Herpes Simplex	EIA serology	$ 32.50
Herpes Simplex	Isolation and identification	$ 69.50
Human Immunodeficiency Virus (HIV)	EIA serology	$ 26.00
Human Immunodeficiency Virus (HIV)	Western Blot	$ 45.25
Influenza	HI serology	$ 32.50
Influenza	Isolation and identification	$ 86.50
Legionnaire's Disease	FA test	$ 31.25
Malaria	Microscopic identification	$128.25
Miscellaneous Cultures	Identification and confirmation	$128.25
Meningococcal Meningitis	Culture and identification	$ 59.75
Mumps	EIA serology	$ 32.50
Mumps	Isolation and identification	$ 86.50
Mycobacterium (TB)	Concentrate and smear	$ 42.75
Mycobacterium (TB)	Culture and biochemical	$ 28.50
Mycobacterium (TB)	Drug susceptibility	$ 22.75
Mycobacterium (TB)	DNA probe M.TB	$ 24.75
Mycobacterium (TB)	DNA probe M. avium	$ 24.75
Mycoplasma pneumonia	EIA serology IgG	$ 32.50
Mycoplasma pneumonia	EIA serology IgM	$ 32.50
Parainfluenza virus	Isolation and identification	$ 86.50
Parasites (Intestinal)	Identification	$166.00
Pertussis	Culture, identification and agglutination	$ 39.75
Pertussis	Direct FA	$ 42.75
Pinworm	Identification	$ 7.00

Poliovirus	Isolation and identification	$ 88.25
Rabies virus	Direct FA	$114.00
Respiratory Syncytial Virus (RSV)	EIA serology	$ 32.50
Respiratory Syncytial Virus (RSV)	Isolation and identification	$ 86.50
Rotavirus	EIA	$ 32.50
Rubeola (Measles)	EIA serology IgG	$ 32.50
Rubeola (Measles)	EIA serology IgM	$ 32.50
Rubeola (Measles)	Isolation and identification	$ 79.00
Rubella (German Measles)	EIA serology IgG	$ 32.50
Rubella (German Measles)	EIA serology IgM	$ 32.50
Rubella (German Measles)	Isolation and identification	$ 79.00
Staphylococcus	Identification and confirmation	$ 28.50
Staphylococcus	Food testing	$ 69.50
Streptococcus Group A	Culture, identification and grouping	$ 30.00
Streptococcus pneumonia	Culture and identification	$ 52.25
Syphilis	Serology RPR	$ 4.00
Syphilis	Serology VDRL	$ 19.50
Syphilis	Serology FTA-ABS	$ 39.00
TORCH	EIA serology	$228.00
Toxoplasma	EIA serology IgG	$ 32.50
Toxoplasma	EIA serology IgM	$ 32.50
Tularemia	Tube agglutination	$ 57.00
Tularemia	Slide agglutination	$ 42.75
Varicella Zoster virus	EIA serology	$ 57.00

Varicella Zoster virus	Isolation and identification	$125.25
Water bacteriology non-potable	MPN, total and fecal coliforms	$ 82.00
Water bacteriology drinking water	Culture total and fecal	$ 51.25

OTHER SERVICES [SERVICE]	FEE
Radiologic Health [LAB] SERVICES	
[METABOLIC SCREENING TESTING KIT	$10]
Annual radiological equipment registration and periodic inspection(for dentists)	$50 $20 per x-ray tube
Annual radiological equipment registration and periodic inspection (for others)	$80 $30 per x-ray tube
Radon monitoring	$30 per Alpha Track on charcoal test device [dosimeter]
Mammography registration and annual inspection	$1,500 per mammography tube
Linear Accelerator registration and periodic inspection	$500 per machine
AUDIOLOGY SERVICES [FOR ADULTS]	
Screening	$10
Evaluation/Consultation	
less than 20 minutes up to	$30
more than 20 minutes up to	$50
Hearing Aid - fitting and follow-up (does not include hearing aid)	
1 hearing aid up to	$125
2 hearing aids up to	$150
Auditory Brain Stem Response	
Diagnostic evaluation	$150
Threshold	$200
ADULT HEALTH	
Physical assessment/risk identification	$20
Blood pressure monitoring	$ 3
[HEARING SCREENING/REFERRAL]	
Administration of immunization	

(per visit, including for foreign travel)	$10
Exceptions [(ADDITIONAL FEE]):	
Yellow Fever vaccine	$30 [20]
[HEPTAVAX VACCINE (NON-IHS RECIPIENTS)]	$30
Tuberculin test for employment	$10

WOMEN'S HEALTH	
Cancer screening services	
Physical assessment (including pap smear, breast self examination)	$40 [25]
Pap smear (abnormal) repeat	$20 [10]
Pregnancy services	
pregnancy test	$15 [10]
Prenatal/assess/counsel/refer	$25
[RUBELLA TEST	$10]
Administration of Rh Immune Globulin	$10

FAMILY PLANNING SERVICES	
Initial examination	$90
Annual examination	$75
Problem visit	$40
Brief visit	$20
IUD insertion	$75
Norplant	$650
Depo-Provera	$40
Family planning classes (per series)	$40
[ENROLLMENT (INCLUDES EXAMINATION, METHOD, COUNSELING, PROBLEM VISITS) UP TO	$70]

SEPARATE SERVICES WHEN NOT PART OF ABOVE SERVICES	
Home visit	$30/hr
Specialty clinics (Cardiac, neurodevelopmental and other similar medical clinics)	$150
Brief visit	$10
Urine test	$ 3
Hemoglobin test	$ 3
Drawing blood	$10 [5]
Throat cultures	$ 5
Metabolic screening test	$30 [10]
Personal care services	$18/hr
Chore services	$15/hr

Occupational therapy	$45/hr
Speech therapy	$45/hr
Physical therapy	$45/hr
Nutrition Services (initial visit)	$50/hr
Nutrition Services (follow-up visits)	$35/hr

OTHER	
Researching records (per hour)	$50
[EDUCATIONAL SEMINAR (PLUS TRAVEL COSTS IF MORE THAN $25)]	$100

(b) The department will not collect fees for the following services, free provision of which best serves the public interest:

(1) HIV [HTLV III] pre-test counseling and screening, and post-test counseling; and

(2) an initial patient visit made at the request or requirement of a person other than the patient, or made by the department for the purpose of communicable disease control.

(c) Fees for radiological equipment registrations are due annually [ON JANUARY 1 OF EACH YEAR] or, for new equipment[ACQUIRED AFTER JANUARY 1], within 30 days after acquisition. Fees are billed when due. If the annual fee is not paid within 60 [10] days after the billing is received, the outstanding balance may be referred for collection [DATE DUE, THE FEE WILL BE DOUBLED].

(d) The sliding fee scale for personal care services, chore services and family planning is applied to the fee established in (a) of this section if a recipient has monthly family income above the United States Department of Health and Human Services poverty guidelines for Alaska (58 Fed. Register 8287 (1993)). If the monthly family income is

(1) less than 115 percent of the poverty level there is no fee;

(2) between 115 percent and 130 percent of the poverty level the charge will be ten percent of the established fee;

(3) between 130 percent and 145 percent of the poverty level the charge will be 20 percent of the established fee;

(4) between 145 percent and 160 percent of the poverty level the charge will be 30 percent of the established fee;

(5) between 160 percent and 175 percent of the poverty level the charge will be 40 percent of the established fee;

(6) between 175 percent and 190 percent of the poverty level the charge will be 50 percent of the established fee;

(7) between 190 percent and 205 percent of the poverty level the charge will be 60 percent of the established fee;

(8) between 205 percent and 220 percent of the poverty level the charge will be 70 percent of the established fee;

(9) between 220 percent and 235 percent of the poverty

level the charge will be 80 percent of the established fee;

(10) between 235 percent and 250 percent of the poverty level the charge will be 90 percent of the established fee;

(11) 250 percent or more of the poverty level the charge will be 100 percent of the established fee.

(e) The department will determine a family's monthly adjusted income by

(1) counting all family income, before deductions, for the month ending with the date of service, or application for service, whether earned or unearned, from any source, including the fair market value of in-kind payments, but excluding non-taxable payments made under the Alaska Native Claims Settlement Act. (Eff. 12/6/86, Register 100; am 2/3/88, Register 105; am / / , Register)

Authority: AS 18.05.040
AS 44.29.022
AS 44.29.020
AS 47.05.010

Editor's notes. -- A copy of the general government unit agreement mentioned in 7 AAC 80.030(e) is available from the Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612, Juneau, Alaska 99811-0612.

7 AAC 80.090 is amended to read:

7 AAC 80.090. DEFINITIONS FOR 7 AAC 80.010 -- 7 AAC 80.090. In 7 AAC 80.010 -- 7 AAC 80-090,

(1) "direct costs" means the overall operational costs determined by the department to be necessary to provide public health patients with public health services;

(2) "indirect costs" means the overall administrative costs determined by the department to be necessary to provide public health patients with public health services;

(3) "sexually transmitted disease" includes gonorrhea, syphilis, chlamydia, genital herpes, and other diseases commonly transmitted through sexual contact[, BUT EXCLUDES ACQUIRED IMMUNE DEFICIENCY SYNDROME];

(4) "chore services" means housekeeping and other assistance necessary to maintain a recipient's home in a clean, sanitary, and safe condition for the habitation of the recipient, and which are necessary to prevent institutionalization of the recipient and include

(A) helping the client with planning and organizing household tasks;

(B) routine cleaning, including one-time or intermittent washing of floors, walls, and windows when doing so is essential to achieving or maintaining a clean, sanitary, and safe environment;

(C) personal laundry;

(D) menu planning and food preparation (according to economic and cultural setting);

(E) grocery shopping;

(F) mending clothes;

(G) hauling water;

(H) chopping wood;

(I) hauling fuel;

(J) shovelling snow; and

(K) other, similar chore tasks essential to maintaining the independent functioning of the recipient within his or her home;

(5) "director" means the director of the Division of Public Health;

(6) "family" means the recipient, the recipient's spouse, parents, the recipient's siblings and the recipient's children and grandchildren that live in the same household with

(A) the recipient; or

(B) the custodial parent of the recipient, if the recipient is a dependent minor, with whom the recipient spends most of his or her time; and

(7) "personal care services" are services consistent with the requirements of 7 AAC 43.750 -- 43.975 and include tasks of a nontechnical medical nature that assist a recipient in following a plan of care to improve the recipient's physical health or to prevent or delay deterioration in his or her physical health, and which are necessary to enable the recipient to remain safely at home. (Eff- 12/6/86, Register 100; am / / , Register)

Authority: AS 44.29.022
AS 18.05-040
AS 44.29.020
AS 47.05.010

Article 2. Family and Youth Services

Section
100. Reasonable fee
110. Public interest waiver
120. Formulas for determining fees by service category
[130. FEE SCHEDULE]
[140. REASONABLE FEE FOR HOMEMAKER SERVICES]
190. Definitions for 7 AAC 80.100 -- 7 AAC 80.190

7 AAC 80.100(f) is amended to read:

(f) Fees assessed under 7 AAC 80.100 -- 7 AAC 80.120 [7 AAC 80.130] will be collected by the Department of Revenue, child support enforcement division, through procedures established by formal agreement between the Departments of Revenue, Law, and Health and Social Services. If the agreement between departments does not provide for collection of a type of fee or from a type of

client, that fee will be collected by the Department of Health and Social Services. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

7 AAC 80.120 is amended to read:

7 AAC 80.120. FORMULAS FOR DETERMINING FEES BY SERVICE CATEGORY. The department will periodically publish a schedule of fees for each category of service provided. The fee for a service will be computed according to the following formulas:

(1) The fee for child foster [HOME] care costs [WILL BE THE AVERAGE FOSTER HOME CARE MONTHLY RATE BY AGE GROUP AS INDICATED IN THE CURRENT FOSTER HOME CARE RATE SCHEDULE, WHICH] is computed annually according to the formula established in 7 AAC 53.030 -- 53.040 [7 AAC 50.720(c)] and published annually before the fiscal year t which they apply.

(2) The fee for residential child care costs will be based on facility category as established in 7 AAC 50.901(e). The fee for each in-state residential child care facility category will be the average monthly rate for all in-state facilities in each category with which the department contracts. The fee for each out-of-state residential child care facility will be the average monthly rate for all out-of-state residential child care facilities with which the department contracts.

[(3) THE FEE FOR PURCHASED CARE COSTS WILL BE THE AVERAGE MONTHLY COST OF ALL PURCHASED CARE SERVICES, DETERMINED AFTER DIVIDING THE CURRENT YEAR BUDGET F)R PURCHASED CARE SERVICES BY THE TOTAL NUMBER OF CLIENTS PROJECTED TO RECEIVE THESE SERVICES.

(4) THE FEE FOR HOMEMAKER SERVICES WILL BE BASED ON MONTHLY FAMILY INCOME, RELATIVE TO THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES POVERTY INCOME GUIDELINES FOR ALASKA (51 FED. REGISTER 5,105 (1986)). THE FEE SCHEDULE FOR HOMEMAKER SERVICES IS SET OUT IN 7 AAC 80.140.] (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.024
AS 44.29.022
AS 47.05.010

Editor's notes. -- A copy of the child foster care and child residential care rates mentioned in 7 AAC 80.120(1) and (2) are available from the Division of Family and Youth Services, P.O. Box 110630, Juneau, Alaska 99811-0630 [1986 POVERTY INCOME GUIDELINES MENTIONED IN 7 AAC 80.120(4) IS AVAILABLE FROM THE CENTRAL OFFICE OF THE DIVISION OF FAMILY AND YOUTH SERVICES, P.O. BOX H-05,

JUNEAU, ALASKA 99811].

7 AAC 80.130 is repealed.

7 AAC 80.140 is repealed.

7 AAC 80.190 is amended to read:

7 AAC 80.190. DEFINITIONS FOR 7 AAC 80.100 -- 7 AAC 80.190. In 7 AAC 80.100 -- 7 AAC 80.190,

(1) "foster home care costs" means the expenses associated with the care of a foster child set out at 7 AAC 53.030 -- 7 AAC 53.040 [50.720]; and

(2) "residential child care costs" means the expenses associated with the care of children in residential care facilities set out at 7 AAC 50.941(a) -- (m);

[(3) "PURCHASED CARE COSTS" MEANS THE COST TO THE DEPARTMENT FOR SERVICES PURCHASED FOR FAMILIES, INCLUDING INDIVIDUAL AND FAMILY COUNSELING, PSYCHOLOGICAL AND OTHER CLINICAL ASSESSMENT, DAY CARE, MEDICAL AND DENTAL CARE NOT OTHERWISE PROVIDED FOR THE FAMILY UNDER A HEALTH INSURANCE PLAN OR FEDERAL ENTITLEMENT PROGRAM, AND SPECIAL NEEDS AS SET OUT IN 7 AAC 50.760;

(4) "AVAILABLE AND NECESSARY SOCIAL SERVICES" MEANS THAT RESOURCES ARE AVAILABLE TO THE DEPARTMENT TO PROVIDE A SPECIFIC SERVICE AND THAT THE DEPARTMENT HAS ASSESSED THE CLIENT AS HAVING A NEED FOR THE SPECIFIC SERVICE; AND

(5) "HOMEMAKER SERVICES" IS A TEAM SERVICE, FOR ADULTS AND CHILDREN THAT IS DESIGNED TO PREVENT INSTITUTIONALIZATION AND TO PREVENT UNNECESSARY OUT-OF-HOME PLACEMENT]. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

Article 3. Alcohol Safety Action Program Services

Section	Section
200. Applicability	220. Collection procedure
210. Fee schedule	230. Public interest waiver

Publisher's notes. -- Existing Article 4 (7 AAC 80.900 -- 7 AAC 80.990), as it appears in the Register 107 main pamphlet, was redesignated as Article 4 as of Register 111.

7 AAC 80.210 is amended to read:

7 AAC 80.210. FEE SCHEDULE. The fee for alcohol safety action

program services is $100 [75] for each court case. The department may reduce this fee to $75 as an incentive for early payment. The department will determine the time period for early payment on an individual basis. (Eff. 7/16/89, Register 111; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010
AS 47.37.040(14)

Article 4. General Provisions

Section		Section	
900.	Scope of service fees	925.	Professional services
910.	Actual cost	930.	Non-collection of fee
920.	Administrative services fees	940.	Economic feasibility
		990.	Definitions

7 AAC 80 is amended by adding a new section to read:

7 AAC 80.925. PROFESSIONAL SERVICES. The department may charge and collect a fee equal to the hourly cost, up to $300 per day, for individual staff who provide educational or consultive services to agencies or organizations. (Eff. / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

NE $160
UT $700 except those distributed to general licensees or those exempt
WA $80/h to Max. $2,400

Shielding Evaluation
LA per room: Diag. $55, Therapeutic $140-$290, Indust. $195
NE $85
ND $150
OH $150/tube

Transport Package Evaluation
CAN $2,500 Appln. + Cost @ $100/h for initial or amendment
NRC $230 Appln. + $230/5y; Amend $230; Insp. full cost (10CFR71 Q.A. Pgm), others full cost
NRC Full cost

Inspection of Radioactive Material
OH $100 for <100 uCi, $160 for <1 mCi, $200 for <100 mCi, else $400
NRC $115/h
WA $80/h to Max. $800 total

Monitoring Services
NE $95/y
WA $80/h, Max. $2,000 total

Inspection of X-ray Facility
CO $50/tube/y for Insp. by RCP, $30/tube/y for non-Dept. inspector
IL $55/tube/5y for Dental or Vet.
IL $55/tube/3y for Podiatrist
IL $80/tube/2y for Medical or Chiropractor
IL $80/tube/y for Hospital, Industry or Academic
OH $60 1st tube + $30/Addnl. tube for Dent.
OH $120 1st tube + $60/Addnl. tube for Pod., Vet., cabinet, non-Med. Acad.
OH $120 1st tube + $60/Addnl. tube other than above, except $120/tube of >250 kVp
VA $380 for Fluor.-Radiog. machine, $65 for dental, $190 for others

Radioisotope Laboratory Design Approval
CAN $280

Agency Approval of Training Courses
NE $50/y for limited medical radiographer training, $350 for other training
ND $100/y
TX $125/firm base fee + $20/y

RCP Service Not Otherwise Specified
CAN $100/h
CO $69/hour for RCP staff work on the 5y Rad. Mat. license (Adjusted rel.Consumer Price Index)
CO $120/hour for RCP staff work on X-Ray licenses.
NRC $115/h

*Reciprocal Recognition of Licenses, Registrations or Credentials - - - - - - -
AZ 100% of applicable fee
GA Applicable renewal fee
FL Same as fee for particular license
IL 20% of application and new license fee for applicable category
IA 85% of license fee
LA Annual fee of applicable category
MS 100% of applicable fee
NE Applicable annual fee
NC Applicable annual fee, only for medical, guage & Indust. radiography
ND $150/y for x-ray machine, Applicable annual fee for Rad. Mat.
OR 100% of appropriate fee
TX Annual fee for applicable category
WA Same as fee for particular license

*PARTICLE ACCELERATORS * * * * * * * * * *

Inspection by RCP Staff
OH $50 for ionizing Rad. machines other than x-ray
Research Accelerators
CAN Applm. $11,100; Oper. Lic. $6,600 + $3,500/y
NJ $125/y
ND $250/3y
TX $190/firm base fee + $65/machine/y
Therapy, neutron beam to 14 MeV
NJ Appl. $325 + $75/mach/y
Particle Accelerators, Medical
CAN Applm. $11,100; Oper. Lic. $4,000 + $3,600/y
FL $258/1st tube + $148/Add. tube/y
ND $150/3y for lineac <10MeV, else $250/3y
TX $190 base fee + $65/machine/y for hospital, $65/machine/y for medical academic
TX $70 base fee + $40/machine/y for medical private practice M.D. or O.D.
Accelerator, Rad. Mat. Producing
IA $500/machine/y
TX $190 base fee + $675/machine/y
Electron Beam Welder
NE $70/mach/y
TX $75 base fee + $15/machine/y
Ion Implantation Device
NE $70/machine
TX $150 base fee + $40/machine/y
Sterilization
IA $80/machine/y
Industrial Accelerator
CAN Applm. $11,100; Oper. Lic. $9,200 + $8,000/y
LA New $290 Renew $290/y
NJ New $100 Renew $100/y
ND $150/3y
TX $150 base fee + $40/machine/y
Accelerator, Linear
MN $80/2y base fee + $80/machine/2y
Accelerators, Nonmedical
AR $80/y
FL $81/1st tube + $48/Addnl. tube/y
KY $75/facility/y
TN $100/MeV initial review + $400/y
TX $190 base fee + $675/machine/y
Particle Accelerator, < 500 keV
NH $45/y (Incl. therapy)
Particle Accelerator, > 500 keV
NH $175/y (Incl. therapy)
Particle Accelerator 10 MeV or above
CA $212.93/2y
Accelerator, Not Otherwise Specified
IA $100/mach/y
KS $78/y
MD $250 Init. Registr. + $250 machine/y + fee to inspector
ME $25/y 1st tube + $15/y/Addnl. tube
MS $350/tube/y
NE $115/machine/y
NV $105/machine/y
NC $225/y for 1st + $50/y/Addnl.
OR $100/y (or Rad. machine other than x-ray)
SC $50/y

*X-RAY * * * * * * * * * * * * * * * *

*Academic
AZ $30/tube/y
AR $30/tube/y
FL $47/1st tube + $23/Addnl. tube/3y
LA $60 Appln. + 100/tube/2y
MD $25 Initial Registr. + 100/y
MN $80/2y base fee + $64/tube/2y
NV $35/machine/y
NC $50/y for 1st tube + $10/y/Addnl. tube
ND $150/machine/3y
ND no fee for non-profit, unremunerated, non-human use, non-Govt. contract, & no distribution of R.M.
TX $190 base fee + $45/machine/y
UT $50/tube/y
WA $160/2y 1st tube + $30/2y/Addnl. tube

*Therapy - - - - - - - - - - - -
Superficial Therapy
CA $154.19/2y for <150 kVp
KY $40/tube/y for <150 kVp
RI $60/facility/y <1 MeV
Teletherapy
CA $212.93/2y for >150 kVp
FL $258/1st tube + $148/Addnl. tube/y
KY $40/tube/y for >150 kVp
LA $140 Appln. + $140/machine/y for kVp < 500
LA $290 Appln. + $290/machine/y for 500 < kVp < 1 MeV
LA $390 Appln. + $390/machine/y for 1000 < kVp < 10,000
LA $575 Appln. + $575/machine/y for kVp > 10,000
NE $70/machine/y
RI $75/facility/y for kVp > 1,000
SC $50/machine/y
TN $150/tube/y

*Diagnostic - - - - - - - - - - - -
Photofluoroscopic
SC $40/machine/y
Chest Photofluorography
CA $212.93/2y
CT Scanners
CA $212.93/2y
NE $70/machine/y
Cephalometer
SC $40/machine/y
FL $145/1st tube + $85/Addnl. tube/y
Fluoroscope
CA $212.93/2y
NE $70/machine/y
ND $150/machine/3y
SC $40/machine/y
Radiograph-Fluoroscope Combined
NE $70/machine/y
ND $200/machine/3y
SC $50/macine/y
Mammography
CA $212.93/2y
ME $150/machine/y (includes Q.A. assistance)
RI $60/facility/y
Mobile Diagnostic
NH $40/y
Industrial Medical
NC $100/y 1st tube + $17.50/y/Addnl. tube
Health Departments
NC $100/y 1st tube + $17.50/y/Addnl. tube
Government
NC $50/y 1st tube + $10.00/y/Addnl. tube
Radiologist
CA $212.93/2y
TN $100/tube/y
Surgery
IA $51/tube/y to Max. $1500/y

Physicians
- AR $40/tube/y
- CA $154.19/2y
- FL $145/1st tube + $85/Addnl. tube/y
- MD $50 Initial Registr. + $100/y
- NV Single machine Facil.: $50/y/single tube machine + $80/y/multiple tube machine
- NV Multiple Mach. Facil.: $90/y/single tube machine + $140/y/multiple tube machine
- NC $70/y 1st tube + $12.50/y/Addnl. tube
- RI $125/facility/y (general purpose Diag. outside of licensed facilities)
- TN $75/tube/y
- TX $70 base fee + $25/machine/y

Osteopathic
- AZ $30/tube/y
- FL $145/1st tube + $85/Addnl. tube/y
- IA $51/tube/y to Max. $1500/y

Chiropractic
- AZ $30/tube/y
- AR $40/tube/y
- CA $212.93/2y
- FL $145/1st tube + $85/Addnl. tube/yl
- IA $51/tube/y to Max. $1500
- MD $50 Initial Registr. + $100/y
- NE $70/machine/y
- NC $70/y 1st tube + $12.50/y/Addnl. tube
- ND $90/machine/3y
- RI $60/facility/y
- TX $70 base fee + $25/machine/y
- UT $50/tube/y
- WA $260/2y 1st tube + $70/2y/Addnl. tube

Podiatry
- AZ $25/tube/y
- AR $30/tube/y
- CA $154.19/2y
- FL $31/1st tube + $11/Addnl. tube/y
- IA $39/tube/y to Max. $1000/y
- MD $50 Initial Registr. + $100/y
- NE $40/machine/y
- NV $35/machine/y
- NC $70/y 1st tube + $12.50/y/Addnl. tube
- ND $75/machine/3y
- RI $30/facility/y
- TX $70 base fee + $25/machine/y
- UT $20/tube/y
- WA $130/2y 1st tube + $25/2y/Addnl. tube

Orthopedist
- CA $212.93/2y
- TN $100/tube/y

Hospital
- AZ $45/tube/y
- AR $150/facility/y
- CA $212.93/2y
- MD $100 Init. Registr. + $100/y for JCAH hospital
- NC $150/y 1st tube + $22.50/y/Addnl. tube
- PA $225/1st tube + $20/y/Addnl. tube
- RI $500/facility/y
- TN $100/tube/y
- TX $190 base fee + $45/machine/y
- UT $100/tube/y
- WA $260/2y 1st tube + $70/2y/Addnl. tube
- WV $225/2y 1st tube + $20/2y/additional tube

Clinic
- CA $212.93/2y
- NC $70/y 1st tube + $12.50/y/Addnl. tube

Medical Diagnostic, Not Otherwise Specified
- AZ $30/tube/y
- IA $51/tube/y to Max. $1500/y
- KS $56/y 1st Mach. + $13/y/Addnl. Mach., Med., Osteop., Chiro.; Max.$150/y
- LA $65 Appln. + $60/machine/y
- MD $50 Initial Registr. + $100/y
- MN $80/2y base fee + $64/tube/2y
- MS $35 Appln. + $35/tube/y
- NE $70/machine/y
- NV Single machine Facil.: $50/y/single tube machine + $80/y/multiple tube machine
- NV Multiple Mach. Facil.: $90/y/single tube machine + $140/y/multiple tube machine

NH $20/y 1st Mach.+ $10/y/Addnl. Mach. (Incl. Fluor., Chiro. at fixed Loc.)
ND $100/machine/3y
RI $60/facility/y (specialized diagnostic radiography, e.g. CT scanners)
TX $70 base fee + $25/machine/y
UT $50/tube/y
WA $260/2y 1st tube + $70/2y/Addnl. tube

Dental
AK $20/tube/y
AZ $25/tube/y
AR $30/tube/y
CA $70.13/2y
FL $31/y for 1st tube + $11/y/Addnl. tube
IA $39/tube/y to Max. $1000/y
KS $36/y for 1st Mach. + $11/y/Addnl. Mach.; Max. $150/y
LA $55 Appln. + $55/machine/y
MA $15/y 1st tube + 5/y/Addnl. tube
MD none
MI $30/y/1st tube + $15/y/Addnl. tube; Amend $10/1st tube + $5/Addnl. tube
MN $80/2y base fee + $40/tube/2y
NE $20/machine/y
NH $20/y for 1st Mach. + $10/y/Addnl. Mach.
NV $30/y for single tube machine, else $50/y
NC $70/y 1st tube + $12.50/y/Addnl. tube
ND $60/machine/3y
PA $55/y for 1st tube + $20/y/Addnl.tube
RI $60/facility/y
SC $20/machine/y
TN $35/y for each of 1st 2 tubes + $25/Addnl.tube
TX $70 base fee + $15/machine/y
UT $15/y 1st tube + $10/Addnl. tube/y
WA $130/2y 1st tube + $25/2y/Addnl. tube
WI $25 Appln. + $20/tube/y
WV $55/2y 1st tube + $20/2y/additional tubes

Veterinarian
AZ $25/tube/y
AR $30/tube/y
CA $154.19/2y
FL $50/1st tube + $34/tube/y
IA $25/tube/y
LA $55 Appln. + $55/machine/y
MD $50 Init. Registr. + fee to inspector
MS $35 Appln. + $35/tube/y
NE $40/machine/y
NH $20/y for 1st Mach. + $10/y/Addnl. Mach.
NV $35/machine/y
NC $70/y 1st tube + $12.50/y/Addnl. tube
ND $60/machine/3y
RI $50/facility/y
TN $75/tube/y
TX $70 base fee + $25/machine/y
UT $20/tube/y
WA $130/2y 1st tube + $25/2y/Addnl. tube

*Industrial - - - - - - - - - - - -
Radiography
AA $50/tube/y
KS $36/y for 1st Mach. + $11/y/Addnl. Mach.
LA $95 Appln. + $95/machine/y
MS $75 Appln. + $75/tube/y
NC $150/y 1st tube + $22.50/y/Addnl. tube
ND $250/machine/3y
NE $240/machine/y inplant facility
NE $300/machine/y temporary field site
RI $75/facility/y
SC $40/machine/y
TX $925 base fee only for temporary field site
TX $550 base fee only for shielded room or in-plant only

Cabinet/Shielded Room, Nonhuman Use
CA $154.19/2y
NE $70/machine/y
RI $50/facility/y
TN $200/tube/y
TX $75 base fee + $15/y if certified, else $550 base fee only

*X-Ray, Other
Maximum Fee for Facility
AR $120/y for physicians & chiropractors, $90 for other x-ray
KS $150/y for medical or dental x-ray
RI $1000/facility/y
TX $300/y for non-ionizing, $3,000/y for ionizing
Storage of X-Ray Equipment
RI $50/facility/y
Not Otherwise Specified
AK $30/tube/y
CT $75/machine/y
GA $20/facility/year
IA $50/tube/y at least
IL $10/tube/y Registr.
IL $25/tube filing fee for report by a non-agency inspector
KY $40/tube/y
LA $65 Appln. + $65/machine/y
ME $25/y 1st tube + $15/y ea. additional tube, all categories
MI $50/tube on application Amend $10/orig. tube + $5/Addnl. tube
MS $35/tube/y
NJ $100 Appln. + $100/tube/y (all categories)
NC $70/y 1st tube + $12.50/y/Addnl. tube
OR $100/machine/y for all radiation machines
PA $100/y for 1st tube + $20/y/Addnl. tube
RI $60/facility/y
SC $40/tube/y
TN $250/tube/y
VA $15/machine/3y
WA $160/2y 1st tube + $30/2y/Addnl. tube
WV $175/2y 1st tube + $20/2y/additional tubes

*NON-IONIZING RADIATION * * * * * * * * * * *

Laser Light Show
TX $850
Lasers, Not Otherwise Specified
TX $65 base fee + $20/machine/y
Microwave Oven Service Facility
OR $100/y
Radio-Frequency
TX $65 base fee + $20/machine/y
Ultraviolet Tanning Salon, Commercial
IA $15/firm Initial + $35/bed/y to Max. $350
ME $40/facility/y
MS $20/unit Appln. + $20/unit/y
OR $25/device/y
WV $50 for license
Inspection of Non-Ionizing Equipment
OH $60 for 1st + $30/Addnl. item

REFERENCES

1. Summary of the Fees Charged by State Programs. Collected by the Conference of Radiation Control Program Directors, Inc. Office of Executive Director, Frankfort, Kentucky. 1993.

Architecture For Health, Science & Commerce P.C.

ahsc

State of Alaska
Department of Health & Social Services

Public Health Laboratories Assessment
Final Report

May 26, 1993

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The purpose for this study was to evaluate the condition of the existing public health laboratories, considering operations and facility conditions, and to develop a series of recommendations to assist the State in developing strategies for the future of the Laboratory services. The study, which involved a one week tour of the three existing laboratories; Anchorage, Fairbanks, and Juneau, was conducted in close cooperation with representatives of the Department of Health and Social Services (DHSS) and involved meetings with the personnel at each of the laboratories, as well as with a representative from the Centers for Disease Control and Prevention (CDC). In parallel to this study, representatives from the National Institute for Occupational Safety and Health (NIOSH) visited the Anchorage Laboratory. Both CDC and NIOSH will be preparing reports of their findings.

The survey of the existing facilities and the interviews with DHSS, the laboratory staff and CDC were conducted by Doug Gordon of AHSC, Nolan Watson of McLellan & Copenhagen and Dr. Mahedeo Verma, Director of the Public Health Laboratories for the State of Delaware.

In addition to the discussions with current lab staff and the representatives from DHSS, the team reviewed the documents prepared over the last eight years. These reports included analysis by representatives from CDC in 1985, internal DHSS analysis and staff reports from the State Legislature. Some of these reports concentrated on the inadequacies of the Anchorage Laboratory, and the need to replace this facility. Several of the prior studies also concentrated on centralizing the lab services to Anchorage in one facility, which would result in the closing of the Fairbanks and Juneau Laboratories.

The conclusions of this study are in contrast with the previous studies. Serious facility problems are identified at all three of the current laboratories and the recommendation is for further study to be done, prior to reaching any conclusion about the replacement facility(s) which is (are) needed.

Two additional issues, privatization of some or all the Public Health Laboratories services and consolidation with the laboratories of other State agencies were identified as part of this study. The conclusion reached during this study was that both issues require substantially more time and resources to reach any definitive recommendation. Although there may remain some opportunities for privatization, the services currently being provided by the Alaska Public Health Laboratories meet the goals, objectives and directions for the protection of Public Health and are consistent with the majority of the other State Public Health Laboratories.

State and territorial public health laboratories are an essential component of the national public health infrastructure. Many public health programs depend on the high quality data which is produced by public health laboratories. These laboratories clearly operate with a different mission and purpose than do private sector laboratories.

Public health laboratories provide essential services for disease surveillance and prevention as well a recognition of new and reemerging infectious disease agents that threaten the public health and welfare. Public health laboratories play a major role in the investigation of disease outbreaks and efforts to bring them under control.

As new public health problems arise, the demand on public health laboratories increases as occurred with HIV/AIDS, legionella, Lyme disease, sexually transmitted diseases, tuberculosis, drug resistant communicable disease reagents and cholera among others.

In addition to the daily services rendered to support state health and environmental programs, the public health laboratory must maintain expertise and flexibility to investigate disease outbreaks, to conduct special disease surveillance activities, to determine immunity levels for a variety of vaccine preventable diseases, and to provide lab support as part of the State's disaster preparedness plan for response to emergencies.

A brief review of the other State laboratories in Alaska indicated that few have functions that have direct compatibility with the Public Health Laboratories. One facility which was toured by the team, the State Crime Laboratory in Anchorage, has an administrative link to the Public Health Laboratory. The Medical Examiner currently works in the State Crime Laboratory but is administratively a function of DHSS. Despite this linkage, there is minimal commonalty between the operations of the Public Health Laboratory and the Crime Laboratory. However, the integration of more than one lab may have operational and facility cost advantages. These advantages include economies of scale of the basic building systems such as boilers and air conditioning equipment, as well as economics in personnel costs for maintenance staff. In fact, it may be difficult to justify a facility operating engineer for a small freestanding building, while a large multidisciplinary facility can justify a full time engineer. It is important to note that the sophisticated air handling systems required in a laboratory such as the Public Health Laboratory, will need regular monitoring by an experienced operations engineer.

In order to address the issue of consolidation, a thorough analysis of the other laboratory services in the State will be necessary. This study will need to:

- to review in depth the capabilities of each of the three public health laboratories identifying their analyzed usefulness to the public health programs and possible consolidation of specific analytical programs.
- meet with the key personnel from each of the other laboratory services
- visit several laboratories identified by the State to determine any needs to replace or expand these facilities, study their compatibility with the Public Health Lab for the purpose of annexation.
- to study the possibility of a central lab in one location with State to provide consolidated laboratory services.

The need for a more detailed analysis, a strategic plan, of the alternatives for centralization, consolidation and privatization is clear from the material studied to date and the meetings held with the lab staff and DHSS representatives. The public safety and operational efficiency problems in the existing public health labs are documented in this report and provide the background for the need to replace all three of the existing Public Health Labs. The objective of the recommended strategic plan will be to determine where the replacement facilities will be located, their size, the services they will provide, and any recommended consolidation with other services.

The analysis of the existing facilities includes information compiled during interviews with the laboratory personnel and from on-site observation at each of the three laboratories, Anchorage, Fairbanks, and Juneau. The staff interviews were conducted in two fashions. First, the staff was brought together and briefed on the purpose of the site visit, were questioned by the team and they provided valuable information relating to operational concerns or problems observed on a daily basis while working in the labs. Second, during the walk through of the labs, the staff were questioned more specifically by the team on issues relating to the tasks being performed. Although there was some repetition in this interview approach, invariably new issues where identified when the staff was in their regular working environment.

The observations made during the site visits by the team are documented in this section with a tabular summary, reproductions of the floor plans, annotated to show where certain conditions exist and with copies of the photographs taken during the site visits. A video recording was also made of the walk through but has not been attached to this report.

In general, the most prevalent observation of the team was that all three labs are in facilities built an average of at least 25 years ago and are not functioning efficiently as modern laboratories. Only one of the labs, Fairbanks, was built as part of a lab building. The Anchorage lab was built as part of a speculative office building, while the Juneau lab is in a building originally constructed for doctors offices. All three occupy leased space. Although the Fairbanks lab did not have serious ventilation problems observed, both the Anchorage and Juneau labs appeared to have serious ventilation deficiencies which may be jeopardizing the health of the staff and probably the other tenants of the buildings.

As tenants, the labs are dependent on the landlord for increased space needs, remodeling and for the maintenance of the operating systems of the labs. The Anchorage facility had its ventilation system turned off by the landlord, without warning, while repairs were made to the roof. Not only did the staff suffer, but the quality of samples may have been in jeopardy, and valuable equipment could have been damaged from overheating.

The following sub-sections itemize the observations made by the team and the items identified by the staff during the interviews. The lists are separated into three major categories: 1. Safety Issues, 2. Quality Control Issues, and 3. Efficiency Issues. Each list also has a column which categorizes the problem in respect to how the problem could be addressed or at least where the problem is manifested. The categories which have been used are:

General:	Overall construction of the building and arrangement of functions.
Ventilation:	Supply and exhaust systems, and pressurization
Operations:	Can be addressed by functional and equipment changes
Location:	Issues which related to the neighborhood/location of the lab building.

Not all of the categories are used for each of the three labs. In addition, each problem is evaluated whether the problem can be addressed, even temporarily, within the confines of the existing facilities. The last column of the list defines possible solutions as follows:

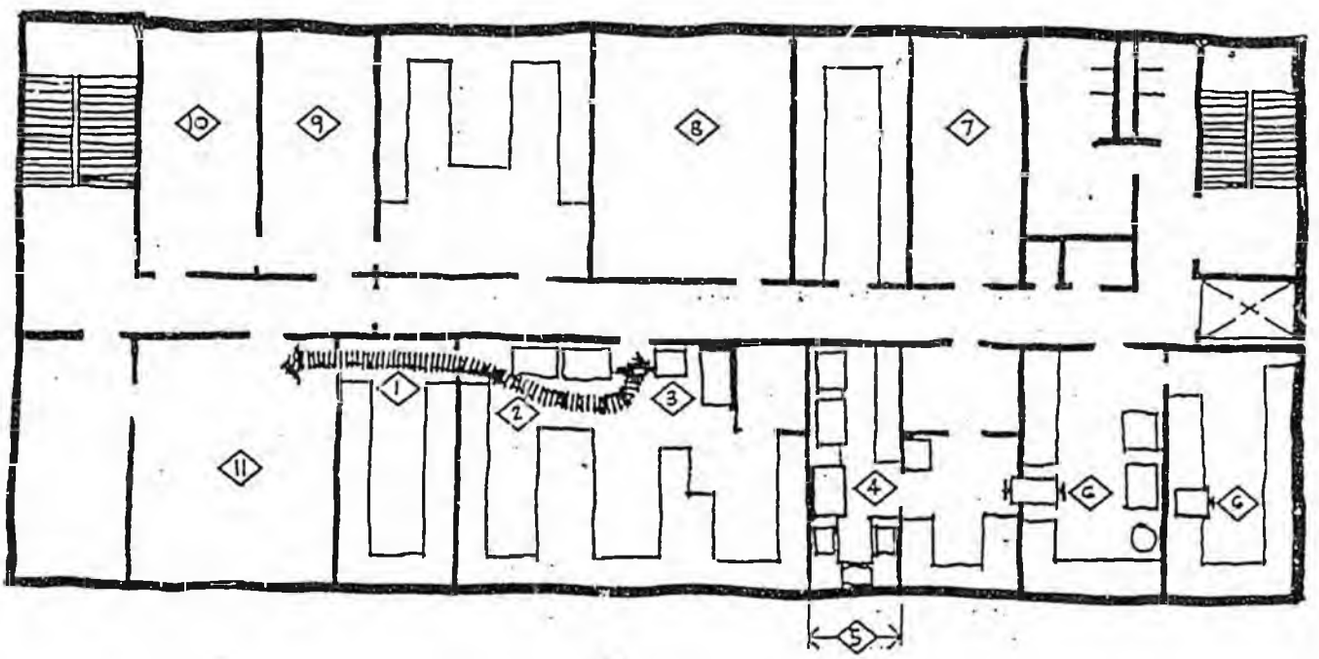
- A - Can be addressed
- B - Can be partially corrected, at high cost and disruption to ongoing operations
- C - Can not be corrected in the existing facilities.

Item No.	Description	Problem Type	Solution Possibility
	Safety Issues		
1.	Improve air flow in TB lab by removing door seals.	Ventilation	A
2.	Seal exhaust grill in TB lab anteroom to help improve pressurization differential with corridor and TB lab.	Ventilation	A
3.	Increase number of air changes in TB lab by increasing air supply while also keeping Biosafety cabinet on continuously.	Ventilation	B
4.	Replace ceiling materials in TB lab, and some other labs, to hard surface materials.	General	A
5.	Introduce TB skin testing procedures, baseline filings, etc.	Operations	A
6.	Upgrade TB spill procedures.	Operations	A
7.	Add door closers and positive latch sets to all lab doors.	General	A
8.	Add more and better signage throughout the lab.	General	A
9.	Provide code required fire rated separations between mechanical equipment, electrical equipment, record storage and chemical storage. Currently most of the mechanical and electrical equipment is in the same rooms as the various lab storage.	General	B
10.	Provide better security control of record and chemical storage.	General	B
11.	Provide ventilation for flammable storage cabinet.	Ventilation	A
12.	Change use of "Toxic" phenol and xylene.	Operations	A
13.	Improve worker security when entering and leaving building.	Location	C

Item No.	Description	Problem Type	Solution Possibility
	Safety Issues - Continued		
14.	Reduce risk of random intrusion into lab, general security, back door not secure, access to roof is possibly jeopardizing exhaust vents and skylight.	Location	C
15.	Provide air balancing for entire lab.	Ventilation	B
16.	Provide improved protocols for dealing with needles and other sharp materials.	Operations	A
17.	Move fume hood fan motor to roof from space above ceiling or in hood assembly, currently duct from fan to roof is under positive pressure and could leak into ceiling space which is a return air plenum.	Ventilation	A
18.	Eliminate return air plenum for all lab areas.	Ventilation	B
19.	Review use of formaldehyde.	Operations	A
20.	Seal gaps in walls between rooms.	General	A
21.	Evaluate and modify as necessary, and possible, the location of air intakes for the first floor and second floor and the exhaust locations from the lab.	Ventilation	B
22.	Evaluate and modify the location of supply registers and return air grills in the labs to provide for proper flow of air and exchange of air in the labs.	Ventilation	B
23.	Evaluate and provide proper seismic restraints.	General	A
24.	Lab is located close to a major fault.	Location	C
25.	Evaluate the use of glass flasks and possible breakage problems in autoclaves.	Operations	A
26.	Provide "Right-to-Know" training for custodians and other repair/maintenance contractors.	Operations	A

Item No.	Description	Problem Type	Solution Possibility
	Safety Issues - Continued		
27.	Work to eliminate owner (landlord) shut downs of air conditioning and other ventilation systems.	Ventilation	A
28.	Improve layout for more effective control of the reception/entry area of the lab.	General	B
29.	Seal leaks in floor of lab and glass wash area.	General	B
30.	Institute inventory/receiving control of storage materials, especially chemicals.	Operations	A
	Quality Control Issues		
31.	Install terminal filters on supply air into labs to reduce dust.	Ventilation	A
32.	Purchase Biosafety cabinet for use in Media Prep. (BSC-IIA)	Operations	A
33.	Improve air conditioning controls to reduce risk of overheating in the labs.	Ventilation	B
	Efficiency Issues		
34.	Consolidate storage for improved control and to free valuable laboratory space.	Operations	B
35.	Consider relocation of the refrigerators and incubators out of the labs and into central location.	Operations	B
36.	Review and try to reduce use of paper and storage of paper in the labs, including some manuals, Needs/Procedures.	Operations	B

Item No.	Description	Problem Type	Solution Possibility
	Efficiency Issues - Continued		
37.	Consolidate and increase central supply storage functions.	General	B
38.	Define discrete workstations in the labs.	Operations	B
39.	Improve access to files which are currently remote from the office.	General	B
40.	Eliminate traffic through labs.	General	A



1. Major circulation through a lab.
2. Impassable route when refrigerators are open.
3. Limited access to hood due to location of refrigerator.
4. Biosafety cabinet directly in front of door, difficult to go in or out of lab if person is working at hood.
5. Width of lab is less than 8'-0", minimum should be 10'-0", recommended is 11'-0"
6. Sterilizers should have hood type vents to control odors and heat.
7. Ventilation is inadequate to control heat of refrigerators and freezers.
8. Store room and incubator room are overcrowded. Not an ideal mix of specimens and supplies.
9. Office is now a file store room. Also the location for fax machine - no room in office.
10. Conference room also serves as break room and staff locker room.
11. Office is crowded for 3 staff, files, copier, specimen accession, and inadequate electric receptacles.

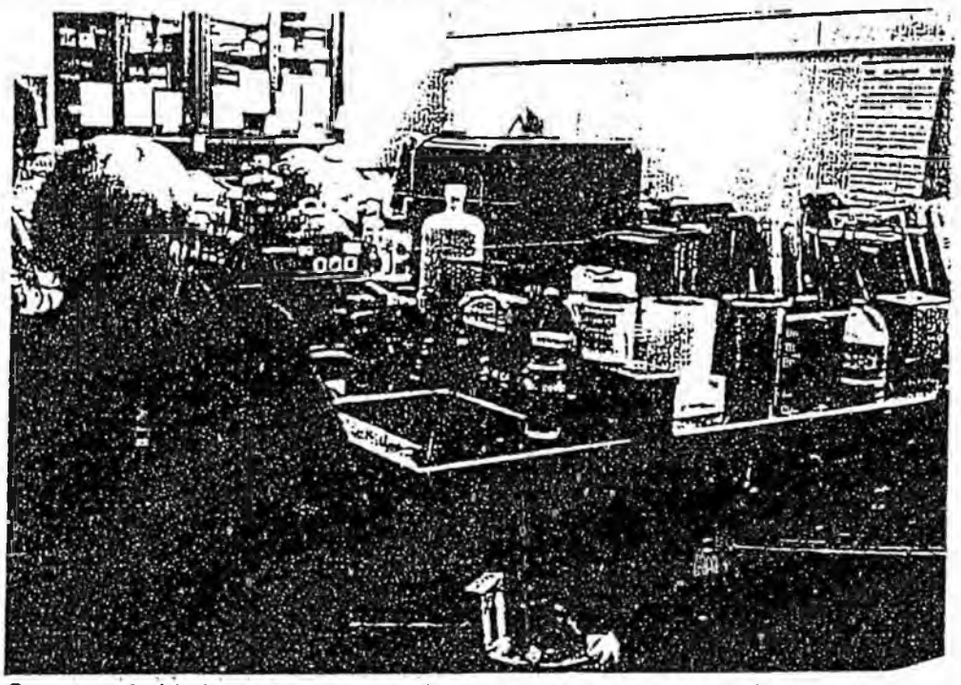


Photo 1 Overcrowded Lab workstations - reference manuals, storage and countertops.

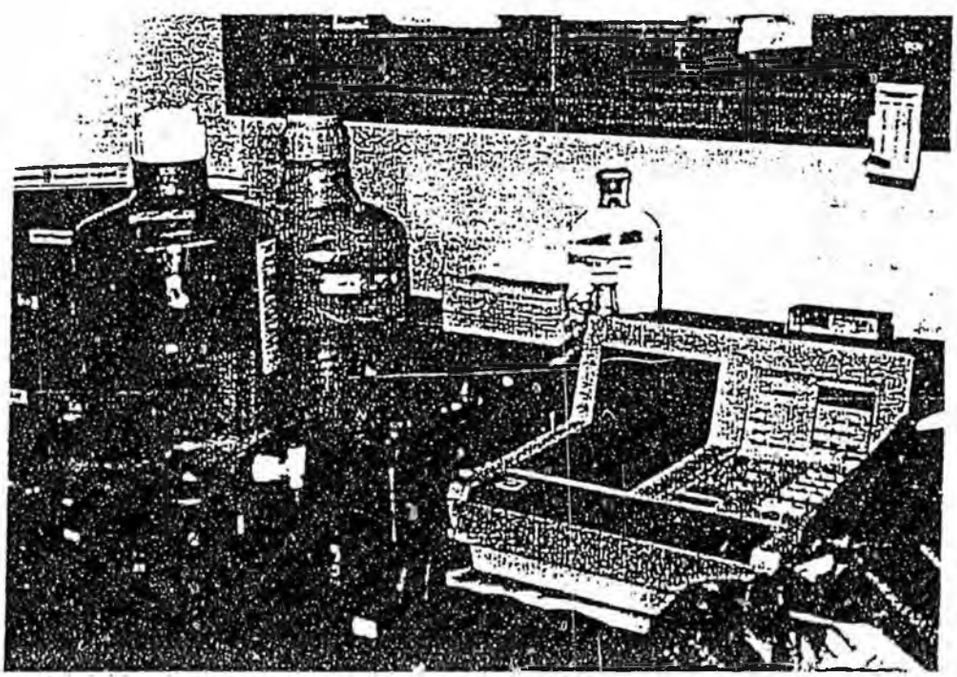


Photo 2 Minimal counter space - no open counter near sink.

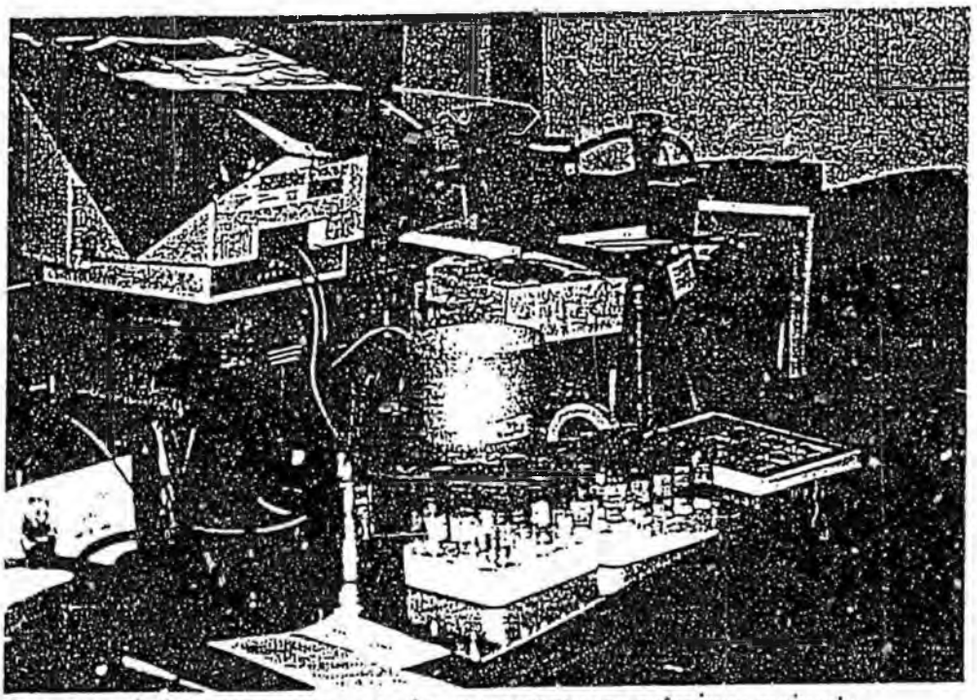


Photo 3 Overcrowded counter space, specimens, computers, reference manuals.

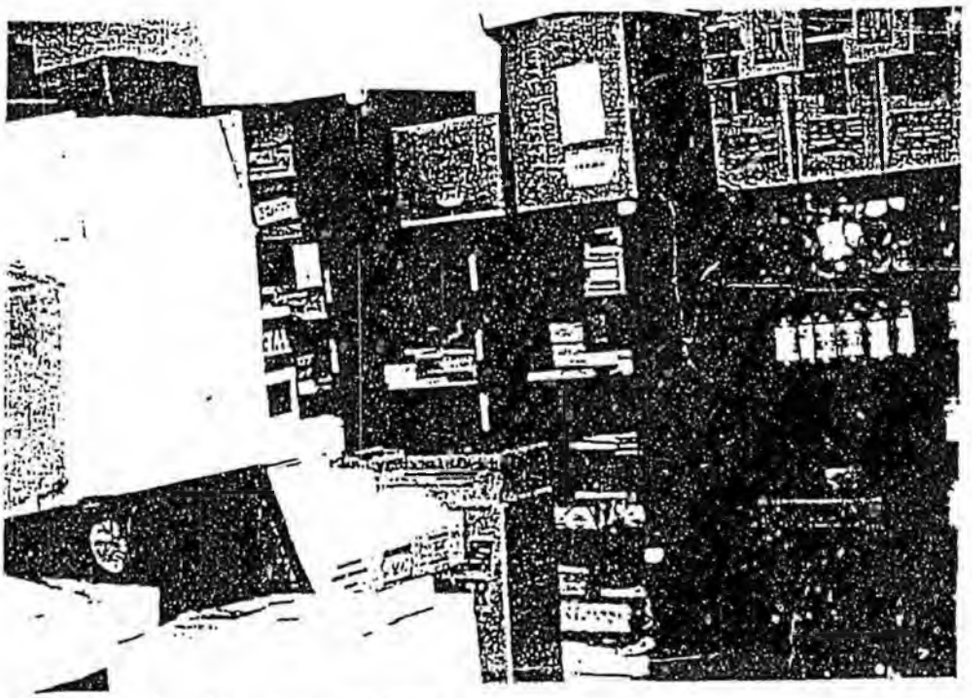


Photo 4 Disorganized and overcrowded storage.

Photo 5 Overcrowded office facilities.

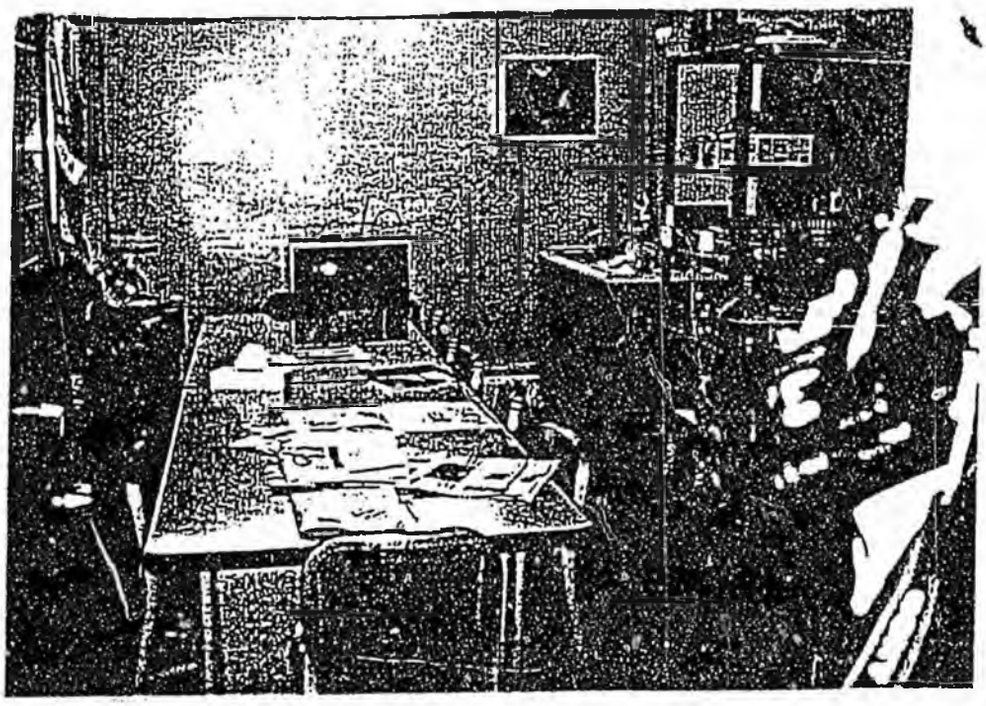


Photo 6 Staff Lounge and Training facilities.

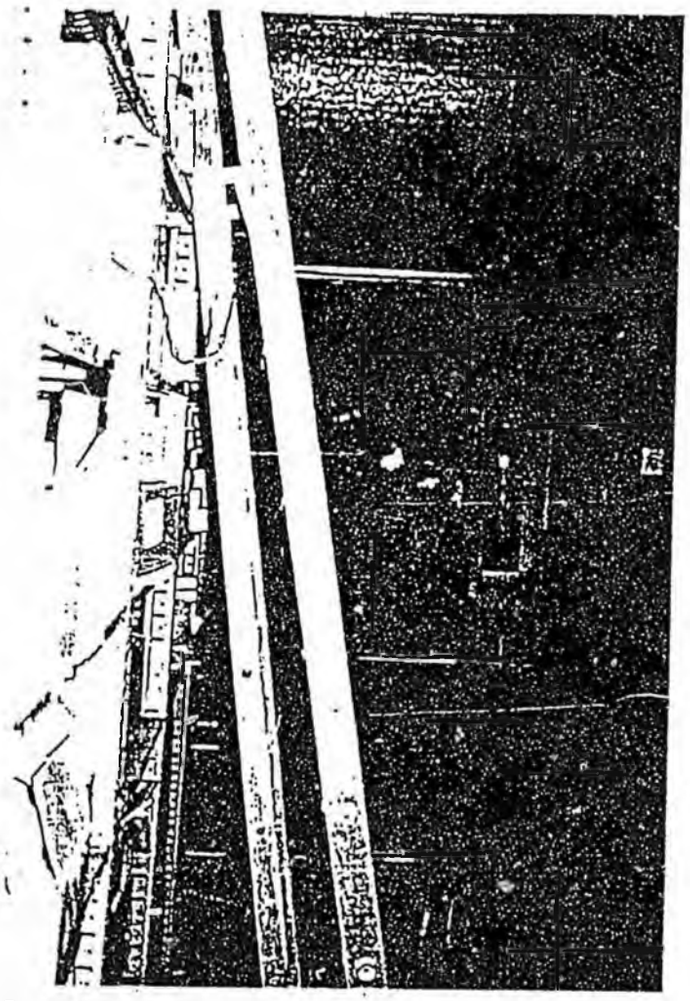


Photo 7 Record storage in same room as air handling equipment.

Item No.	Description	Problem Type	Solution Possibility
	Safety Issues		
1.	Improve/increase space allocation.	General	B
2.	Improve exiting safety/access to stairs, by eliminating equipment and desks from corridors.	General.	B
3.	Mitigate door interlock conditions/exit delay and lab alarms.	General	A
4.	Improve communications to interior/isolated labs (speak back intercoms).	General	A
5.	Correct deluge shower controls to meet current standards.	General	A
6.	Improve specimen receiving/accession protocols.	Operations	A
7.	Improve relationships between labs.	General	B
8.	Improve signage and general access to lab, current third floor location is not ideal.	General	C
	Quality Control Issues		
9.	Improve air conditioning controls and ventilation in certain areas where excessive overheating occurs.	General	B
10.	Institute inventory/receiving controls for materials especially chemicals.	Operations	A
11.	Replace outmoded equipment, new Biosafety cabinets especially in Media Prep (BSL-IIA)	General	A
12.	Provide adequate staff training facilities.	General	B
13.	Evaluate location of air intake to identify and isolate source of odors entering the labs.	Ventilation	B