

# FILE PRINT ONLY

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW  
**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>2-2014-0826-03</b>	REGULATORY ACTION NUMBER <b>2014-224-01FP</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

RECEIVED FOR FILING PUBLICATION DATE  AUG 26 '14    SEP 05 '14  Office of Administrative Law NOTICE	2014 DEC 24 AM 9:21 OFFICE OF ADMINISTRATIVE LAW REGULATIONS
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**ENDORSED - FILED**  
 in the office of the Secretary of State  
 of the State of California

**FEB 05 2015**

*3:21 PM*

AGENCY WITH RULEMAKING AUTHORITY California Department of Public Health	AGENCY FILE NUMBER (if any) DPH-14-001-E
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE Prenatal Screening Fee Increase	TITLE(S) 17	FIRST SECTION AFFECTED 6540	2. REQUESTED PUBLICATION DATE September 5, 2014
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Laurel Prior	TELEPHONE NUMBER 916-440-7673	FAX NUMBER (Optional) 916-440-5747
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2014-36-2	PUBLICATION DATE 9/5/14

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Prenatal Screening Fee Increase	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2014-0620-10-EFP
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT
AMEND 6540
REPEAL
TITLE(S) 17

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input checked="" type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input checked="" type="checkbox"/> Other (Specify) <u>ER Regs - HSC section 124977(d)</u>	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs., title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> 510b Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) <u>Emergency Regs HSC sec. 124977(d)</u>
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Laurel Prior, Office of Regulations	TELEPHONE NUMBER (916) 440-7673	FAX NUMBER (Optional) (916) 440-5747	E-MAIL ADDRESS (Optional) Laurel.Prior@cdph.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Karin S. Schwartz</i>	DATE 12/8/14
TYPED NAME AND TITLE OF SIGNATORY Karin S. Schwartz, Deputy Director and Chief Counsel	

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**ENDORSED APPROVED**  
**FEB 05 2015**  
 Office of Administrative Law

**California Code of Regulations  
Title 17**

Amend Section 6540 to read:

**Section 6540. Program Participation Fee.**

~~The all-inclusive program participation fee for maternal serum alpha fetoprotein, used as a single marker to screen neural tube defects only, shall be \$57.~~ The all-inclusive program participation fee for maternal serum alpha fetoprotein and one or more additional markers used for screening for NTD and Down Syndrome, shall be ~~\$162~~207. The fee shall be paid to the Department by the woman being tested or by any third party which is legally responsible for her care including any health care service plan, managed health care plan, managed care plan, prepaid health plan or prepaid group practice health care service plan as defined in or licensed in accordance with Health and Safety Code Section 1340 et seq.

Note: Authority cited: Sections 124977, 124996, 125000~~(h)~~, 125055, 125070 and 131200, Health and Safety Code.

Reference: Sections 124996, 125000(b) and (f), 125001, 125050, 125060, 125065 and 131052, Health and Safety Code.