

**State of California
Office of Administrative Law**

In re:
Department of Public Health

NOTICE OF FILING AND PRINTING ONLY OF
EMERGENCY REGULATION(S) OR
ORDER(S) OF REPEAL

Regulatory Action:

Title 17, California Code of Regulations

Government Code Section 11343.8

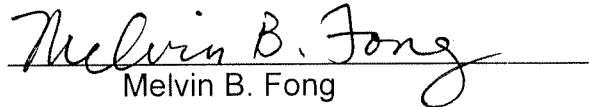
Adopt sections:
Amend sections: 6540
Repeal sections:

OAL File No. 2011-0920-04 EFP

The Department of Public Health submits this emergency action raising the program participation fee for maternal serum alpha fetoprotein and one or more additional markers used for screening neural tube defects and Down Syndrome. The fee is being increased from \$155 to \$162. This action is deemed an emergency pursuant to Health and Safety Code section 124977(d)(1) and necessary for the immediate preservation of the public peace, health and safety, and general welfare, is exempt from OAL review, and is submitted for filing with the Secretary of State and printing only. The action remains in effect until revised or repealed by the Department of Public Health.

OAL filed this emergency regulation(s) or order(s) of repeal with the Secretary of State, and will publish the emergency regulation(s) or order(s) of repeal in the California Code of Regulations.

Date: 9/23/2011


Melvin B. Fong
Legal Analyst

For: DEBRA M. CORNEZ
Assistant Chief Counsel/
Acting Director

Original: Dr. Ron Chapman, MD, MPH
Copy: Dave Rappolee

EMERGENCY FILE PRINT

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. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2011-0920-04EFP
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Dept. of Public Health			AGENCY FILE NUMBER (if any) DPH-06-024E

2011 SEP 23 PM 1:13

James Bowen
 JAMES BOWEN
 DEPT. OF PUBLIC HEALTH

2011 SEP 20 PM 3:49

OFFICE OF ADMINISTRATIVE LAW

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn			NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) \$7 Fee Increase Prenatal Tests		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTIONS(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"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <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"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input checked="" type="checkbox"/> File & Print <i>DR</i> <input checked="" type="checkbox"/> Other (Specify) <u>Emer. regs: HSC sec. 124977(d)(1)</u>			
<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input checked="" type="checkbox"/> Print Only			
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 30th day after filing with Secretary of State <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
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 DAVE RAPPOLEE		TELEPHONE NUMBER (916) 445-9387	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) David.Rappolee@cdph.ca.gov

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>Kathleen M. Keeshen</i>	DATE 9/13/11
TYPED NAME AND TITLE OF SIGNATORY Kathleen M. Keeshen, Deputy Director and Chief Counsel	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

SEP 23 2011

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 ~~\$155~~ \$162. 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, ~~125000(h)~~ 131200, Health and Safety Code.

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