

**Benchmark Activity 39.3:** The local board of health shall annually review and approve the local health department budget and approve fees in accordance with G.S. 130A-39(g).

**Durham County Board of Health  
Agenda Item Summary**

Meeting Date: 04-13-2023

Agenda Item Subject: FY 23-24 Proposed Budget Overview

Attachment (s): PowerPoint Presentation

Staff or Board Member Reporting: Micah Guindon

Purpose:   X   Action  
       Information only  
       Information with possible action

**Objective:** Presentation of FY 23-24 Proposed Budget and Fee Schedule (Activity 39.3)

**Summary Information:** The Department of Public Health will request a County Appropriation of \$27,766,768 in FY 23-24, which is a 26.5% increase from FY 22-23. This represents a \$5,809,122 change from the current year’s approved budget.

The total change in expenditures is \$4,675,294. The major drivers of the change are \$2.7M in personnel costs, \$1.2M in contract services, medical supplies, Refugee Health program expenses, and lab equipment. The total change in revenue is -\$1,133,828. Most of this revenue decrease is due to COVID funding related to School Health ending and is mirrored with a decrease in expenditures.

The FY 23-24 requested budget includes 99 fee changes for Environmental Health, Medical Service/Community Health, Lab, Pharmacy, and Dental divisions. Specific fee changes are attached. Forty-two of the fee changes are proposed to reflect minor adjustments from vendors and Medicaid reimbursement; other changes are in name only or may no longer be applicable/allowable. The total financial impact from the fee changes is projected to be an increase of \$55,475.

**Recommended Action:**        Approve  
  X   Approve & forward to Board of Commissioners for action  
       Approve & forward to \_\_\_\_\_  
       Accept as information  
       Revise & schedule for future action  
       Other (details): \_\_\_\_\_

FY24 Proposed Fee Changes

Division	CPT	Modifier	Description	FY23 Fee	FY24 Proposed Fee	Change
Phar	J1050	UD	PR MEDROXYPROGESTERONE ACETATE	\$ 4.80	\$ 10.90	\$ 6.10
Phar	J7297	UD	PR LILETTA, 52 MG	\$ 93.79	\$ 93.19	\$ (0.60)
Phar	J7298	UD	PR MIRENA, 52 MG	\$ 248.90	\$231.70	\$ (17.20)
Phar	J7300	UD	PR INTRAUT COPPER CONTRACEPTIVE (Paragard)	\$ 252.89	\$295.12	\$ 42.23
Phar	J7307	UD	ETONOGESTREL IMPLANT SYSTEM (Nexplanon)	\$ 399.99	\$418.95	\$ 18.96
Dental	D2932		Resin-based Crown	\$ 300.28	\$320.18	\$ 19.90
Dental	D3110		Pulp Cap-Direct	\$ 75.88	\$ 76.00	\$ 0.12
Dental	D3120		Pulp Cap-Indirect	\$ -	\$ 76.00	\$ 76.00
Med Svcs	90734	SL	Meningococcal	\$ -	\$ -	\$ -
Med Svcs	90734		Meningococcal	\$ 127.44	\$ -	\$(127.44)
Med Svcs	90688		PR IIV4 VACCINE 3 YRS & OLDER FOR IM USE	\$ -	\$ -	\$ -
Phar	Q0163		PR DIPHENHYDRAMINE HCL 50MG	\$ 0.99		\$ (0.99)
Lab	80051		Electrolyte Panel (test# 303754)	\$ -	\$ -	\$ -
Lab	80162		Digoxin, Serum (test# 007385)	\$ -	\$ -	\$ -
Lab	80164		Valproic Acid (Depakote) <sup>®</sup> ,S (test# 007260)	\$ -	\$ -	\$ -
Lab	80178		Lithium, Serum (test# 007708)	\$ -	\$ -	\$ -
Med Svcs	90649	SL	Gardasil-HPV Females/males 9-26 payor 6	\$ -	\$ -	\$ -
Med Svcs	90649		Gardasil-HPV Females/males 9-26 payor 6	\$ 216.40	\$ -	\$(216.40)
Med Svcs	90650	SL	HPV (Human Papillomavirus Vaccine)	\$ -	\$ -	\$ -
Med Svcs	90650		HPV (Human Papillomavirus Vaccine)	\$ 232.00	\$ -	\$(232.00)
EH	N/A		Mobile Food Unit/Push Cart/Caterer Plan Review	\$ 200.00	\$250.00	\$ 50.00
EH	N/A		Tattoo Artist Permit	\$ 300.00	\$325.00	\$ 25.00
Phar	J1050		PR MEDROXYPROGESTERONE ACETATE	\$ 4.80	\$ 10.90	\$ 6.10
Phar	J7297		PR LILETTA, 52 MG	\$ 93.79	\$ 93.19	\$ (0.60)
Phar	J7298		PR MIRENA, 52 MG	\$ 248.90	\$231.70	\$ (17.20)
Phar	J7300		PR INTRAUT COPPER CONTRACEPTIVE (Paragard)	\$ 252.89	\$295.12	\$ 42.23
Phar	J7307		ETONOGESTREL IMPLANT SYSTEM (Nexplanon)	\$ 399.99	\$418.95	\$ 18.96
Phar	J0561		PR PENICILLIN G BENZATHINE INJ	\$ 0.19	\$ 0.04	\$ (0.15)
Phar	J2790		PR RHO D IMMUNE GLOBULIN INJ	\$ 85.63	\$ 69.58	\$ (16.05)
Phar	N/A		Nitrofurantoin	\$ 0.40	\$ 0.39	\$ (0.01)
Phar	N/A		Cipro 250mg	\$ 0.57	\$ 0.13	\$ (0.44)

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Phar	N/A		Cipro 500mg	\$ 0.20	\$ 0.12	\$ (0.08)
Phar	N/A		Sulfamethoxazole/Trimethoprim	\$ 0.04	\$ 0.05	\$ 0.01
Phar	N/A		Miconazole 7	\$ 0.19	\$ 3.26	\$ 3.07
Phar	N/A		Fuconazole	\$ 0.64	\$ 1.93	\$ 1.29
Phar	N/A		Antifungal Cream	\$ 0.09	\$ 1.98	\$ 1.89
Phar	N/A		Ferrous Sulfate	\$ 0.02	\$ 0.01	\$ (0.02)
Phar	N/A		Docusate	\$ 0.01	\$ 0.01	\$ -
Phar	N/A		Promethazine	\$ 0.02	\$ 0.06	\$ 0.04
Phar	N/A		Ondansetron	\$ 0.12	\$ 0.13	\$ 0.01
Phar	N/A		Ferrous Gluconate	\$ 0.05	\$ 0.04	\$ (0.01)
Phar	N/A		Folic Acid	\$ 0.08	\$ 0.14	\$ 0.06
Phar	N/A		Metronidazole Gel	\$ 0.19	\$ 6.59	\$ 6.40
Phar	N/A		Cryelle	\$ 0.12	\$ 4.76	\$ 4.64
Phar	N/A		Aviane	\$ 0.08	\$ 1.96	\$ 1.88
Phar	N/A		Apri	\$ 0.07	\$ 1.96	\$ 1.89
Phar	N/A		Norethindrone	\$ 0.04	\$ 0.84	\$ 0.80
Phar	N/A		Tri-Sprintec	\$ 0.09	\$ 1.40	\$ 1.31
Phar	N/A		Sprintec	\$ 0.05	\$ 1.40	\$ 1.35
Phar	N/A		Tri-Lo Sprintec	\$ 0.08	\$ 1.40	\$ 1.32
Phar	N/A		Portia	\$ 0.14	\$ 1.96	\$ 1.82
Phar	N/A		Plan B/My Choice	\$ 3.69	\$ 3.13	\$ (0.56)
Phar	N/A		Ocella	\$ 0.13	\$ 4.76	\$ 4.63
Phar	N/A		Nuvaring	\$ 0.00	\$ 0.01	\$ 0.01
Lab	82952		Glucose Tolerance Test Each Assit Beyond 3 Spec	\$ 32.97	\$ 4.99	\$ (27.98)
Dental	D2940		Sedative Filling -PROTECTIVE RESTORATION	\$ 101.30	\$101.30	\$ -
Lab	81001		Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin	\$ 4.16	\$ 4.16	\$ -
Lab	81003		Ua, By Dip Stick Or Tablet; Automated, Wo Micro	\$ 7.75	\$ 7.75	\$ -
Lab	81015		Microscopic Urine Exam	\$ 8.44	\$ 8.44	\$ -
Dental	D1551		Recement Bilateral Space Maintainer - Maxillary	\$ 39.00	\$ 39.00	\$ -
Dental	D1552		Recement Bilateral Space Maintainer - Mandibular	\$ 39.00	\$ 39.00	\$ -
Dental	D1553		Recement Unilateral Space Maintainer	\$ 39.00	\$ 39.00	\$ -
Dental	D1556		Removal of Fixed Unilateral Space Maintainer	\$ 34.00	\$ 34.00	\$ -
Dental	D1557		Removal of Fixed Bilateral Space Maintainer - Maxillary	\$ 34.00	\$ 34.00	\$ -
Dental	D1558		Removal of Fixed Bilateral Space Maintainer - Mandibular	\$ 34.00	\$ 34.00	\$ -
Dental	D4346		Scaling Pres Gen Mod.Sev Ging Inf	\$ 95.00	\$ 95.00	\$ -

FY24 Proposed Fee Changes

Med Svcs	76830		CHG ECHOGRAPHY,TRANSVAGINAL	\$ -	\$208.85	\$ 208.85
Phar	J0696		PR CEFTRIAXONE SODIUM INJECTION	\$ -	\$ -	\$ -
Phar	J1580		PR GARAMYCIN GENTAMICIN INJ	\$ -	\$ -	\$ -
Phar	J3490		PR DRUGS UNCLASSIFIED	\$ -	\$ -	\$ -
Phar	Q0144		PR AZITHROMYCIN DIHYDRATE, ORAL	\$ -	\$ -	\$ -
Lab	82274		CHG BLOOD,OCCULT,FECAL HGB,FECES,1-3 SIMULT	\$ -	\$ 20.22	\$ 20.22
Lab	87206		CHG SMEAR,FLUOR STAIN,INTERP	\$ -	\$ 6.83	\$ 6.83
Phar	J2791		Rho( D) Immune Globulin (Human), Intramuscular Or Intravenous, 100 lu, Injection	\$ -	\$ 5.09	\$ 5.09
Dental	D7961		BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$ -	\$188.69	\$ 188.69
Dental	D7962		LINGUAL FRENECTOMY (FRENULECTOMY)	\$ -	\$188.69	\$ 188.69
Dental	D2929		PREFAB PORC/CERAMC CROWN-PRIM TOOTH	\$ -	\$345.00	\$ 345.00
Dental	D1353		Sealant Repair	\$ -	\$ -	\$ -
Dental	D2920		Recement Crown	\$ -	\$100.00	\$ 100.00
Lab	81002		Urinalysis Routine Without Microscopy	\$ -	\$ 3.25	\$ 3.25
Lab	85027		CBC Without Differential	\$ -	\$ 8.23	\$ 8.23
Phar	N/A		Dipjenhydramine HCL 25MG	\$ -	\$ 0.02	\$ 0.02
Phar	N/A		Seasonique	\$ -	\$ 0.85	\$ 0.85
Phar	N/A		Nortrel	\$ -	\$ 6.71	\$ 6.71
Phar	N/A		Nortrel 7/7/7	\$ -	\$ 1.97	\$ 1.97
Med Svcs	90713		PR POLIOMYELITIS IMMUNIZATN,INACTV,SUB-Q		\$ 39.13	\$ 39.13
Med Svcs	90620		PR MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	\$ -	\$196.72	\$ 196.72
Med Svcs	90621		PR MENB-FHBP RECOMBNT LIOPROTEIN VACC 2/3 DOSE IM	\$ -	\$172.43	\$ 172.43
NT	97802		MNT, initial visit, 15 minute unit	\$ 36.38	\$ 35.49	\$ (0.89)
NT	97803		MNT, subsequent visit, 15 minute unit	\$ 31.48	\$ 30.89	\$ (0.59)
NT	G0108		DSMT individual visit, 30 minute unit	\$ 54.24	\$ 52.87	\$ (1.37)
NT	G0109		DSMT group session of 2 or more, 30 minute unit	\$ 14.96	\$ 15.01	\$ 0.05
Med Svcs	90732		Pneumoonia Vaccine (PneumoVax)	\$ 113.07	\$119.48	\$ 6.41
Med Svcs	90746		Hepatitis B (Adult)	\$ 63.25	\$ 66.08	\$ 2.83
Med Svcs	90750		Shringrix	\$ -	\$166.72	\$ 166.72
Med Svcs	90651		PR 9VHPV VACC 2/3 DOSE SCHED IM USE	\$ 232.00	\$273.46	\$ 41.46
Med Svcs	90675		Pre-Exposure Rabies	\$ 304.45	\$390.41	\$ 85.96
Med Svcs	86790		Rabies Titer	\$ 20.97	\$ 50.00	\$ 29.03
EH	N/A		Existing Food Establishment Plan Review	\$ 150.00	\$ -	\$(150.00)