

## CHAPTER 50.

## TUBERCULOSIS SANATORIUMS.

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**50.01 Establishment of state sanatoriums; powers and duties of state board of health.** (1) **PURPOSE.** The Wisconsin State Sanatorium and the Northern State Sanatorium are established and shall be maintained and operated for the treatment of persons afflicted with pulmonary tuberculosis, especially in its incipient stages.

(2) **GOVERNMENT.** The state board of health shall preserve and care for the property pertaining to those institutions and to the state tuberculosis camp; and direct and manage the affairs of those institutions.

(2a) **CHARGES AGAINST EMPLOYES.** In compliance with the provisions of the compensation plan established pursuant to s. 16.105 (4) have authority to make and determine charges for meals, living quarters, laundry and other services furnished to employes of the several institutions and members of the employe's family maintained as such. All moneys received from each and every person for or on account of such services shall be paid within one week after receipt into the general fund and shall be credited to the appropriation provided for this purpose by ch. 20.

(3) **INVENTORIES.** The board shall annually make an inventory, appraisal and classification of the property of each institution.

(4) **INSPECTION.** The board or some member thereof shall inspect each institution monthly.

(5) **ANNUAL AUDIT.** At the end of each fiscal year the board shall have the finances of the institutions under its care, examined by an accountant; and he shall promptly make a detailed report of such examination to the governor.

(6) **MONTHLY ESTIMATES AND AUDITS.** Each month the board shall make and file an estimate of the necessary expenditures of each institution during the next month; and shall file a duplicate thereof with the superintendent.

(7) **BOARD OF HEALTH INSTITUTIONS PRE-AUDIT; PAYMENTS.** Unless otherwise provided by law, no bills shall be incurred in the management of such institutions nor be paid until they have been audited by the board of health under the supervision of the department of budget and accounts. All payments shall be made on the warrant of the director of budget and accounts drawn in accordance with the certificate of the proper designated officer of the board of health. All claims and accounts before being certified to the director of budget and accounts by the aforesaid department, shall be verified and approved in the same manner as provided in section 36.10 (2).

**History:** 1953 c. 251.

**50.02 Admission of patients; medical examination.** (1) Any person affected with pulmonary tuberculosis in the incipient or slightly advanced stage may be admitted to either of said institutions, but preference shall be given to those suffering from the disease in the incipient form. There may also be admitted any such person who presents symptoms of tuberculosis calling for careful observation in order to make a diagnosis, and who in the opinion of the superintendent is a proper subject for treatment in either of the said institutions. Applicants for admission shall be given a preliminary medical examination at various places throughout the state, designated by the board of health, as provided in

subsection (2), and may be admitted upon approval of the county judge having jurisdiction, and upon proper certification to the superintendent of the institution, of his legal settlement, and of his status with reference to payment of his cost of care.

(2) The board may appoint as medical examiner or examiners of said institutions any reputable physician or physicians, having citizenship in Wisconsin, whose duty it shall be to examine all persons applying for admission. The fee of the examining physician shall not exceed four dollars in any case, payable by the applicant; but if the applicant is unable to pay such fee, it shall be paid as provided in section 50.03. The physician's report of such examination shall be forwarded at once to the superintendent of the institution; and thereupon, on notice from the superintendent, the applicant shall be admitted.

(3) There may also be admitted for care and treatment upon proper certificate of examining physician and recommendation of the superintendent of the institution, any inmate committed to the Wisconsin school for boys, Wisconsin school for girls or the Wisconsin child center, who is suffering from tuberculosis, and the state department of public welfare is authorized to cause such transfers thereto.

**50.03 Maintenance charges.** (1) All patients admitted to the said institutions shall pay the cost of their care, except as otherwise provided in this section. Such cost shall be determined by the superintendent and the board of health.

(2) Any patient unable or who believes that his circumstances do not warrant his being required to pay any part of his care or who meets the requirements of subsection (2a) shall file an application with the county judge of the county within which he has a legal settlement, and if applicant has no legal settlement in any county, then, with the county judge of the county where he is found, setting forth the fact that he is unable or that his circumstances do not warrant his being required to pay the cost of his care or that he meets the requirements of subsection (2a). If the patient is a minor, the said application shall be made and filed by a parent or his guardian. The said judge may designate a person or official by whom such application may be made. Said judge, upon further presentation of the report of the examining physician, and a statement from the superintendent of the sanatorium that the applicant is eligible and can be received, shall make an investigation in the manner prescribed in section 50.11 (1), except that in such investigation, the said judge shall give due consideration to the desirability of isolating the patient because of the contagious character of the disease, to avoid jeopardizing the support of the patient's dependents during his hospitalization and their future requirements due to the patient's probable future lessened earning power after hospitalization; also to the probable length of time of such hospitalization. The chargeability of the person liable for the care of a patient shall be determined by the same rules applicable to the patient. Such judge may, whenever the facts disclosed in the hearing warrant, provide in his certification that the patient pay such part of the cost of his care as the judge deems just, which part or proportion may be increased or decreased after hearing by him whenever the circumstances warrant. If the court determines that the patient meets the settlement or residence requirements specified in subsection (2a) it shall make no investigation as to the patient's financial status other than to determine whether or not he is the beneficiary of insurance as specified in subsection (2a).

(2a) Any patient who has a legal settlement in this state or any patient who, or whose parent, if the patient is a minor, has resided in this state for 5 years or more in the aggregate prior to his application for admission shall be cared for at said institution or at the state tuberculosis camp without charge to him, regardless of his ability to pay, and the cost of his care shall be charged against the state subject to a charge over against the county of his legal settlement as provided in subsection (3). If any such patient shall be the beneficiary of a policy of hospitalization, health or accident insurance or other contract covering care in a tuberculosis sanatorium, he shall be liable to pay the cost of his care to the extent of the liability on such policy, insurance or contract as determined by the admitting court, except that such liability shall not include amounts payable as disability benefits under any such policy. Any such patient who, by reason of his tuberculosis, is entitled to damages or workmen's compensation, shall be liable for the cost of his care to the extent that the same may be recoverable in an action or workmen's compensation proceedings, and may be required to execute all necessary papers and do all necessary acts to insure the collection thereof. Nothing contained in this subsection shall prohibit any patient from paying all or a part of the cost of his care if he so desires.

(2b) Patients now in the institutions specified in sections 50.03, 50.04, 50.07 and 58.06 (2) shall be entitled to the benefits of subsection (2a) and section 50.07 (2a) for care received after May 5, 1945. All such cases which shall be chargeable to the state at large under sections 50.03 (2a) and 50.07 (2a) shall be reviewed by the board of health. If the board is not satisfied that the patient meets the 5-year residence requirement, it shall submit the question to the county judge of the county where the patient was found

for determination. All such cases which shall be chargeable to the county of the patient's legal settlement under sections 50.03 (2a) and 50.07 (2a) shall be considered as initial applications in the manner provided in section 50.11, except that no further application need be made by patients whose legal settlement was previously determined under said section.

(2c) There shall be no charge to the patient, to any county, or to the state department of public welfare for the maintenance, care and treatment of persons removed to the state tuberculosis camp or the state sanatoriums from state penal institutions pursuant to s. 57.115.

(3) The support, maintenance and necessary traveling expenses including the expenses for an attendant when such patient cannot travel alone, and emergency surgical and dental work of every patient supported in said institution at public charge shall be paid by the state; but the state shall charge over, as provided in subsection (2) of section 50.11, to the county in which such patient has his legal settlement one-half the cost of his maintenance in the institution and the entire amount of all other expenses.

(4) Any person who may be unable to pay the full charge for maintenance may be received and maintained, without the investigation prescribed in subsection (2), upon payment of the amounts chargeable to the county, if the state board of health, after investigation, shall have found that the patient has truly represented his circumstances and is unable to pay more than the amount so chargeable.

(5) The maintenance cost of all patients admitted to said institution under the provisions of s. 50.02 (3) shall be charged against the state; but the state shall charge over, as provided in s. 50.11 (2), to the county from which the patient was originally committed, one-half of the cost of maintenance in the sanatorium and the entire amount of all other expenses; provided the person was an inmate in the institution to which originally committed for one year or less; and if more than one year the maintenance cost of all such persons admitted shall be paid by the state, but the county chargeable by law with the maintenance of such inmate in the institution from which the transfer was made shall continue to be liable in the same manner as provided for under s. 48.55. If in the opinion of the superintendent of the sanatorium the patient so transferred is still in need of further care and treatment after the expiration of the original commitment, the board shall notify the county judge of the county of original commitment, who shall make an investigation and determination in the manner prescribed in s. 50.11.

**History:** 1953 c. 210; 1955 c. 653.

The cost of care for patients in state sanatoriums, determined under 50.03 (1), should include contributions required under 66.905 (1) (a) to the Wisconsin retirement fund, and appropriated by 20.90, based on the salaries and wages of persons employed in the institutions. 40 Atty. Gen. 356.

removal order 57.115, without judicial proceedings pursuant to 50.03 (2), must be regarded as a pay patient under 50.03 (1), and the cost of his care billed to the state department of public welfare. Such inmate is not himself liable for the cost of medical care either inside or outside of the prison. 41 Atty. Gen. 388.

Inmate of state prison admitted to Wisconsin state sanatorium upon temporary

**50.04 Tuberculosis camp.** (1) The state board of health shall establish and operate a state tuberculosis camp, in which persons who are threatened with or recovering from tuberculosis may be received and cared for.

(2) The board shall prescribe regulations for admission to and for the administration of such camp, not inconsistent with this section.

**50.05 Admission of patients; maintenance charges.** (1) Any person who is threatened with or recovering from tuberculosis may be received into this institution and cared for at the rate determined by the superintendent and board of health to be the cost of maintenance.

(2) Any such person who is unable to pay said rate may, with the approval of the board, be credited for work or services performed in lieu of the payment of a part, not to exceed one-half, thereof.

(3) Any such person who is unable to pay for his care may be admitted pursuant to subsections (2), (3) and (4) of section 50.03.

(4) The state board of health may transfer any patient from the state sanatorium, or from any county sanatorium or from any institution receiving state aid under the provisions of section 58.06 (2), to this institution, upon recommendation of the superintendent of the institution, and the patient consenting thereto, whenever it is for the best interest of said patient.

The board of health may make the following expenditures on behalf of patients authorized to be supported at the state tuberculosis camp at public charge: (1) Necessary transportation costs; (2) necessary clothing; (3) emergency medical care at the nearest available medical facility; and (4) high school and vocational school tuition for training of patients in a nearby community, where that is the cheapest and most efficient method of providing the training authorized under 50.051 (4). 43 Atty. Gen. 117.

**50.051 Officers and employes of institutions; police powers; complaints.** (1) The board shall appoint a superintendent for each of the state tuberculosis sanatoria and for the state tuberculosis camp. The duties of said officer shall be fixed by said board, except as otherwise provided by law.

(2) The salaries of the officers of said institutions, if not otherwise fixed by law, shall be fixed by the board. The superintendent of each institution shall execute and file an official bond in such sum and with such sureties as said board may prescribe. The board shall require any other officer or other person having the possession or custody of any money or property belonging to the state or to any of said institutions to give an official bond, and from time to time to renew the same.

(3) Except as otherwise provided by law the board shall fix the number and prescribe the duties and compensation of subordinate officers, teachers and employes in each such institution, who shall be appointed by the superintendent subject to approval by the board; and may remove or discharge any officer, teacher or employe who shall be guilty of any malfeasance or misbehavior in his office or employment or of neglect or improper discharge of duty.

(4) The board may give such instruction in occupational therapy or vocational training at such institutions as it shall deem wise; such instruction shall consist of vocational advice and technical training necessary for the proper qualifications of the patients of such institutions for present and future usefulness.

(5) The officers, janitors and guards of all the said institutions not located within the corporate limits of any village or city are empowered to summarily arrest all persons within or upon the grounds of such institution whom they have reasonable cause to believe guilty of any offense against the laws or regulations governing the same, or of any other violation of s. 947.01; to arrest any vagrant or idle person who shall refuse to leave any of said institutions or premises when requested so to do; and to take any such offender before any court of competent jurisdiction and cause proper complaint to be made against him; and for such purpose said officers, janitors and guards shall possess all the powers and authority of police officers and constables.

(6) Said board shall investigate all complaints against any of said institutions, or against the officers or employes thereof; may summon, compel the attendance of and swear witnesses, and compel the production of books and papers; and may at any time, on its own initiative, investigate the affairs of any such institution in such manner as may seem best. Any written communication or complaint addressed to such board or any of its members by any patient, employe or subordinate of any such institution shall be forthwith forwarded as addressed without the breaking of the seal or the reading thereof or other interference by any officer or employe of the institution from which it shall be sent.

**History:** 1955 c. 696.

**50.052 Acquisition and disposition of lands.** (1) Whenever the said board is authorized by law to acquire land for said institutions and the owner thereof refuses to agree upon the compensation therefor, or whenever by reason of the absence or legal incapacity of the owner, or other cause, such agreement cannot be had without unreasonable delay, the said board may acquire such land by condemnation proceedings in the manner prescribed in chapter 32.

(2) Said board may construct and operate, or may grant license to any railway company to construct and operate, a spur railroad track over lands belonging to the state to connect any of said institutions with a general line of railroad, but any license granted in pursuance hereof shall be revocable at the will of the legislature.

**50.053 Receipts on behalf of the state or patients.** (1) All moneys received by any person for or in behalf of the board of health or any of said institutions shall be paid within one week of receipt into the general fund of the state treasury and except as expressly provided otherwise shall be available for state account generally.

(2) All money or property paid or delivered to any officer or employe of said institutions for the benefit of any patient therein shall forthwith be paid or transmitted to the superintendent thereof, who shall enter the same upon his books to the credit of the person or persons for whose benefit it was designed. Such money or property shall be used only under the direction and with the approval of the superintendent of the institution and for the benefit of the person or persons for whom it was designed. If the money of any patient in any of said institutions shall remain uncalled for one year or more after the discharge, death or unauthorized departure of the patient from such institution, the superintendent shall deposit such uncalled for funds in the general fund as a nonappropriated receipt; or if any such patient leaves personal property uncalled for at an institution for one year or more, the superintendent shall sell the property and deposit the proceeds in the general fund as a nonappropriated receipt. Any such patient who can satisfy the state board of health, within 5 years of the date of such deposit of uncalled

for money or proceeds of sale of personal property in the general fund, as to the validity of his claim to funds so deposited, shall be repaid, and the board shall direct the director of budget and accounts to draw his warrant in favor of the person so entitled to the funds, which the director of budget and accounts shall do and charge to the appropriation made by s. 20.555 (51).

**50.054 Purchases; bills and claims.** (1) The superintendent of each institution shall be the local business manager and requisitioning officer thereof, subject to the direction and the rules and regulations of the state board of health, and within the limits of the monthly estimates made for the purpose shall purchase as provided in sections 15.54 to 15.67, all materials and supplies necessary therefor. He shall have the immediate charge of all books, accounts, papers and records relating to its financial management, and shall keep detailed accounts of all receipts and expenditures, be responsible for the safe-keeping and economical use of all stores and supplies, and require verified bills of all articles bought.

(2) All materials and supplies shall be purchased as provided in sections 15.54 to 15.67; provided that no butter or cheese not made wholly and directly from pure milk or cream, salt and harmless coloring matter shall be purchased for or used in any of said institutions.

(3) On the receipt of property purchased he shall compare the articles received with the bills therefor, and see that they are correct as to quality, quantity and the price charged, and to every bill which shall be so found he shall attach a certificate setting forth the fact that he has made such examination and has proven the extensions and footings, and that the bill is in all respects just and correct. All such bills shall be laid before the board at its next regular meeting for allowance, and no bill or account shall be audited nor any appropriation made for the payment thereof which shall not first be so certified and presented, and verified by the affidavit of the claimant or his agent.

**50.055 Hospitalization of patients at Wisconsin general hospital.** (1) The state board of health shall make application to the board of regents of the university for the admission to the state of Wisconsin general hospital of any patient of any state tuberculosis sanatorium or camp or of any person committed to, or applying for admission thereto, who is afflicted with any disease, malady, deformity or ailment, which can probably be remedied, or which can be advantageously treated by proper medical or surgical care, at the state of Wisconsin general hospital, in all cases where such person cannot receive proper care at the institution to which he has been committed or to which he has made application for admission. Said application shall be accompanied by the report of the physician of said institution or by a physician appointed by the board of health, in the same form as reports of other physicians for admission of patients to said hospital.

(2) The net cost of such treatment shall be at the same rate charged the county for county patients, and shall be chargeable one-half to the appropriation for operation of the institution from which the said patient is sent and one-half to the state. The said board may likewise pay out of the operation fund to the institution the necessary traveling expenses, including the expenses for an attendant when such person cannot travel alone to and from the hospital. Payments for the treatment of such patients are to be made by the board of health to the regents of the university for such portion as is chargeable to the operation fund of any institution, and such portion as is chargeable to the state shall be certified and paid as provided in section 142.08 (1).

**50.056 Reports from state institutions.** (1) The superintendent of each state tuberculosis sanatorium or camp shall make a monthly report to the state board of health, comprising an itemized statement of all receipts and disbursements, and of the daily number of patients, officers, teachers and employes, and the wages paid to each.

(2) On July 1 in each even-numbered year the superintendent shall make a report to said board, covering the preceding biennial fiscal term, comprising a summarized statement of the management of every department of the institution and of all receipts and disbursements, and such other information as may be required by the board.

**50.06 County tuberculosis hospital.** (1) ESTABLISHMENT, GOVERNMENT. Every county may, pursuant to this section, establish a county tuberculosis sanatorium. In counties whose population is 250,000 or more such institution shall be governed pursuant to s. 46.21. In all other counties it shall be governed pursuant to ss. 46.18, 46.19 and 46.20, except as otherwise provided in this section, and except that references to the state department of public welfare therein shall for the purposes of this section be construed to mean the state board of health.

(2) SUPERINTENDENT. The superintendent shall be either a graduate trained nurse

or a regular licensed physician, and if a trained nurse the trustees shall appoint and fix the compensation of a visiting physician, and may appoint and fix the compensation of a business manager other than the superintendent, and a director of occupational therapy; the latter may be employed on a part time basis jointly with other county or state institutions.

(3) **COMPENSATION OF TRUSTEES.** The trustees of the sanatorium shall receive compensation as determined under the provisions of section 59.15.

(4) **SITE AND BUILDING REGULATIONS.** The state board of health shall fix reasonable standards for the construction and repair of county tuberculosis sanatoriums with respect to their adequacy and fitness for the needs of the community which they are to serve. Purchase of sites shall be subject to the approval of the board.

(5) **APPROVAL OF PLANS FOR SANATORIUM.** The plans and specifications for such sanatorium buildings must be approved by the state board of health as conforming with said standards and all the requirements of this chapter before any building is constructed.

(6) **TRUSTEES OF COUNTY SANATORIUM.** The county sanatorium shall be controlled and managed, subject to regulations approved by the county board, by three trustees (electors of the county) elected by the county board in the manner, at the times, for the terms, and subject to the limitations and conditions provided in section 46.18.

(7) **REPORT OF TRUSTEES TO STATE BOARD OF HEALTH.** On each July 1 the trustees shall prepare a detailed financial report, as specified in s. 46.18 (7) to (10), for the preceding fiscal year and shall transmit one copy to the state board of health, one copy to the county clerk and keep one copy on file at the sanatorium. Such report shall be accompanied by an inventory of all properties on hand at the end of the fiscal year, an estimate of the receipts and expenses of the current year and the reports of the superintendent and visiting physicians. A copy of this report shall be on file in the state board of health not later than August 15 following the close of the fiscal year.

(8) **SEMI-ANNUAL INSPECTION OF BUILDINGS.** Before the occupancy of any such building, and semi-annually thereafter, the board shall cause such building to be inspected with respect to its safety, sanitation, adequacy and fitness, and report to the authorities conducting said institution any deficiency found, stating the nature of the deficiency, in whole or in part, and ordering the necessary work to correct it or that a new building shall be provided. If within 6 months thereafter such work be not commenced, or not completed within a reasonable period thereafter, to the satisfaction of the board, it shall suspend the allowance of any state aid for, and prohibit the use of such building for the purposes of said institution until said order shall have been complied with.

**History:** 1953 c. 213.

**50.065 Joint county home and county tuberculosis sanatorium.** (1) Such portions of the buildings, grounds and facilities of an established county tuberculosis sanatorium not needed for hospitalization or treatment of tuberculosis patients and such improvements and additions as the county board of supervisors may make in connection therewith may be established and used as a county home for the aged or a unit thereof when the board of supervisors of the county by a majority vote of its members so determines and makes provision therefor in accordance with this section.

(2) No county home or unit thereof so established shall be used or occupied for such purpose unless and until:

(a) The facilities used as a county home for the aged are separated from the remaining facilities used as a tuberculosis sanatorium in a manner designed to prevent the spread of tuberculosis and approved by the state board of health.

(b) The buildings thereof are disinfected in a manner approved by the state health officer; and

(c) Adequate provision is made for sanitation of dishes and tableware and precaution is taken to prevent food contamination and introduction of a source of infection to the county home unit, in accordance with such methods and standards as the state board of health may prescribe.

(3) Management of the 2 jointly housed units shall be separate and distinct. The county home unit shall for all purposes be deemed part of, and managed and operated by the same authorities as any previously established and existing county home of the county. Except as herein otherwise provided and so far as applicable ss. 50.06 and 50.07 shall continue to apply to a jointly housed county tuberculosis sanatorium and ss. 49.14 and 49.15 shall apply to a jointly housed county home or unit thereof.

(4) When separate facilities for any such services are not provided for each institution the trustees of the county tuberculosis sanatorium shall hold and manage, employ necessary employes to operate and do the purchasing for the operation of a common kitch-

en, laundry, heating plant, power plant, water supply or other joint facilities, for the use and benefit of both institutions. The cost of each such joint service shall be apportioned to and borne by each institution on the basis of comparative use and benefit, in conformity to the following provisions:

(a) The total costs of food and food preparation, including the salaries of kitchen personnel, shall be apportioned on the basis of the number of meals served the patients and employes of each of the 2 institutions.

(b) The total costs of utilities such as light, electricity, water and gas, including the salaries of the personnel involved, shall be apportioned on the basis of the total square footage for the area housing each of the 2 institutions.

(c) The total cost of the heat, including the salaries of personnel involved, shall be apportioned on the basis of the cubic footage utilized by each of the 2 institutions.

(d) The total cost of the operation of a laundry, including salaries of personnel, shall be apportioned on either the basis of the number of patients in each of the 2 institutions or the weight of the laundry handled from each institution.

(5) For the purpose of accounting and computing the actual per capita cost of caring for or maintaining persons in the county home and county tuberculosis sanatorium each shall be apportioned such portion of the depreciable buildings and facilities occupied, controlled and managed by them.

(6) Each institution shall keep such records necessary for proper bookkeeping and accounting as the state department of public welfare and the state board of health may require.

(7) This section shall not apply to counties having a population of over 500,000.

**History:** 1955 c. 223.

**50.07 Admission of patients; maintenance charges.** (1) Any person suffering from tuberculosis may be received into any such county institution and cared for upon payment of a rate which shall not exceed the actual cost of maintenance therein. Such actual cost of maintenance may, when authorized by the county board, include an annual depreciation charge of not more than 2 per cent on all present sanatorium structures and attached fixtures erected or installed prior to January 1, 1937. The said depreciation charge shall be based on the original cost of the structures and fixtures as shown by the records of the county, less any gift, grant, devise or bequest of money or property received from sources other than county funds. If present structures or fixtures are replaced in the future, any net cost of replacement in excess of such original cost shall be deemed an addition in the meaning of subsection (4) and the balance shall continue subject to a depreciation charge under this subsection. But after the amounts charged as depreciation under this subsection equal the whole original cost of any structure or attached fixture, no further charge for depreciation shall be allowed as to such structure or fixture. There may also be admitted any person who presents symptoms of tuberculosis calling for careful observation in order to make a diagnosis, and who in the opinion of the superintendent and visiting physician, if the superintendent is not a physician, is a proper subject for treatment in any such county institution. Every applicant for admission shall furnish a certificate of a regularly licensed physician that he is suffering from tuberculosis, or that he presents symptoms of tuberculosis calling for careful observation in order to make a diagnosis.

(2) Any such person who is unable to pay for his care may be admitted and maintained in such institution at the charge of the county in which he has his legal settlement, pursuant to subsection (2) of section 50.03. Such maintenance shall include necessary traveling expenses including the expenses for an attendant when such person cannot travel alone, necessary clothing, toilet articles, emergency surgical and dental work, and all other necessary and reasonable expenses incident to his care in such institution.

(2a) Any patient who meets the legal settlement or residence requirements specified in section 50.03 (2a) shall be cared for in such institution without charge to him, regardless of his ability to pay, except as otherwise provided in said section 50.03 (2a), and the cost of his care shall be charged to the state or the county in which he has his legal settlement in accordance with the provisions of this chapter.

(3) Each county maintaining in whole or in part such an institution shall be credited by the state, to be adjusted as provided in section 50.11, for each patient cared for therein at public charge, as follows:

(a) For each such patient whose support is chargeable against said county, \$15 per week.

(b) For each such patient whose support is chargeable against some other county, the total cost of his maintenance as determined by the board of trustees of the institution and the state board of health; and the state shall charge over to such other county the difference between such total cost and \$15 per week provided through state aid.

(c) When any patient is temporarily transferred from any institution mentioned in this subsection to a county hospital, a local hospital, the Wisconsin general hospital or to the Wisconsin orthopedic hospital for children where the entire cost of care at such hospital is borne by the sanatorium the state credit provided in this section shall continue to be granted during the period of such transfer.

(4) (a) As an emergency measure to encourage the expansion and improvement of the facilities of county tuberculosis sanatoria, the state board of health shall, in the determination of actual per capita cost to be charged by a county tuberculosis sanatorium for state-at-large and other county patients, include a sum to apply on the cost of new additions hereafter made to such sanatorium.

(b) Such additional item of cost so included shall be based on the cost of any addition to a sanatorium or any part thereof which shall be made after January 1, 1937. Any such addition shall be approved by said board as provided in section 50.06.

(c) For the purpose of this paragraph, expenditures for the addition to any existing sanatorium shall be determined on the actual expenditures of the county for such purpose, less the amount, if any, of any grant of money or the value of any services, received from any source other than county funds. Such board shall have access to all books, records, contracts, vouchers, orders and other evidence of such expenditures. Five per centum of the expenditures thus determined shall be the basis per fiscal year for any additional items to be included in the actual per capita cost of the patients of the state or other counties.

(d) The amount of such five per centum per fiscal year to be charged to each state-at-large and other county patient for each day of attendance shall be arrived at by dividing the total amount of such five per centum by the total number of days of maintenance furnished by the sanatorium to all patients for the fiscal year, including their own county patients.

(e) The amounts which any county owning and operating a tuberculosis sanatorium shall receive from other counties or from the state under the provisions of this paragraph shall be recorded separately in the accounts of such institution in the manner to be prescribed by the board. When the total of this sum, plus the total of the annual portion of the five per cent borne by the owning county as determined under paragraph (d), equals the amount of the county's expenditures as provided in paragraph (c) that is chargeable to state-at-large and other county patients, the county shall no longer be entitled to include as an item of actual per capita cost any return on any part of its capital expenditures.

(5) (a) Depreciation of equipment, furniture and furnishings, including X-ray equipment but not including structures and attached fixtures within the meaning of subs. (1) and (4) may be included in the determination of the actual per capita cost of a county tuberculosis sanatorium at the rate of 10 per cent per annum.

(b) The initial basis for the depreciation charge allowable under this section shall be the original cost of all equipment, furniture and furnishings on hand and in use at the close of the first fiscal year after this section is enacted, as determined by a physical, detailed inventory taken under the direction of the superintendent. Said detailed inventory shall be submitted to the state board of health for examination and approval. The board shall have access to all books, records, contracts, vouchers, orders or other data required in connection with its approval of the detailed inventories.

(c) No further depreciation charge shall be included in the actual per capita cost of a county tuberculosis sanatorium on any item of equipment, furniture and furnishings fully depreciated after a period of 10 years.

(d) The undepreciated portion of any item of equipment, furniture and furnishings traded, exchanged or discarded as obsolete or worn out in less than the 10-year depreciated period provided in this section shall be charged directly to the operating expense of the county tuberculosis sanatorium at the end of the fiscal year in which said item is traded, exchanged or discarded.

**History:** 1953 c. 430; 1955 c. 129.

Where fire damages county tuberculosis sanatorium, the expense of pumping water out of boiler room, installing piping to temporary kitchen and laundry and installing temporary partitions are proper items to be included in computing per capita cost of maintenance of patients but replacement of privately owned clothing of employees destroyed in fire is not. 39 Atty. Gen. 55.

When a patient in a county sanatorium is sent to the Wisconsin general hospital for surgical or medical care or both at the expense of the sanatorium, the cost of such

care is included in calculating the sanatorium's per capita cost, but state credit cannot be given under (3), since Wisconsin general is a state hospital, not a "county" or "local" hospital. 42 Atty. Gen. 213.

50.06 and 50.07 apply to hospitals operated and maintained jointly by 2 or more counties. Under 50.07 (2) maintenance of patients includes emergency surgical work. What is emergency surgical work is a medical and surgical question depending upon the particular circumstances. Surgical work of a non-emergency character, not incident-

tal to the treatment for tuberculosis, is to be handled as in other indigent cases. 43 Atty. Gen. 242.

Mileage and other expenses of a judge

conducting a proceeding under 51.07, not expressly provided for therein, may not be included in the expenses provided for in (4) and (5). 43 Atty. Gen. 213.

**50.075 Indigent, chargeable to.** Whenever the county chargeable with the support, maintenance and other expenses of a person unable to pay for his care under section 50.03, 50.05 or 50.07 cannot be determined because his legal settlement is in doubt, or whenever such person has no legal settlement in this state, the total cost of such support, maintenance and other expenses shall be a charge against the state.

**50.08 Public health dispensary.** (1) Any county may establish and maintain an outpatient department or a public health dispensary for tuberculosis and other pulmonary diseases, which department may be housed in the county sanatorium and may enjoy the use of its facilities and personnel. In counties whose population is 250,000 or more such institutions shall be governed either pursuant to section 46.21, or sections 46.18 and 46.19. In all other counties it shall be governed pursuant to sections 46.18 and 46.19.

(2) Any county which provides outpatient treatment in a county institution to a person who presents the certificate mentioned in s. 50.07 (1) and who receives diagnostic services or treatment which extend for a period of more than 12 hours in duration shall be credited by the state, to be adjusted as provided in s. 50.11 for each patient cared for at public charge, as follows:

(a) For each treatment given to a patient whose care is chargeable against any county, one-seventh of the amount paid by the state per week to the county under s. 50.07 (3) (a).

(b) For each treatment given to a patient whose care is chargeable against some other county, one-seventh of the weekly per capita cost of care as determined by the county sanatorium and the state board of health, or if there is no county sanatorium in the county providing the outpatient treatment, one-seventh of the weekly per capita cost of care at the state tuberculosis sanatorium; the state shall charge over to such other county an excess over the amount specified in par. (a).

(3) Where diagnostic services or treatment required by a patient in any outpatient department shall be completed within a period of less than 12 hours in duration, the determination of legal settlement required in s. 50.11 may be waived. For each patient cared for at public charge or at a fee of less than one-seventh of the applicable weekly per capita cost, the county shall be credited by the state one-seventh of the amount paid by the state per week under s. 50.07 (3) (a). Such treatment shall not be considered as a patient day in computation of per capita costs of the county sanatorium.

(4) Nothing contained in this section shall be construed as prohibiting any patient from paying for outpatient department care at fees established and approved by the county sanatorium or the state board of health.

**History:** 1951 c. 496; 1953 c. 475; 1955 c. 166.

**Note:** This section was amended by ch. 496, Laws 1951. Sec. 2 of that act reads: "This act shall take effect July 1, 1949."

"Treatment" means costs of examination and diagnosis, as well as curative or remedial measures taken. Patients need not spend 24 hours in outpatient clinic to meet state aid requirements. 39 Atty. Gen. 17.

The administrative procedure prescribed

in 50.07 and 50.02 must be followed in the case of persons receiving outpatient treatment. 39 Atty. Gen. 222.

See note to 50.11, citing 39 Atty. Gen. 624.

It is not sufficiently clear that the appropriation under 20.18 (3) covers aids authorized by 50.08 to warrant payments out of the treasury without judicial interpretation. 40 Atty. Gen. 335.

**50.09 Administration of state and county tuberculosis sanatoria transferred to state board of health.** (1) All of the functions, powers and duties relating to the distribution of state aid for county tuberculosis sanatoria vested in the state department of public welfare under sections 50.05 and 50.07, subsection (2) of section 58.06, or any other provision of law, are transferred to and vested in the state board of health.

(2) The state sanatorium, Northern state sanatorium, state tuberculosis camp, and all of the functions, powers and duties relating thereto and relating to county tuberculosis hospitals and sanatoria vested in the state department of public welfare under chapters 46 and 50, are transferred to and vested in the state board of health.

(3) The revisor of statutes is directed to make the necessary changes in language of the statutes so as to indicate the transfers provided for in this section.

**50.095 General supervision and inspection.** (1) The state board of health shall:

(a) Investigate and supervise all the tuberculosis hospitals and sanatoria of every county and other municipality, and familiarize itself with all the circumstances affecting their management and usefulness.

(b) Visit each of said institutions and inquire into their methods of treatment, instruction, government and management of their patients; the official conduct of their trustees, managers, directors, superintendents and other officers and employes; the condition of the buildings, grounds and all other property pertaining to said institutions, and all other

matters and things pertaining to their usefulness and management; and recommend to the officers in charge such changes and additional provisions as it shall deem proper.

(c) Inspect each such institution annually, or oftener if necessary; and, whenever directed by the governor make special investigation into their past or present management, or anything connected therewith, and report to him the testimony taken, the facts found, and conclusions thereon.

(d) Inform the governor, and the district attorney of the county in which the institution is located, of any violation of law disclosed in any investigation of any such institution.

(2) All trustees, managers, directors, superintendents and other officers or employes of the institutions aforesaid shall at all times afford to every member of said board or its agents, unrestrained facility for inspection of and free access to all parts of the buildings and grounds and to all books and papers of such institutions and shall give either verbally or in writing, such information as the board may require; and if any such person shall offend against this requirement he shall forfeit not less than \$10 nor more than \$100. Each member of the board is authorized to administer oaths and take testimony and may cause depositions to be taken pursuant to law. All expenses of such investigations, including fees of officers and witnesses, shall be charged to the appropriation for the state board of health.

**50.10 Liability of relatives.** Whenever a person is admitted to any institution specified in chapter 50 and the expense of his maintenance in such institution is chargeable to the state or any subdivision thereof or both, the relative of such person described in s. 52.01 shall be liable to the state or any subdivision thereof in the manner and to the extent provided in said section. The district attorney of any county in which such relative resides shall at the request of the county judge or the governing body of such institution take all necessary procedures to enforce the provisions of this section. This section shall not apply to the relatives of any patient who receives care under the provisions of section 50.03 (2a) or section 50.07 (2a).

**History:** 1953 c. 31.

**50.11 Settlement between state and counties for maintenance of patients; property of patients and relatives chargeable; recovery; powers; duties.** (1) Whenever any person shall apply for admission to any institution provided for in chapter 50 and section 58.06 (2), the court, judge, magistrate or board before whom such matter is pending shall give due notice of the hearing to the district attorney of such county who shall attend said hearing; and the said court, judge, magistrate or board shall upon proper evidence determine the legal settlement of such person and his general financial ability. If the evidence does not disclose property sufficient to save the county free from the expense of his support, the said court, judge, magistrate or board shall ascertain by further proof the residence and financial ability of any person, if any, liable for such support, pursuant to law, and shall order proper proceedings to be brought for the enforcement of such liability; but if the evidence discloses that the legal settlement of the person so examined and found destitute is within some other county within the state, such hearing shall be continued and the district attorney of such other county shall be duly notified and shall appear at such continued hearing. At the conclusion of said hearing the court, judge, magistrate or board shall determine the chargeability for the support of such person and certify such determination to the superintendent of the institution; and thereupon such person shall be admitted. If the court finds that the applicant meets the settlement or residence requirements specified in section 50.03 (2a) it shall make no investigation as to his financial status other than to determine whether or not he is the beneficiary of insurance as provided in said section.

(2) On July 1, in each year, the state board of health shall prepare a statement of the amounts due from the several counties to the state, pursuant to law, for the maintenance, care and treatment of patients at public charge in state or county tuberculosis sanatoria. Such statements shall cover the preceding fiscal year and shall specify the name of every patient in each state institution whose support is partly chargeable to some county, and the name of every patient in each county institution whose support is wholly chargeable in the first instance to the state and partly chargeable over to some county; and shall further specify, with respect to each patient, his legal settlement, the number of weeks for which support is charged, the amount due the county for any recovery of maintenance, and the amount due to the state from such county, itemized as to board, clothing, dental, burial, surgical and transfer. The president and secretary of the board shall certify the statement, file it with the director of budget and accounts and mail a duplicate to the clerk of each county charged; and thereupon the director of budget and accounts shall charge to the several counties the amounts so due, which shall be certified by the secretary of state, upon information certified to him by the director of budget and accounts, and levied, collected and paid into the state treasury as a special charge, with

the state taxes, and the amounts so paid into the state treasury on account of care of patients in county sanatoria shall be apportioned and paid to the respective counties to which it is due from time to time in the proportion that the total collections from all counties for the care of such patients shall bear to the total charges against all counties for such care. The director of budget and accounts shall make the first such apportionment and payment on April 1 in each year, covering collections to and including March 22. The collections made after March 22 and through August 20 shall be apportioned and paid on September 1 following, and the final payment shall be made on December 1.

(3) On each July 1, the superintendent or other officer in charge of each county sanatorium shall prepare a statement of the amount due from the state to the county in which such institution is located, pursuant to law, for the maintenance, care and treatment therein of patients at public charge, on forms supplied by the state board of health. Such statement shall cover the preceding fiscal year and shall specify the name of each patient whose support is partly chargeable to the state, or wholly chargeable in the first instance to the state and partly chargeable over to some other county; and shall further specify, with respect to each patient, his legal settlement, the number of weeks for which support is charged, and the amount due to the county from the state, itemized as to board, clothing, dental, burial, surgical and transfer. The statement shall be verified by affidavit by the officer making it and certified by the trustees of the institution to the state board of health, for examination and approval, and a duplicate thereof shall be forwarded by the board to the county clerk of the county involved. The board shall give proper credit of the amount due the county for any recovery of maintenance and, when approved, the president and secretary of the board shall certify said statement to the director of budget and accounts, who shall pay the aggregate amount found due the county on March 22 next, except as otherwise provided in s. 50.11 (2). Unless the statement of the amount due, properly prepared on forms furnished by the board, is on file in the state board of health on or before August 15 following the close of the fiscal year just preceding, the board is not required to include the statement in its computation and statement of accounts for that fiscal year to be certified to the director of budget and accounts.

(4) Whenever any patient in any sanatorium of the state or of any county is improperly charged to the state or to any county, the attorney-general on behalf of the state, or the district attorney of such county on its behalf, may make written application to the state board of health for relief from such charge. The application shall designate the county to which such patient is chargeable, or if it be claimed that he is chargeable to the state it shall be so stated. Said board shall give reasonable notice to the parties interested of the time and place at which and when they may be heard. Such application may be supported by affidavits and other proper evidence. If upon the hearing said board shall grant the relief asked for, it shall order a proper charge against the county chargeable, or against the state, as the case may be; and from and after the making of such order such patient's support shall be charged accordingly; but the county named in such order may, in like manner apply to said board for relief from the burden thereby imposed, in which case the matter shall be heard and disposed of as herein provided.

(5) Such order shall be subject to review in the manner provided in chapter 227. Upon rendition of final judgment the agency shall make the proper charge or credit and certify the same to the director of budget and accounts.

(6) If any error has been or shall be committed in the accounts between the state and any county in making charges for the support of any patient in any state or county sanatorium, or in the amount certified to any county as due and to be assessed upon it on account of such support, and such error shall be certified by the state board of health, the director of budget and accounts shall correct such error by a proper charge or credit on the state tax next accruing.

**History:** 1953 c. 213.

50.03, as amended by ch. 201, Laws 1949, requires that outpatient treatments be considered in determining per capita costs under 50.07 (3). 39 Atty. Gen. 624. The authority of the board under (4) to order a transfer of chargeability for care in tuberculosis sanatoriums is prospective only. 40 Atty. Gen. 351.

**50.12 Transfer of patients.** (1) Whenever any patient lawfully committed to any state or county tuberculosis sanatorium shall be removed in a case authorized by law from any one of these institutions to any other of them by the state board of health, the superintendent of the institution from which any such removal is made shall notify the court or judge who committed such patient of the fact of such removal.

(2) The board may designate, in the order of removal, the superintendent of the institution from which or to which such removal is made or any other discreet citizen, to make such removal. The person so designated shall receive no mileage or per diem for making such removal, but shall be paid his actual and necessary traveling expenses and those of the person removed and of any necessary assistant, to be adjusted by the board

and charged to the current expense fund of the institution from which such removal is made; but if some county is chargeable with any portion of the expense of maintaining the person so removed, such county shall be charged therewith, and such charge shall be adjusted in the same manner that charges for the maintenance of such patients are adjusted.

**50.13 Wassermann tests and other examinations.** The state board of health is authorized to make necessary arrangements with the state laboratory of hygiene for the giving of the Wassermann test to any person confined in any state or county tuberculosis sanatorium, and for making such test for any practicing physician of this state who makes application therefor in behalf of any resident of this state, free of charge. Arrangements shall also be made with said laboratory for the making of chemical examinations of the cerebrospinal fluid for any practicing physician of this state free of charge.

**History:** 1953 c. 54.

**50.14 Biennial report of board.** (1) On or before December 1 in each even-numbered year the state board of health shall make to the governor a report of its proceedings during the preceding biennial fiscal term, with such recommendations as it may deem fit respecting the subjects in its charge or under its supervision, and including also: A detailed statement of all expenditures from the state treasury on behalf of the board and all the state and county tuberculosis sanatoria; a summary of the results of all its visits, inspections and investigations in respect to matters committed to it, and of all statistical information collected by it, properly tabulated; and a concise statement showing the conditions of said institutions.

(2) Said report shall further show, with respect to each state institution:

(a) The kind and estimated value of all the property in its charge at the commencement of the biennial term;

(b) The kind and cost of all permanent additions and improvements made;

(c) The amount of money received from all public and private sources;

(d) The receipt of all money and property from private sources for the benefit of patients, and the disposition made thereof;

(e) The amount and estimated value of all products of the farm, shop, industries and other sources of support and supply in its charge and the cost and application thereof;

(f) The number of all patients maintained at the commencement and at the close of each fiscal year, the average number during the year, and the average cost of maintenance per capita per week, based upon the total amount expended during the year for subsistence and for repairs and renewals of property, including the net value of all products of the farm and garden consumed at the institution and of all labor expended in the care and repair of the property but excluding the cost of permanent additions to and improvements of property and private contributions for patients;

(g) Such further facts relating to the financial condition as the board may deem necessary for the information of the legislature;

(h) An estimate of the expenses for the ensuing biennial fiscal term;

(i) Such parts of the reports of the superintendents as the board shall deem proper to lay before the legislature.