

CHAPTER 149

TUBERCULOSIS SANATORIUMS

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149.01 County tuberculosis sanatoriums. (1) ESTABLISHMENT, GOVERNMENT. Every county may, under this section, establish a county tuberculosis sanatorium. In counties having a population of 250,000 or more such institution shall be governed under s. 46.21. In all other counties it shall be governed under ss. 46.18, 46.19 and 46.20, except as otherwise provided in this section.

(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 s. 59.15.

(4) SITE AND BUILDING REGULATIONS. The department 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 department.

(5) APPROVAL OF PLANS FOR SANATORIUM. The plans and specifications for such sanatorium buildings must be approved by the department 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 3 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 s. 46.18.

(7) REPORT OF TRUSTEES TO DEPARTMENT. 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 department, 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 department not later than August 15 following the close of the fiscal year.

(8) SEMIANNUAL INSPECTION OF BUILDINGS. Before the occupancy of any such building, and semiannually thereafter, the department 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 department, 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: 1975 c. 413 s. 2; 1977 c. 29; 1983 a. 27

149.02 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

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facilities used as a tuberculosis sanatorium in a manner designed to prevent the spread of tuberculosis and approved by the department.

(b) The buildings thereof are disinfected in a manner approved by the department; 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 department 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. 149.01, 149.02 and 149.03 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 employees to operate and do the purchasing for the operation of a common kitchen; laundry, heating plant, power plant, water supply or other joint facilities, for the use and benefit of both institutions.

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

History: 1975 c. 413 ss. 2, 18; 1977 c. 29; 1983 a. 27.

149.03 Approval of tuberculosis treatment facilities. (1) Hospitals as defined in s. 50.33, tuberculosis sanatoria under ss. 149.01 (1) and 149.02 (1) and private tuberculosis sanatoria under s. 58.06 may submit a request to the department for a certificate of approval as a tuberculosis acute treatment center. The department shall issue a certificate of approval if the hospital or sanatorium meets the standards of Title XIX of the social security act and the rules and standards established by the department. The certification is to be renewed by the department as provided under ss. 50.32 to 50.39. The certificate of approval shall apply only for the premises, persons and services named in the application and shall not be transferred or assigned. The department shall not withhold, suspend or revoke a certificate of approval unless such hospital or sanatorium substantially fails to comply with ss. 50.32 to 50.39 or the standards of Title XIX of the social security act or the rules and standards adopted by the department, after having been given a reasonable notice, a fair hearing and an opportunity to comply. The rules and standards for

the operation of the hospital or sanatoria providing care for acute tubercular patients shall be established by the department after receiving the advice of the advisory committee on tuberculosis control.

(2) Community-based residential facilities under ch. 50 shall request a certificate of approval from the department in order to provide care for patients suffering from chronic tuberculosis based on rules and standards adopted by the department after receiving the advice of the advisory committee on tuberculosis control.

(3) Inpatient care exceeding 30 days for pulmonary tuberculosis patients not eligible for Title XVIII or Title XIX of the social security act or general relief may be reimbursed if provided by a facility contracted by the department. If the patient has private health insurance, the state shall pay the difference between health insurance payments and total charges.

History: 1973 c. 90; 1975 c. 39; 1975 c. 413 ss. 2, 18; 1977 c. 26 s. 75; 1977 c. 29; 1983 a. 27

149.04 Maintenance charges. (4) The state shall also assume the charges not collected from insurance, medicaid, and other benefits for:

(a) Care of patients transferred to facilities approved under s. 149.03 from state institutions or from state penal institutions pursuant to s. 57.115.

(b) Care of any minor committed to the department in an approved facility under s. 149.03.

(5) The department shall insure that charges to the state for care in facilities approved under s. 149.03 reflect reasonable and accurate expenses in providing such care.

(a) The records and accounts of each county sanatorium shall be audited annually. Such audits shall be made by the department of revenue as provided in s. 73.10 as soon as is practicable following the close of the institution's fiscal year. In addition to other findings, such audits shall ascertain compliance with the mandatory uniform cost record-keeping requirements of s. 46.18 (8) to (10) and verify the actual per capita cost of maintenance, care and treatment of patients.

(b) The records and accounts of all other facilities approved under s. 149.03 shall be available to the department upon request and shall comply with accepted accounting practices.

(6) Patients currently receiving tuberculosis care without charge in a sanatorium shall continue to receive such care without charge. If such a patient is eligible to receive medical assistance described in s. 49.45, 49.46 or 49.47, or Title XVIII of the social security act or private health insurance, the department shall

proceed to recover part of cost of care from these sources. The balance of the cost of care shall be charged against the state.

History: 1971 c. 108 ss. 5, 6; 1971 c. 125 s. 523; 1973 c. 90, 243; 1975 c. 39; 1975 c. 413 ss. 2, 18

149.06 Public health dispensaries. (1) Counties with populations in excess of 25,000 may establish and maintain public health dispensaries, and branches thereof where necessary, for the diagnosis and treatment of persons suffering from or suspected of having tuberculosis or other pulmonary diseases. Two or more counties may jointly establish, operate and maintain such dispensaries in order to serve a total population of not less than 25,000. Counties may contract with each other for public health dispensary services. The department and department of revenue shall be notified of the establishment of such dispensaries and any contracts pertaining thereto. The department may establish, operate and maintain public health dispensaries and branches in areas of the state where local authorities have not provided such facilities.

(2) Where the operation and maintenance of a sanatorium is discontinued, counties may operate a public health dispensary as provided in sub. (1).

(3) A county or counties jointly, and the department, may contract with other agencies, hospitals and individuals for the use of necessary space, equipment, facilities and personnel to operate a public health dispensary or for provision of medical consultation.

(4) Dispensaries established by counties which also maintain and operate a sanatorium shall be operated by the same board of trustees operating the sanatorium. Dispensaries established by counties not maintaining and operating a sanatorium shall be under the direction of a board of trustees appointed as prescribed in s. 149.01. Dispensaries established and operated by more than one county shall have joint representation.

(5) Fees may but need not be charged for services rendered in public health dispensaries operated by one or more counties or the department. A schedule of fees shall be established by the respective operating agencies and shall be based upon reasonable costs. A copy of such schedule and any subsequent changes shall be forwarded to the department and the department of revenue. Fees received by the department shall be used as a nonlapsing appropriation for the maintenance and operation of its public health dispensaries together with other funds received for this purpose.

(6) (a) The state shall credit or reimburse each dispensary on an annual or quarterly basis

for the operation of public health dispensaries established and maintained in accordance with this section.

(b) The state reimbursement for each visit for services as ordered by a physician shall be \$6. If an X-ray is taken an additional \$6 will be credited. Any X-ray taken outside an approved facility under this section or s. 149.03 on positive reactors to the mantoux skin test shall qualify for state aid in the same manner as an X-ray taken inside such a facility, and such X-ray shall take the place of the first X-ray eligible for reimbursement as part of a case finding and preventive program under par. (e). The administration and reading of the mantoux skin test for diagnostic purposes shall be considered one visit. Skin tests given in school programs, employment health programs, community preventive and case finding programs are not reimbursable as a clinic visit.

(c) Not more than one patient visit for any person shall be credited within a period of less than 12 hours, nor for any visit made solely for the receipt of drugs and not requiring professional medical services; nor shall more than one visit be credited where a single fee has been established for a particular service. Public health nursing visits to patients suffering from active tuberculosis and using specific medication shall be reimbursed in the same manner as a dispensary visit, if the visit is ordered by a physician giving care to the patient. Not more than 4 visits in one year to each patient shall be credited.

(d) State aid shall not be credited for visits made by a person who does not have symptoms of, or evidence by medical examination indicating suspicion of clinical tuberculosis, unless such person has X-ray evidence to such effect or is known to have converted from a negative to a positive tuberculin test within a period of 3 years, or who has a positive tuberculin test and is a close school or close employment contact to a suspected case, or is a household contact to such a case regardless of the results of the tuberculin test.

(e) Net income in excess of expenses from fees collected from patients of the public health dispensary shall be used to finance case finding programs in the community.

(f) The organization and methods of operation of a case finding preventive program shall be approved by the department upon the advice of the advisory committee on tuberculosis control. State aid shall not be credited for the administration and reading of the mantoux test. A reimbursement of \$12 shall be credited to the agency approved to conduct such a program for the initial chest X-ray examination, the interpretation of the same and for the consultation

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of the physician conducting such a program. A patient completing chemoprophylaxis may receive a second chest X-ray examination, interpretation and medical consultation for which an additional \$12 shall be credited. Guidelines for care during chemoprophylaxis shall be established by the advisory committee on tuberculosis control. Reimbursement shall be \$6 per visit which is in compliance with such guidelines.

(g) The reimbursement by the state under pars. (a) to (f) shall apply only until the appropriation under s. 20.435 (1) (e) is totally expended.

(7) Drugs necessary for the treatment of tuberculosis may be purchased by the department utilizing the appropriation under s. 20.435 (1) (e) and dispensed to patients through the public health dispensaries or through health care providers, as defined in s. 146.81 (1).

(9) Public health dispensaries shall maintain such records as are required by the department to enable them to carry out their responsibilities designated in this section. Records shall be submitted annually to the department as soon as possible after the close of each fiscal year and not later than August 15 following.

(10) All public health dispensaries and branches thereof shall maintain records of costs and receipts which shall be audited annually by the department of revenue.

History: 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90; 1975 c. 39, 198, 224; 1975 c. 413 ss. 2, 18; 1977 c. 29; 1981 c. 20 ss. 1446, 2202 (20) (c); 1983 a. 27.

149.07 General supervision and inspection; charges. (1) The department 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 employees; 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 employees of the institutions aforesaid shall at all times afford to the department 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 department requires. Any person violating this subsection shall forfeit not less than \$10 nor more than \$100. The department may 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 department.

(3) The department shall appoint an advisory committee on tuberculosis control to assist the department in developing rules and standards for tuberculosis treatment and operation of tuberculosis facilities giving inpatient and outpatient tuberculosis care, consisting of 9 members appointed for staggered 3-year terms, consisting of a member of the health policy council nominated by the chairman thereof, a member of the Wisconsin sanatorium trustees association nominated by that organization, a member of the Wisconsin hospitals association, a member of a nursing home association, a member of the Wisconsin counties association representing a county operating a tuberculosis treatment facility, a member of a local public health organization, 2 public members with a demonstrated interest in the care and treatment of tuberculosis and a specialist in the care and treatment of tuberculosis nominated by the section on chest diseases of the state medical society of Wisconsin.

History: 1973 c. 90; 1975 c. 39; 1975 c. 413 s. 2; 1983 a. 192 s. 303 (7).

149.08 Liability of relatives. Whenever a person is admitted to any institution specified in this chapter and the expense of 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 circuit judge or the governing body of such institution take all necessary procedures to enforce the provisions of this section.

History: 1975 c. 39, 199; 1975 c. 413 s. 2; 1977 c. 449 s. 497.