

## CHAPTER 50.

## TUBERCULOSIS SANATORIUMS.

50.01	County tuberculosis sanatoriums.	50.09	Settlement between state and counties for maintenance of patients; property of patients and relatives chargeable; recovery; powers; duties.
50.02	Joint county home and county tuberculosis sanatorium.	50.095	Alternate plan of payment.
50.03	Admission of patients.	50.10	Transfer of patients.
50.04	Maintenance charges.	50.11	Wassermann tests and other examinations.
50.05	Indigent, chargeable to.		
50.06	Public health dispensaries.		
50.07	General supervision and inspection; charges.		
50.08	Liability of relatives.		

**50.01 County tuberculosis sanatoriums.** (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 s. 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 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 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) **SEMIANNUAL INSPECTION OF BUILDINGS.** Before the occupancy of any such building, and semiannually 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.

**50.02 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 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. 50.01, 50.02 and 50.03 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 employes 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.

**50.03 Admission of patients.** (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. 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) There may also be admitted for care and treatment upon proper certificate of examining physician and recommendation of the director of the state department of public welfare any minor committed to the department or to the institutions under its supervision. The department is authorized to make such transfers.

**50.04 Maintenance charges.** (1) All patients admitted to any county tuberculosis sanatorium shall pay the cost of their care, except as otherwise provided in this section. Such cost shall be determined by the superintendent and the state 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 sub. (3) 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 sub. (3). If the patient is a minor, the 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 s. 50.09 (1), except that in such investigation, the 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. The 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 sub. (3)

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 sub. (3).

(3) 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, and 90 days of which residence is within 5 years next preceding his application, shall be cared for at any county tuberculosis sanatorium 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 s. 50.09 (2). If any such patient is 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. If any patient treated in a tuberculosis sanatorium operated by this state or any of its political subdivisions is entitled to workmen's compensation by reason of his tuberculosis, the cost of his care shall be recoverable by such institution, in the same proceeding that such patient takes for the recovery of his workmen's compensation. Such institution shall be deemed a party in interest in such proceeding and shall be entitled to notice of any such proceeding and may appear in such proceeding for the purpose of prosecuting its right to recovery. No settlement of workmen's compensation of the claim of such patient shall be approved by the industrial commission that does not provide for the payment of the cost of the care of such patient. 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.

(4) 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 legal settlement, pursuant to sub. (2). 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. Maintenance shall also include all expense of treatment including surgery performed outside the institution when the superintendent deems it necessary for treatment of tuberculosis.

(5) Any patient who meets the legal settlement or residence requirements specified in sub. (3) shall be cared for in such institution without charge to him, regardless of his ability to pay, except as otherwise provided in sub. (3), 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 this chapter.

(6) Patients transferred to county tuberculosis sanatoria from state institutions specified in s. 50.03 (2) or from state penal institutions pursuant to s. 57.115 shall be maintained at state expense.

(7) Each county maintaining in whole or in part a tuberculosis sanatorium shall be credited by the state, to be adjusted as provided in s. 50.09, for each patient cared for therein at public charge in the 1957-1958 fiscal year and subsequent fiscal years, as follows:

(a) For each such patient whose support is chargeable against said county, \$21 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 \$21 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.

(9) Beginning with the fiscal year ending June 30, 1959, the records and accounts of each county tuberculosis sanatorium and each private sanatorium approved by the state board of health under s. 58.06 shall be audited annually. Such audits shall be made by the department of state audit as provided in s. 15.22 (12) as soon as 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), (9) and (10) and verify the actual per capita cost of maintenance, care and treatment of patients. Any resulting adjustments to settlements already made under s. 50.09 shall be carried into the next such settlement.

**History:** 1961 c. 329.  
See note to 50.09, citing 49 Atty. Gen. 191.

50.05 Indigent, chargeable to. Whenever the county chargeable with the support, maintenance and other expenses of a person unable to pay for his care under s. 50.04 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.

50.06 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 state board of health and state auditor shall be notified of the establishment of such dispensaries and any contracts pertaining thereto. The state board of health 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 state board of health, may contract with other agencies, hospitals and individuals for the use of necessary space, equipment, facilities and personnel to operate a public health dispensary.

(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. 50.01. 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 state board of health. 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 state board of health and the state auditor. Fees received by the state board of health 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 county on an annual basis for the operation of public health dispensaries established and maintained in accordance with this section, as provided in s. 50.09 (2), (3) and (4).

(b) The state reimbursement for each patient visit as established in pars. (c) and (d) shall amount to one-seventh of the state credit as established in s. 50.04 (7) (a) but in no instance shall the total of the fee received plus the state credit exceed the cost in the schedule provided in sub. (5).

(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, nor for services not rendered within the premises of the dispensary.

(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 known active case, or is a household contact to such a case.

(7) Drugs necessary for the treatment of tuberculosis may be dispensed to patients through the public health dispensaries on a basis not to exceed the costs of such drugs and reasonable handling charges. Drugs required in quantity may be made available to the dispensaries through the state bureau of purchases and services on a cost basis.

(8) Where services or treatment required by a person in any public health dispensary are completed within a period of less than 12 hours in duration, a determination of legal settlement is not required. When services or treatment required exceed 12 hours then such person may be referred to a sanatorium for inpatient care as provided in s. 50.09. Where a public health dispensary is located in a tuberculosis sanatorium, treatment of less than 12 hours duration shall not be considered as a patient day in the computation of per capita costs of such sanatorium.

(9) Public health dispensaries shall maintain such records as are required by the state board of health to enable them to carry out their responsibilities designated in this

section. Records shall be submitted annually to the state board of health 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 separate records of costs and receipts which shall be audited annually by the department of state audit. No costs of a public health dispensary or its branches shall be charged to the maintenance costs of patients in any public institution including sanatoria or joint institutions.

**History:** 1963 c. 6, 154.

**50.07 General supervision and inspection; charges.** (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.

**50.08 Liability of relatives.** Whenever a person is admitted to any institution specified in ch. 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 s. 50.04 (3).

**50.09 Settlement between state and counties for maintenance of patients; property of patients and relatives chargeable; recovery; powers; duties.** (1) Whenever any person applies for admission to any institution provided for in ch. 50 and s. 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 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 s. 50.04 (3) 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.

(1m) In the event the court, judge, magistrate or board fails to give the proper notice

by certified mail as provided in sub. (1) the county of admission shall be liable for the cost of care and maintenance of the patient until the county charged with the cost of care and maintenance is given proper notice, a copy of which notice shall be sent to the state board of health. If it appears that the patient is without a legal settlement under sub. (1) then the state board of health shall be given notice by certified mail that the state shall be chargeable for the care and in the event the state is not notified the county of admission shall be liable for the cost of care until the notice is given unless the state or some other county in a proceeding under sub. (4) is held liable.

(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 county tuberculosis sanatoria. Such statements shall cover the preceding fiscal year and shall specify 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. The president and secretary of the board shall certify the statement, file it with the department of administration and mail a duplicate to the clerk of each county charged; and thereupon the department of administration 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 department of administration 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 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 department of administration 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. The statements 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 department of administration, which shall pay the aggregate amount found due the county on March 22 next, except as otherwise provided in sub. (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 department of administration. Beginning with the first charge made for the cost of care after July 1, 1959, the county may add 4 per cent to such charge to recover the costs to the county in carrying such charges and 10 per cent to such charge to generate sufficient earnings in addition to depreciation accruals to provide funds to cover replacement costs for buildings, fixtures and equipment as they are replaced.

(4) Whenever any patient in any sanatorium 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 or corporation counsel of such county on its behalf, may make written application to the state board of health for relief from such charge but such relief shall not extend retroactively more than 2 years from the date of commitment, admission or proper notice as specified in sub. (1m), whichever is latest. 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 of hearing. Such application may be supported by affidavits and other proper evidence. At the hearing and in the determination of the matter,

evidence of a court determination of legal settlement (or of no settlement) of the patient shall be regarded as an administrative determination, of such legal settlement status, by the judge and not by the court. If upon the hearing said board grants the relief asked for, it shall order a proper charge against the county chargeable, or against the state; and 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 as provided in ch. 227. Upon rendition of final judgment the agency shall make the proper charge or credit and certify the same to the department of administration.

(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 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 is certified by the state board of health, the department of administration shall correct such error by a proper charge or credit on the state tax next accruing.

(7) Any 2 or more counties may enter into an agreement under s. 66.30 for the care and maintenance of tuberculosis patients by contracting counties, who are charges of other contracting counties. Such agreement shall provide for the periodic filing of claims and the settlement and payment of accounts. A copy of the agreement shall be transmitted to the state board of health. The provisions of this section directing counties to file statements with the state board of health for the amount claimed against other counties for such care and maintenance and the board's collection thereof as a special charge shall not apply where the county having the care and maintenance of a patient and the county liable therefor are parties to the contract.

**History:** 1963 c. 181.

**Cross Reference:** See 50.095 for a provision similar to that in 50.09 (7).

Under (3) county boards must take affirmative action before 14 per cent may be added to charges for care in county san- 49 Atty. Gen. 191.

**50.095 Alternate plan of payment.** Whenever a county board makes a special agreement with another county board for the care of its tuberculosis patients, the county providing the treatment may make a direct charge to the county of legal settlement for such care, less state aids, for all patients certified to it as having such legal settlement by a county judge without regard to s. 50.09. Such agreement shall not affect the procedure for settlement of accounts under s. 50.09 for other patients not residents of the county providing the treatment.

**History:** 1963 c. 192.

**Cross Reference:** See 50.09 (7) for provision similar to this section.

**50.10 Transfer of patients.** (1) Whenever any patient lawfully committed to any county tuberculosis sanatorium is 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.

**50.11 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 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.