

## 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.	
50.03 Admission of patients.	
50.04 Maintenance charges.	
50.05 Indigent, chargeable to.	50.10 Transfer of patients.
50.06 Public health dispensary.	50.11 Wassermann tests and other examinations.
50.07 General supervision and inspection; maintenance charges.	50.12 Transfer of patients in state sanatoria.
50.08 Liability of relatives.	50.13 Custody of property and equipment.

**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.

**History:** 1953 c. 213; 1957 c. 526.

**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 improve-

ments 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 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:** 1955 c. 223; 1957 c. 526.

**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.

**History:** 1957 c. 526, 698.

**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 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. Any such patient who, by reason of his tuberculosis, is entitled to damages or workmen's compensation, is 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.

(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:** 1957 c. 414, 526, 672, 698.

The cost of routine chest surgery for discharged from the sanatorium and ad- treatment of tuberculosis patient in county sanatorium is part of the patient's main- tained to Wisconsin general hospital through nance. If it is to be furnished at Wisconsin general hospital, patient should be sent there at the expense of the sanatorium, not admitted to Wisconsin general hospital through proceedings before the county judge of the patient's county of legal settlement pur- suant to ch. 142, 44 Atty. Gen. 220. In the computation of charges for the

maintenance of patients in state tuberculosis (73) should not be considered. 44 Atty. sanatoriums, money expended from the Gen. 234. highway appropriation provided in 20.420

**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.

**History:** 1957 c. 526.

**50.06 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 s. 46.21, or ss. 46.18 and 46.19. In all other counties it shall be governed pursuant to ss. 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. 50.02 (1) and who receives diagnostic services or treatment which extends for a period of more than 12 hours in duration shall be credited by the state, to be adjusted as provided in s. 50.09 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. 50.04 (7) (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, the state shall charge over to such other county any 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. 50.09 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. 50.04 (7) (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.

**History:** 1951 c. 496; 1953 c. 475; 1955 c. 166; 1957 c. 526.

**50.07 General supervision and inspection; maintenance 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 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 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, includ-

ing fees of officers and witnesses, shall be charged to the appropriation for the state board of health.

**History:** 1953 c. 430; 1955 c. 129; 1957 c. 526, 698.

**Note:** Chapter 698, Laws 1957, provides that the repeal of 50.07 (1), (2), (2a), (4) and (5), Stats. 1955, and the renumbering of 50.095, Stats. 1955, to be 50.07 (1) and (2), all as provided in chapter 526, Laws 1957, are to be effective July 1, 1958.

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.

**50.08 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).

**History:** 1953 c. 31; 1957 c. 526.

**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 state-

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 incidental 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.

ment, 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 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. 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 director of budget and accounts, who 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 director of budget and accounts.

(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. 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 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 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 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; 1957 c. 361, 526, 672.

**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.

**History:** 1957 c. 526.

**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.

**History:** 1953 c. 54; 1957 c. 526.

**50.12 Transfer of patients in state sanatoria.** Patients confined to state tuberculosis sanatoria shall be transferred on or before December 31, 1957, to any county tuberculosis sanatorium as the state board of health determines.

**History:** 1957 c. 526.

**50.13 Custody of property and equipment.** Custody of all land, structures, facilities, furniture and equipment of the state tuberculosis sanatoria and the state tuberculosis camp now vested in the state board of health shall revert to the state department of public welfare as of December 31, 1957.

**History:** 1957 c. 526.