

No. 299, S.]

[Published August 15, 1951.]

**CHAPTER 724.**

AN ACT to renumber 46.20 (7); to amend 20.18 (2) (a), 46.16 (1), 46.17 (1), 46.18 (1), 46.20 (1) and 51.05 (5); to repeal and recreate 15.22 (12) (j) and 20.723 (4); and to create 46.18 (13), 46.20 (7) (b) and 49.171 to 49.174 of the statutes, relating to the treatment, care and maintenance of the aged infirm and making appropriations.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

SECTION 1. 15.22 (12) (j) of the statutes is repealed and recreated to read:

15.22 (12) (j) To devise a system of cost accounting as nearly uniform as possible for all county infirmaries, which shall include an appraisal of present buildings and equipment. Such system shall include an annual charge of 2 per cent of the original cost of new construction or purchase, or of the appraised value of existing infirmary structures and equipment. If the infirmary or any of its equipment is replaced, any net cost of replacement in excess of the original cost shall be subject to a similar charge. When the amounts charged under this subsection equal such cost, no further charge shall be recognized in the determination of per capita costs. The cost thereof shall be paid from the appropriation made by section 20.723 (4). The state department of public welfare, state chief engineer, state board of health and the Wisconsin county boards association shall provide such assistance as may be required by the state department of audit.

SECTION 2. 20.18 (2) (a) of the statutes is amended to read:

20.18 (2) (a) From time to time such sums as may be necessary, to be credited and charged on taxes, as provided in sections 46.106, 49.173, 51.08, 51.09, 51.12, 51.25 (2), 51.27 (2), 58.06 and 155.02 of the statutes.

SECTION 3. 20.723 (4) of the statutes is repealed and recreated to read:

✓ 20.723 (4) On July 1, 1951, a sum sufficient to carry out the functions of section 15.22 (12) (j).

SECTION 4. 46.16 (1) of the statutes is amended to read:

46.16 (1) The department shall investigate and supervise all the charitable, curative, reformatory and penal institutions, *including county infirmaries* of every county and municipality (except tuberculosis sanatoriums); all detention homes for children and all industrial schools, hospitals, asylums and institutions, organized for the purpose set forth

in section 58.01, and familiarize itself with all the circumstances affecting their management and usefulness.

SECTION 5. 46.17 (1) of the statutes is amended to read:

46.17 (1) The department shall fix reasonable standards and regulations for the design, construction, repair and maintenance of county homes, *county infirmaries*, county hospitals, houses of correction, workhouses, jails and lockups, and juvenile detention homes, with respect to their adequacy and fitness for the needs which they are to serve.

SECTION 6. 46.18 (1) of the statutes is amended to read:

46.18 (1) Every county home, *infirmiry*, hospital, tuberculosis hospital or sanatorium, or similar institution, house of correction or workhouse, established by any county whose population is less than 500,000, shall (subject to regulations approved by the county board) be managed by 3 trustees, electors of the county, elected by ballot by the county board. Six months before completion of the buildings for any such institution the county board shall elect 3 trustees whose terms shall begin at once and end, respectively, on the first Monday of the second, third and fourth January next thereafter. At its annual meeting in every subsequent year (and prior to January next) the county board shall elect one trustee for a term of 3 years to begin on the first Monday of January next thereafter. Any vacancy shall be filled for the unexpired term by the county board; but the county chairman may appoint a trustee to fill such vacancy until the county board acts.

SECTION 7. 46.18 (13) of the statutes is created to read:

46.18 (13) BUILDING RESERVE FUND. The county board shall maintain as a segregated cash reserve the 2 per cent charge authorized by section 15.22 (12) (j). It may from time to time appropriate from such reserve sums to be expended solely for the enlargement, modernization or replacement of such infirmiry and its equipment.

SECTION 8. 46.20 (1) of the statutes is amended to read:

46.20 (1) Any 2 or more counties may jointly, by majority vote of all the members of each county board, provide for a county home, *infirmiry*, hospital, tuberculosis hospital or sanatorium, or similar institution, house of correction, or workhouse, which shall be established, maintained, and operated pursuant to all the statutes relating to the establishment, maintenance, and operation of similar institutions, respectively, by any single county whose population is less than 250,000, except as otherwise provided in this section; and in all respects, except as herein specified, each such institution shall be the county institution of each of the counties so joining.

SECTION 9. 46.20 (7) of the statutes is renumbered 46.20 (7) (a).

SECTION 10. 46.20 (7) (b) of the statutes is created to read:

46.20 (7) (b) The board of trustees shall maintain as a segregated cash reserve the 2 per cent charge authorized by section 15.22 (12) (j). It may from time to time appropriate from such reserve sums to be expended solely for the enlargement, modernization or replacement of such infirmiry and its equipment.

SECTION 11. 49.171 of the statutes is created to read:

49.171 COUNTY INFIRMARIES; ESTABLISHMENT. (1) Each county, or any 2 or more counties jointly, may establish, pursuant to section 46.17 or 46.20 a county infirmiry for the treatment, care and maintenance of the aged infirm.

(2) In counties with a population of 500,000 or more, such institution shall be governed pursuant to section 46.21, but in all other counties it shall be governed pursuant to sections 46.18, 46.19 and 46.20.

(3) As used in sections 49.171 to 49.173:

(a) An aged infirm person is a person over the age of 65 years so incapacitated mentally by the degenerative processes of old age, or so incapacitated physically, as to require continuing infirmiry care.

(b) A county infirmiry is a county institution created pursuant to subsection (1) or (2) under the general supervision and inspection of the state department of public welfare pursuant to sections 46.16 and 46.17 as to adequacy of equipment and staff to treat, care for and maintain the physical and mental needs of aged infirm persons.

SECTION 12. 49.172 of the statutes is created to read:

49.172 COUNTY INFIRMARIES, ADMISSIONS; STANDARDS. (1) The following standards shall apply to admissions to a county infirmiry:

(a) The primary standard shall be need of infirmiry care, rather than ability to pay for such care, and no person shall be excluded from an infirmiry solely because of his ability or inability to pay for his care.

(b) The person admitted must be an aged infirm individual, and it must be reasonably apparent that unless admitted he will be without care adequate for his needs.

(c) Except as provided in subsection (d), any person who has resided in this state for at least one year, and who meets the other standards for admission, is eligible for admis-

sion, and no person shall be excluded solely on the ground that he has no legal settlement in the county or counties which operate the infirmary. The time spent by any person in a county infirmary either as a voluntary or a committed patient shall not be included as time necessary to acquire or lose a legal settlement in any municipality.

(d) An applicant who has removed his residence to Wisconsin from a state which requires that one who has removed his residence from Wisconsin to such state, reside in the latter more than one year before being eligible for a similar type of care, shall be required to reside in this state for a like period before becoming eligible for admission.

(2) The board of trustees of a county infirmary (subject to regulations approved by the county board) shall establish rules and regulations governing the admission and discharge of voluntary patients.

(3) When it appears to the satisfaction of the county judge of the county in which an infirmary is located, upon petition for commitment, that a person meets the standards set forth in subsection (1), he may, after affording such person an opportunity to be heard in person or by someone on his behalf, commit him to a county infirmary. The power to commit includes persons who entered an infirmary voluntarily. The judge may also, on petition and after a hearing, order the discharge of any patient, upon a showing that he is no longer in need of infirmary care, or that he can be adequately cared for elsewhere.

(4) The board of trustees on receipt of an application for voluntary admission, or the county judge on the filing of a petition for commitment, shall appoint a person licensed to practice medicine and surgery in this state to examine personally the applicant or the subject of the petition and to advise the board or judge whether such person meets the standard prescribed by subsection (1) (a).

(5) The state department of public welfare shall prescribe and prepare the forms to be used for the voluntary admission or commitment of patients.

(6) The county judge in the case of a commitment, and the board of trustees in the case of a voluntary admission, shall pass on the economic status of the patient at the time of commitment or admission, and in all cases in which the patient has legal settlement in another county shall notify the county of legal settlement of the fact of such commitment or admission.

SECTION 13. 49.173 of the statutes is created to read:

49.173 COUNTY INFIRMARIES: COST OF TREATMENT, CARE AND MAINTENANCE OF PATIENTS. (1) In the first instance the county or counties operating an infirmary shall defray the actual per capita cost of treatment, care and maintenance. To the extent that a patient is a public charge, such county or counties shall be reimbursed for such expenditures on the following basis as determined from annual infirmary reports filed with the state department of public welfare under section 46.18 (8), (9) and (10):

(a) By the state, 100 per cent of the actual cost for each patient who has no legal settlement in this state;

(b) By the state, 50 per cent of such cost for every other patient;

(c) If a patient has a legal settlement in some other county of this state, 50 per cent of such cost, by the county of his legal settlement. The procedure for making such reimbursement shall be as provided by section 46.106.

(2) To the extent that a patient is not a public charge, such cost shall be charged and paid in advance for each calendar month, and payment may be enforced by the board of trustees.

(3) The state department of public welfare may at any time examine any patient, the cost of whose care is charged in whole or part to the state, to determine if he is still in need of infirmary care. If the department determines such care is no longer needed, the state's liability for such cost ceases upon notice to the infirmary.

(4) Beginning with the fiscal year ending June 30, 1952, the records and accounts of each county infirmary shall be audited annually. Such audits shall be made by the department of state audit as provided in section 15.22 (12) (d) and (e) as soon as practicable following the close of the infirmary's fiscal year. In addition to other findings, such audits shall ascertain compliance with the mandatory uniform cost record-keeping system requirements of section 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 sections 49.173 and 46.106 shall be carried into the next such settlement.

SECTION 14. 49.174 of the statutes is created to read:

49.174 FEES AND EXPENSES OF PROCEEDINGS. The fees of judges, examining physicians, witnesses and guardians ad litem and other expenses of proceedings under sections 49.171 to 49.173 shall be governed by section 51.07.

SECTION 15. 51.05 (5) of the statutes is amended to read:

51.05 (5) The county board may provide a facility in the county home, *infirmery* or hospital for the care and treatment of mentally infirm persons. Section 46.17 shall apply to such facilities.

Approved August 6, 1951.

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