

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	Approval of tuberculosis treatment facilities.	50.10	Transfer of patients.
50.04	Maintenance charges.	50.11	Wassermann tests and other examinations.
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.

(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.

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

50.02 TUBERCULOSIS SANATORIUMS

1008

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 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. 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 Approval of tuberculosis treatment facilities. (1) Hospitals as defined in s. 140.24, tuberculosis sanatoria under s. 50.01 (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 rules and standards established by the department after receiving the advice of the advisory committee on tuberculosis control. The certification is to be renewed annually by the department. 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. 140.23 to 140.29 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 hospitals 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) Nursing homes as defined in s. 146.30 and residential care institutions under s. 146.32 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.

History: 1973 c. 90.

50.04 Maintenance charges. (1) The cost of care for treatment of those persons admitted to any facility certified for acute or chronic tuberculosis treatment by the department under s. 50.03 shall be determined by the superintendent and the department. Such maintenance shall include necessary traveling expenses including the expenses for an attendant when such person cannot travel alone and 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.

(2) 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 as determined by the department shall be cared for at any tuberculosis treatment facility approved under s. 50.03 without charge to him, and the cost of his care shall be charged against the state subject to charge back to the county of his legal settlement as provided in sub.

(3) If any such patient is the beneficiary of a policy of hospitalization, health or accident insurance or other contract covering care of tuberculosis, 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 an approved tuberculosis treatment facility under s. 50.03 is entitled to workmen's compensation by reason of his tuberculosis, the

cost of his care shall be recoverable by the state, 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 the state's right to recovery. No settlement of workmen's compensation of the claim of such patient shall be approved by the department of industry, labor and human relations 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.

(3) Any patient who meets the legal settlement or residence requirements specified in sub. (2) and meets the requirements for admission and treatment for tuberculosis inpatient care as established by the department with the advice of the advisory committee on tuberculosis control shall be cared for in such institution without charge. The tuberculosis care facility approved under s. 50.03 shall charge the state for care given in the facility. Such charges shall include depreciation on buildings, administrative costs and other indirect costs as determined by the department in addition to direct patient care costs. The department shall collect all insurance payments, medicare, and other benefits for such care and charge back to the county of legal settlement any cost of care not covered by collection of benefits as provided in s. 50.09. If the patient has no county of legal settlement, the state shall pay such charges. Any inpatient charges against a county under sub. (1) in excess of \$500 per \$1,000,000 of equalized assessed valuation as established under s. 70.57, will be charged to the state. Payments shall be made by the state on a yearly or quarterly basis and adjusted to actual costs following the annual audit by the department under sub. (5).

(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. 50.03 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. 50.03.

(5) The department shall insure that charges to the state for care in facilities approved under s. 50.03 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. Any resulting adjustments to settlements already made under s. 50.09 shall be carried into the next such settlement.

(b) The records and accounts of all other facilities approved under s. 50.03 shall be audited annually and available to the department upon request and shall comply with accepted accounting practices.

(6) Patients currently receiving tuberculosis care without charge in a sanatorium admitted prior to August 5, 1973 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, 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.

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 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.

(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

50.06 TUBERCULOSIS SANATORIUMS

1010

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 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 s. 50.03 or s. 50.06 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, 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 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 state health officer 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 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.

(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 department of administration 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 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. The cost of public health dispensaries established by counties which also maintain and operate a sanatorium shall be included in establishing the actual per

capita cost of maintenance care and treatment of patients as established in s. 50.04 (3).

History: 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90

50.07 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 state health officer with the approval of the council on health shall appoint an advisory committee on tuberculosis control to assist the state health officer 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

TUBERCULOSIS SANATORIUMS 50.09

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 county boards 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.

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) When-

ever any person applies for admission to any institution provided for in ch. 50 and s. 58.06 (2), the court, judge 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 the hearing; and the court, judge 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 or board shall ascertain by further proof the residence and financial ability of any person 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 or board shall determine the chargeability for the support of such person and certify such

50.09 TUBERCULOSIS SANATORIUMS

1012

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 under this section.

(1m) If the court, judge 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 department of health and social services. If it appears that the patient is without a legal settlement under sub. (1) then the department of health and social services 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 department of health and social services 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 secretary of health and social services 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 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 bears 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 department. 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 department, for examination and approval, and a duplicate thereof shall be forwarded by the department to the county clerk of the county involved. The department shall give proper credit of the amount due the county for any recovery of maintenance and, when approved, the secretary of health and social services 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 department, is on file in the department on or before August 15 following the close of the fiscal year just preceding, the department 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% to such charge to recover the costs to the county in carrying such charges and 10% 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 department 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. The department 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 the department 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 the department 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 department, 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 department. The provisions of this section directing counties to file statements with the department for the amount claimed against other counties for such care and maintenance and the department'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.

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

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.

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 department, 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 department 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 department 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 department may make necessary arrangements with the 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. 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.

History: 1971 c. 125.