ENROLLED BILL

House Bill No. 351

(By Mr. [Handwritten])

Passed March 13, 1931

In Effect Ninety days from Passage
AN ACT to provide for the care and treatment by hospitals approved by the state board of health of residents suffering from communicable diseases, and residents suffering from diseases and ailments deemed a serious impairment to health, when such residents are unable financially to obtain proper hospitalization and treatment; providing for method of entering such residents in hospitals, by what officers the same are to be entered; providing for the keeping of records thereof and by whom to be approved; permitting hospitals so treating and caring for such residents to file a record thereof with the sheriff of the county and take credit therefor against the state, county and district taxes assessed against the real estate and personal property of said hospital to the extent of the amounts properly certified; and directing the sheriff to allow such credits when properly certified and to make report thereof to the county court.
Be it enacted by the Legislature of West Virginia:

Section 1. Whenever it is found by the county court, or any member thereof, sheriff or prosecuting attorney of any county, upon careful investigation, that any bona fide resident of any county is suffering from any communicable disease and that such resident is unable financially to obtain the proper and duly recognized hospitalization and methods of treatment therefor; or whenever any bona fide resident of any county, upon careful investigation by any of the aforesaid officers, is found to be unable financially to obtain the proper and duly recognized hospitalization and methods of treatment for any disease or ailment which, but for this act, would seriously impair the health of the person so suffering, or the health of the public, and it is deemed by said officer for the benefit of the public health and welfare, any of said officers are hereby authorized to enter said resident in any reputable hospital within the county which has been approved by the state board of health.

Sec. 2. All hospitals within this state which have been approved by the state board of health desiring to avail themselves of the provisions of this act shall, at their expense, keep a true
4 and accurate account and record of all charges made by them
5 for professional and hospital services rendered to all residents
6 entered in said hospitals by the officers authorized hereunder,
7 which record shall plainly and accurately show the city or town,
8 county and state in which the hospital is located; the name of
9 the hospital; name of patient, residence of patient, color, age,
10 sex, diagnosis, date of entrance in hospital, prognosis, probable
11 duration of confinement in hospital, name and official capacity
12 of officer entering patient in hospital, which officer shall, at the
13 time of entering the patient in the hospital, sign said record in
14 duplicate, and the same shall be signed in duplicate by a mem-
15 ber of the staff of the hospital in which the patient is entered,
16 all of which records shall be prepared and signed in duplicate,
17 and to which shall be attached a certificate of the officer entering
18 the patient in the hospital to the effect that an investigation
19 of the case had been made and which disclosed that the patient
20 was unable financially to obtain the prescribed hospitalization
21 and treatment and should be treated therefor, to which record
22 there shall be appended an itemized statement of all expenses
23 and charges of said hospital for professional and hospital serv-
24 ices with an affidavit of some employee of the hospital having
knowledge of the records, showing the account to be true and correct, which said record shall, upon presentation to the officer entering the patient in the hospital, if found to be correct, be approved, in duplicate, and returned to the hospital promptly.

The records herein prescribed shall be in the following form or to the following effect:

"Hospital.................................; city or town

; county of........................., West Virginia; name of patient .........................;

residence of patient ..........................county,

West Virginia; color........ ; age........ ; sex........ ;

diagnosis.................................; date of entrance in hospital.................................; prognosis

.........................; probable duration

of confinement.................................; name

and official capacity of officer entering patient in hospital.....

................................................

do..........................county.

..............................

member of the staff of

..............................hospital.
State of West Virginia, county of ...............

I, .................. .........................., a ................... of the county and state aforesaid, do hereby certify that I have made a careful investigation of the physical and financial condition of the herein-named patient this day entered in the above-named hospital, and from the medical information furnished me I am of opinion that said patient should receive treatment in the aforesaid hospital, and that said patient, according to my best information, is not able financially to pay for the hospitalization and treatment prescribed by said hospital. Given under my hand this...... day of ............, 19....

Official capacity..........................

Itemized Statement

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$.......</td>
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<td></td>
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<td>$.......</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>$.......</td>
</tr>
</tbody>
</table>

State of West Virginia, county of ..............., to-wit:

Personally appeared before the undersigned notary public
in and for the county aforesaid..............................
who being first duly sworn deposes and says that (he) (she)
is employed by the................................. hospital,
and is familiar with the records and accounts of said hospital,
and that the herein itemized statement correctly sets forth the
dates, items and charges incurred by reason of professional and
hospital services rendered..............................

.. Bookkeeper or other employee.

Taken, subscribed and sworn to before me and given under
my hand this.......day of................., 19...

Notary Public.

My commission expires...............................
89 the...............................hospital by reason
90 of professional and hospital services rendered..............
91 which record has been properly certified, verified and approved,
92 and request is hereby made that credit for said amount be given
93 the undersigned against the state, county and district taxes
94 assessed against the real estate and personal property of this
95 hospital. This the......day of.................., 19......
96 ...................................hospital."

Sec. 3. Upon presentation of one copy of such record to the
2 sheriff, which shall be filed and retained by him, credit for the
3 amount set forth in the itemized statement of such record, when
4 approved by the officer entering the patient in the hospital, shall
5 be allowed against the state, county and district taxes assessed
6 against said hospital for the year in which such services were
7 rendered.

Sec. 4. All hospitals within the provisions of this act shall
2 retain and file one copy of the aforesaid record which shall be
3 open to inspection to any of the herein constituted officers of
4 said county: Provided, That such hospitals shall not be re-
5 quired to retain said record for a period longer than five years
6 after the entry of the patient covered by said record.
Sec. 5. At the end of each fiscal year the sheriffs of the several counties shall file with the county courts of their respective counties a list showing the amount of credit allowed to each hospital by reason of the provisions of this act.

[Signatures and stamps]

Filed in the office of the Secretary of State of West Virginia MAR 17 1931
GEORGE W. 23:EP, Secretary of State.