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1. HOSPITALIZATION—FRANKLIN COUNTY DEPARTMENT OF WELFARE—MAY PAY FOR HOSPITALIZATION OF RELIEF RECIPIENTS AT ALUM CREST HOSPITAL.
2. STATE DEPARTMENT OF PUBLIC WELFARE—HAS DUTY TO REIMBURSE LOCAL RELIEF AUTHORITIES MONTHLY NOT OVER 50% OF LOCAL AUTHORITIES' EXPENDITURES FOR POOR RELIEF.

SYLLABUS:

1. The Franklin County Department of Welfare may pay for hospitalization of relief recipients at Alum Crest Hospital.
2. The State Department of Public Welfare has the duty of reimbursing the local relief authorities monthly not over 50% of the local authorities' expenditures for poor relief.

Columbus, Ohio, March 23, 1950

Hon. J. H. Lamneck, Director of Department of Public Welfare
Columbus, Ohio

Dear Sir:

Your request for my opinion reads as follows:

"The Franklin County Department of Welfare and other persons in this community have raised a question about payment for relief recipients at Alum Crest Hospital. This hospital is on the grounds of the County Home and is under the supervision of the County Home superintendent. No board of trustees has been appointed as is permitted by statute in the case of county-owned hospitals.

"In the light of section 3391-13 of the General Code, which provides that poor relief may not be given to persons living in a county home, would it be legal for the Franklin County Department of Welfare to pay for hospitalization at Alum Crest and for the state to match on such expenditures?"

For purposes of clarification, I shall rephrase your question to read as follows: May the Franklin County Department of Welfare pay for the hospitalization of relief recipients at Alum Crest Hospital? I will assume that the relief recipients are legally entitled to poor relief. Information from your office reveals that the hospital admits indigents, old age pen-

sioners, social security and private pensioners and occasional pay patients. It is also disclosed that the hospital has a medical director, a volunteer medical staff, nursing and operating room personnel and is listed as a registered hospital by the American Medical Association.

Section 339I-13, General Code, provides as follows:

“Poor relief means food, clothing, shelter, the services of a physician or surgeon, dental care, hospitalization, and other commodities and services necessary for the maintenance of health and decency. Poor relief may be given in cash or by order or both and shall be inalienable whether by way of assignment, charge, or otherwise, and exempt from attachment, garnishment or other like process. Local relief authorities shall not disburse funds through any private organization. Poor relief may be given to persons living in their own homes or other suitable quarters, but not to persons living in a county home, city infirmary, jail, or tuberculosis sanatorium or to children who are not living with their parents, guardians or other persons standing in place of parents.”

It should be noted that poor relief includes hospitalization. There is no requirement that a person must go to a specific hospital or to a specific type of hospital. In Volume III of Sutherland Statutory Construction, Section 7208 at page 432, it states as follows:

“ ‘The care of the state for its dependent classes is considered by all enlightened people as a measure of its civilization, and provisions for the proper care and treatment at public expense of the indigent sick, and of those who for other reasons are unable to take care of themselves, is said to be among the unquestioned objects of public duty.’ Therefore, statutes enacted in fulfillment of this recognized public obligation should at all times be liberally interpreted so that the undesirable social effects resulting from the neglect of the poor may be eliminated. Thus pauper statutes have been held to be intended for the benefit of paupers whose unfortunate condition resulted from widespread economic employment. Likewise, nonresidents have been granted relief in the absence of provisions expressly refuting such responsibility.

“Unfortunately, some courts have declared in favor of a strict interpretation of pauper legislation, apparently because of the influence of concepts of laissez faire and rugged individualism. Of course, it must be remembered that relief legislation of this sort is intended for the benefit of those in need, and should not be made available in assisting persons to escape their honest obli-

gations. The task of administering relief is frequently very delicate and requires a great deal of discretion to be vested in the officers charged with its administration. But nevertheless relief officers should be held to a high degree of responsibility for the care of the poor, for which reason pauper statutes should be accorded a mandatory construction where feasible."

Therefore, I do not believe that "hospitalization" as defined in Section 3391-13, General Code, is restricted to any particular hospital or type of hospital.

A possible argument which would prohibit a relief recipient from being hospitalized in Alum Crest Hospital is the provision in Section 3391-13, General Code, which provides that poor relief may not be given to persons "living in a county home." Of course, if a person is a lawfully admitted inmate of a county home, he is not entitled to hospitalization under this section of the code. However, there is no showing in this instance that the persons in question are living in a county home. Further, from the facts before me, I do not believe that a person admitted to Alum Crest Hospital could be classified as "living in a county home" and thus be prevented from obtaining hospitalization under Section 3391-13, General Code.

Section 3391-24, General Code, provides in part as follows:

"Within the limits of funds appropriated to the state department of public welfare by the general assembly, each local relief authority shall be reimbursed monthly not to exceed 50% of its expenditures for poor relief and the administration thereof; provided, however, that no local relief authority shall receive directly or indirectly from the state for poor relief purposes in any calendar year an amount in excess of 100% of its expenditures for poor relief and poor relief administrative costs for such calendar year. Payments by the state shall be made by the treasurer of state upon warrants of the auditor of state in accordance with vouchers issued by the state department of public welfare. The state department of public welfare is hereby authorized to make advances at least quarterly to each relief authority on the basis of the estimated contribution of the state to each local relief authority * * *"

From the above statute it can be seen that the State Department of Public Welfare has the duty to reimburse the local relief authority monthly not over 50% of the local authority's expenditure for poor relief. As has been shown before, poor relief includes hospitalization.

In conclusion, therefore, it is my opinion that the Franklin County Department of Welfare may pay for hospitalization of relief recipients at Alum Crest Hospital. Further, it is my opinion that the State Department of Public Welfare has the duty of reimbursing the local relief authorities monthly not over 50% of the local authorities' expenditures for poor relief.

Respectfully,

HERBERT S. DUFFY,
Attorney General.
