### CHAPTER 250

**HEALTH; ADMINISTRATION AND SUPERVISION**

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### 250.01 Definitions.

In chs. 250 to 257, unless the context requires otherwise:

1. “Chief medical officer” means a physician who is appointed by the state health officer under s. 250.02 (2).
2. “Department” means the department of health services.
3. “Local board of health” means the policy-making body for a local health department.
4. “Local health department” means any of the following:
   - A county health department established under s. 251.02 (1), including a county health department whose powers and duties are transferred to a county department of human services under s. 46.23 (3) (b) 1. c.
   - A city-county health department established under s. 251.02 (1m).
   - A city health department that was established before January 1, 1994, or that withdraws under s. 251.15 (2) or, as a city-county local health department established under s. 251.02 (3t), that withdraws under s. 251.15 (2m).
   - A village or town health department under s. 251.02 (3t).
   - A multiple municipal local health department established under s. 251.02 (3r).
   - A city-county health department established under s. 251.02 (3t).
   - A county health department established under s. 251.02 (2).
   - A multiple county health department established under s. 251.02 (3).
   - “Local health officer” means the health officer who is in charge of a local health department.
   - “Physician” has the meaning given in s. 448.01 (5).
   - “Public health authority” means the department, if the governor declares under s. 323.10 a state of emergency related to public health and designates the department as the lead state agency to respond to that emergency.
   - “Public health emergency” has the meaning given in s. 323.02 (16).
   - “Registered nurse” means a registered nurse who is licensed under s. 441.06 or permitted under s. 441.08 or who holds a multistate license, as defined in s. 441.51 (2) (b), issued in a party state, as defined in s. 441.51 (2) (k).
   - “Secretary” means the secretary of health services.
   - “State health officer” means the individual who is appointed by the secretary to develop public health policy for the state and direct state public health programs.

### 250.02 State health officials.

1. **State health officer; duties.** The secretary shall appoint a state health officer and may assign the state health officer such duties of the secretary or department as the secretary provides. The state health officer may appoint such advisory and examining bodies as are needed to carry out the duties of the state health officer and as provided by law. The state health officer shall appoint state epidemiologists for program areas of acute and communicable diseases, occupational and environmental diseases, maternal and child health and chronic diseases. Individuals appointed as state epidemiologists shall have advanced training and expertise in epidemiology in their program areas.

2. **Chief medical officers; qualifications; duties.** The state health officer shall appoint chief medical officers in the classified service to provide public health consultation to, and leadership for, state health programs. The chief medical officers shall also serve as state epidemiologists under sub. (1), for acute and communicable diseases, occupational and environmental diseases, maternal and child health and chronic diseases. The chief medical officers shall be physicians who have training and expertise, as prescribed by the department, appropriate to their areas of assignment. The chief medical officers shall have all of the powers and duties that are designated to them by the state health officer to enforce the health laws of the state and to advise state and local officials as to health promotion, disease prevention and public health intervention strategies necessary to prevent morbidity and unnecessary mortality.

### 250.03 Public health system.

1. The department shall:

   - Maintain a public health system in cooperation with local health departments; community organizations; and medical clinics that are operated by the governing bodies, or agencies of the governing bodies, of federally recognized American Indian tribes or bands located in this state.
   - Serve as the state lead agency for public health.
   - Assess the health needs in the state based on statewide data collection.
   - Advise the legislature on the development of an adequate statutory base for health activities in the state.
   - Establish statewide health objectives and delegate power to local health departments to achieve the objectives as the department considers appropriate.
   - Support local public health service capacity building through grants, consultation and technical assistance.
   - Develop policy and provide leadership in public health throughout the state that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs.

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**Notes:** The content is sourced from the Wisconsin Statutes, Act 367 and all Supreme Court and Controlled Substances Board Orders effective on or before October 15, 2018. Published and certified under s. 35.18. Changes effective after October 15, 2018 are designated by NOTES. Published 10–15–18. Updated 2015–16 Wisconsin Statutes updated through 2017 Wis. Act 367 and all Supreme Court and Controlled Substances Board Orders effective on or before October 15, 2018. Published and certified under s. 35.18. Changes effective after October 15, 2018 are designated by NOTES. (Published 10–15–18)
(h) Distribute state and federal public health funds under its
close in a manner that will promote the development and main-
tenance of an integrated system of community health services.

(i) Require, as a condition for distributing funds under par. (h)
at the local level, that services at that level be coordinated.

(j) Advocate for the provision of reasonable and necessary
public health services.

(k) Promote cooperation and formal collaborative agreements
among any of the following with regard to public health planning,
priority setting, information and data sharing, reporting, resource
allocation, funding, service delivery, and jurisdiction:
1. The state.
2. Local health departments.
3. Federally recognized American Indian tribes or bands
located in this state.
4. The federal Indian health service.

1. Monitor the health status of populations to identify and solve community health problems.
2. Investigate and diagnose community health problems and health hazards.
3. Inform and educate individuals about health issues.
4. Mobilize public and private sector collaboration and action
to identify and solve health problems.
5. Develop policies, plans, and programs that support indi-
vidual and community health efforts.
6. Enforce statutes and rules that protect health and ensure
safety.
7. Link individuals to needed personal health services.
8. Assure a competent public health workforce.
9. Evaluate effectiveness, accessibility, and quality of per-
sonal and population–based health services.
10. Provide research to develop insights into and innovative solutions for health problems.

2. The department may enter into agreements and provide consultation on matters relating to human health.

3. The department shall administer programs for the con-
duction of investigations, studies, experiments and research pertaining to any public health prob-

3m. The department shall publish an annual maternal and child
health report, including morbidity and mortality indicators for the state, regions of the state, counties, certain cities and subpopu-
lations of the state.

4. The department may use hospital emergency room and
inpatient health care records, abstracts of these records and infor-
mation the state or federal government collects to correlate expo-
sure to certain occupational and high risk environments with resulting acute or chronic health problems. If the department finds that an occupational health hazard exists, it shall disseminate its findings and promote efforts to educate employees and employers about the health hazard.

4m. The department shall take all measures necessary to prevent morbidity or mortality.

6. The department shall provide consultation, technical
assistance and training regarding public health to local health
departments, community organizations and others.

7. The department may promulgate and enforce rules and
issue and enforce orders governing the duties of all local health officers and local boards of health and relating to any subject mat-
ter under the department’s supervision that are necessary to pro-
vide efficient administration and to protect health. whoever vio-

lates a rule or order specified under this subsection shall be fined not less than $10 nor more than $100 for each offense, unless a different penalty is provided. Cross-reference: See also ch. DHS 139, Wis. adm. code.

(8) The department may administer oaths, certify to official acts, issue subpoenas and compel the attendance of witnesses and the production of papers, books, documents and testimony. Witness fees and mileage shall be paid from the appropriation under s. 20.435 (1) (a), but no witness subpoenaed at the instance of parties other than the department is entitled to payment of fees or mileage, unless the department certifies that his or her testimony was material. (9) The department may establish, equip and operate a state branch laboratory of hygiene in a city accessible to physicians and local health officers in the northern part of the state to conduct bacteriological and chemical examinations of material from the various contagious and infectious diseases or material from suspected contagious and infectious diseases of persons and animals when public health is concerned, if suitable quarters for the laboratory are provided. The department may promote the establishment of county laboratories. A county laboratory shall be operated under the direction and supervision of the state laboratory. The department shall act as the lead state agency to respond to an emergency, the department shall act as the public health authority during the period of the state of emergency.

Cross-reference: See also ch. DHS 190, Wis. adm. code.

(11) The department shall investigate any hospital which is found by a panel established under s. 655.02, 1983 stats., or by a court to have been responsible for negligent acts. (12) The department is designated the state health planning and development agency.

(12m) In public health planning, the department shall collaborate with local health departments on an ongoing basis and shall consult with private sector entities, as defined in s. 229.41 (9), and with public sector entities, as defined in s. 229.41 (10).

(13) The department shall provide information on the prevention, detection, diagnosis and treatment of blastomycosis in areas of this state with a high incidence of blastomycosis.

(14) (a) Subject to the availability of funds and to par. (b), the department may provide or fund emergency services or assistance to victims of s. 940.302 (2) or 948.051.

(b) The department may provide or fund emergency services or assistance to a victim only for the following time periods:

1. If the victim is cooperating with the appropriate law enforcement agencies, from the time the victim is identified until 60 days after the disposition of the trial.

2. If the victim is not cooperating with the appropriate law enforcement agencies, a total of 60 days.


Cross-reference: See also DHS 110−, Wis. adm. code.

Neither s. 140.05 [now this section] or regulations adopted under sub. (3) [now sub. (7)] are safety statutes that create an independent basis for a negligence action. Johnson v. City of Darlington, 160 Wis. 2d 418, 466 N.W.2d 233 (Ct. App. 1991).

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and to provide the information in the primary languages of individuals who do not understand English.

(c) As the public health authority, the department, to the extent possible, shall consult with local health departments, whether or not designated as agents of the department, and with individual health care providers.


250.045 Drugs; department order authority. (1) In this section, “drug” has the meaning given under s. 450.01 (10).

(2) Except in cases of emergency, or if consent to entry for inspection purposes has been granted, the department may enter upon any premises or vehicle in which the drugs are manufactured, processed, packaged, or held for sale or any vehicle being used to transport or hold drugs. The department may inspect the premises or vehicle, secure samples or specimens of drugs, examine and copy relevant documents and records and obtain photographic or other evidence needed to carry out its authority under this section. The department shall pay or offer to pay the market value of any samples of drugs taken. The department shall examine the samples and specimens secured and shall conduct other inspections and examinations needed to determine whether the drugs constitute an immediate danger to health or the operations or methods of operation on the premises cause the drugs to create an immediate danger to health.

(3) (a) Whenever the department has reasonable cause to believe that drugs constitute an immediate danger to health or that the operations or methods of operation on the premises or vehicle where the drugs are manufactured, processed, packaged or held cause the drugs to create an immediate danger to health, the administrator of the division of the department responsible for public health may issue and cause to be delivered to the owner or custodian of the drugs a temporary order under s. 66.0119 and at reasonable hours, any premises in the state where drugs are manufactured, processed, packaged or held for sale or any vehicle being used to transport or hold drugs. The department may inspect the premises or vehicle, secure samples or specimens of drugs, examine and copy relevant documents and records and obtain photographic or other evidence needed to carry out its authority under this section. The department shall pay or offer to pay the market value of any samples of drugs taken. The department shall examine the samples and specimens secured and shall conduct other inspections and examinations needed to determine whether the drugs constitute an immediate danger to health or the operations or methods of operation on the premises cause the drugs to create an immediate danger to health.

(b) Any person who does either of the following may be fined not more than $5,000 or imprisoned not more than one year in the county jail or both:

1. Assaults, restrains, threatens, intimidates, impedes, interferes with or otherwise obstructs a department inspector, employee or agent in the performance of his or her duties under this section.

2. Gives false information to a department inspector, employee or agent with the intent to mislead the inspector, employee or agent in the performance of his or her duties under this section.

History: 1983 a. 271; 1985 a. 146 s. 8; 1985 a. 182 s. 57; 1993 a. 27 s. 185; Stats. 1993 s. 250.045; 1999 a. 150 s. 672.

250.06 Public health nurses. (1) The qualifications of all public health nurses shall be prescribed by rules promulgated by the department. All public health nurses shall be registered nurses. Licensed practical nurses licensed under ch. 441 may be employed by local health departments under the supervision of a public health nurse to perform services for which licensed. Public health nurses shall work under the direction of the local board of health and the local health officer and shall conduct a generalized public health nursing program in cooperation with the department.

(1m) Notwithstanding sub. (1), any relevant education, training, instruction, or other experience that an applicant obtained in connection with military service, as defined in s. 111.32 (12g), counts toward satisfying the requirements for education, training, instruction, or other experience to qualify as a public health nurse if the applicant demonstrates to the satisfaction of the department that the education, training, instruction, or other experience that the applicant obtained in connection with his or her military service is substantially equivalent to the education, training, instruction, or other experience that is required to qualify as a public health nurse.

(2) The department shall examine the practice of public health nurses and make recommendations for the improvement and the development of public health nursing.

(6) This section shall not apply to school nurses, as defined in s. 115.001 (11), while acting in the employ of a public school.

Cross-reference: See also ch. DHS 139, Wis. adm. code.

250.07 Public health planning. (1) The department shall:

(a) By January 1, 2010, and at least every 10 years thereafter, develop a public health agenda.

(b) Initiate, conduct and periodically evaluate a process for planning to use the resources of the state to meet the health needs of residents and, in conjunction with other state agencies, to implement the objectives that relate to state government statutes or in public health rules promulgated by the department. The process shall involve representatives from public health organizations, governmental agencies and the general public.

(c) Provide technical assistance to local units of government for the development of local public health plans.

(d) Serve as the state lead agency in coordinating the activities within state government involving the collection, retrieval, analysis, reporting and publication of statistical information and other information related to health and health care.

(1m) The public health council shall monitor implementation of any document developed by the department under sub. (1) (a) and shall advise the governor, the legislature, the department, and

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the public on progress in implementing the document and coordination of responses to public health emergencies.


NOTE: 2003 Wis. Act 186, which affected this section, contains extensive explanatory notes.

250.10 Dental services. (1m) The department shall do all of the following:

(a) Provide funding in each fiscal year to the Marquette University School of Dentistry for clinical education of Marquette University School of Dentistry students through the provision of dental services by the students and faculty of the Marquette University School of Dentistry in underserved areas and to underserved populations in the state, as determined by the department in consultation with the Marquette University School of Dentistry; to inmates of correctional centers in Milwaukee County; and in clinics in the city of Milwaukee.

(b) Award in each fiscal year to qualified applicants grants totaling $25,000 for fluoride supplements, $25,000 for a fluoride mouth-rinse program, and $120,000 for a school-based dental sealant program.

(3) The department may provide funding to technical college districts to provide oral health services.

History: 1999 a. 39; 1993 a. 16, 27; 1992 a. 27 s. 258; Stats. 1993 s. 250.10; 1995 a. 27; 1997 a. 27; 221; 1999 a. 9; 2005 a. 25; 2009 a. 28.

250.15 Grants for community health centers. (1) Definition. In this section, “community health center” means a health care entity that provides primary health care, health education and social services to low-income individuals.

(2) Grants. From the appropriation account under s. 20.435 (1) (th), the department shall, in each fiscal year, award all of the following as grants:

(a) To a community health center in a 1st class city, $50,000.

(b) To community health centers that receive federal grants under 42 USC 254b (e), (g) or (h). Each grant shall equal the amount that results from multiplying the total amount available for grants under this paragraph in the fiscal year in which the grants are to be awarded by the quotient obtained by dividing the amount that the community health center received under 42 USC 254b (e), (g) or (h) in the most recently concluded federal fiscal year in which those grants were made by the total amount of federal grants under 42 USC 254b (e), (g) and (h) in that federal fiscal year to community health centers in this state.

(c) To HealthNet of Janesville, Inc., $50,000.

History: 1999 a. 9; 2007 a. 20, 88; 2009 a. 28.

250.20 Health disparities reduction or elimination. (1) Definitions. In this section:

(a) “American” means a person whose ancestors originated in any of the black racial groups of Africa.

(b) “American Indian” means a person who is enrolled as a member of a federally recognized American Indian tribe or band or who possesses documentation of at least one-fourth American Indian ancestry or documentation of tribal recognition as an American Indian.

(c) “Asian” means a person whose ancestors originated in Asia south and southeast of the Himalayas and west of Wallace’s Line in the Malay Archipelago.

(d) “Economically disadvantaged” means having an income that is at or below 125 percent of the poverty line.

(e) “Hispanic” means a person of any race whose ancestors originated in Mexico, Puerto Rico, Cuba, Central America or South America or whose culture or origin is Spanish.

(f) “Inter-tribal organization” means an organization or association of tribes or tribal agencies.

(g) “Minority group member” means any of the following:
   1. An African American.
   2. An American Indian.
   3. A Hispanic.
   5. “Nonprofit corporation” means a nonstock corporation organized under ch. 181 that is a nonprofit corporation, as defined in s. 181.0103 (17).
   6. “Other agencies and organizations” means agencies of local, state and federal governments and private organizations that are not inter-tribal organizations or tribal agencies.
   7. “Poverty line” means the nonfarm federal poverty line for the continental United States, as defined by the federal department of labor under 42 USC 9902 (2).
   8. “State agency” has the meaning given in s. 16.70 (1e).
   9. “Tribal agency” means an agency created by a tribe.
   10. “Tribal” means a federally recognized American Indian tribe or band in this state.

(2) Departmental duties: minority health. The department shall do all of the following:

(a) Identify the barriers to health care that prevent economically disadvantaged minority group members in this state from participating fully and equally in all aspects of life.

(b) Conduct statewide hearings on issues of concern to the health interests of economically disadvantaged minority group members.

(c) Review, monitor and advise all state agencies with respect to the impact on the health of economically disadvantaged minority group members of current and emerging state policies, procedures, practices, statutes and rules.

(d) Work closely with all state agencies, including the board of regents of the University of Wisconsin System and the technical college system board, with the University of Wisconsin Hospitals and Clinics Authority, with the private sector and with groups concerned with issues of the health of economically disadvantaged minority group members to develop long-term solutions to health problems of minority group members.

(e) Disseminate information on the status of the health of economically disadvantaged minority group members in this state.

(f) Encourage economically disadvantaged minority group members who are students to enter career health care professions, by developing materials that are culturally sensitive and appropriate and that promote health care professions as careers, for use by the University of Wisconsin System, the technical college system and the Medical College of Wisconsin in recruiting the students.

(g) Submit a biennial report on the activities of the department under this section that includes recommendations on program policies, procedures, practices and services affecting the health status of economically disadvantaged minority group members, to the appropriate standing committees under s. 13.172 (3) and to the governor.

(3) From the appropriation account under s. 20.435 (1) (kb), the department shall annually award grants for activities to improve the health status of economically disadvantaged minority group members. A person may apply, in the manner specified by the department, for a grant of up to $50,000 in each fiscal year to conduct these activities. An awardee of a grant under this subsection shall provide, for at least 50 percent of the grant amount, matching funds that may consist of funding or an in-kind contribution. An applicant that is not a federally qualified health center, as defined under 42 CFR 405.2401 (b) shall receive priority for grants awarded under this subsection.

(4) From the appropriation account under s. 20.435 (1) (kb), the department shall award a grant of up to $50,000 in each fiscal year to a private nonprofit corporation that applies, in the manner specified by the department, to conduct a public information campaign on minority health.

(5) American Indian health project grants. From the appropriation under s. 20.435 (1) (ke), the department shall award grants for American Indian health projects in order to address specific problem areas in the field of American Indian health. A tribe, tribal agency, or inter-tribal organization may apply, in the man-
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net specified by the department, for a grant of up to $10,000 to conduct an American Indian health project that is designed to do any of the following:

(1) Develop, test or demonstrate solutions for specific American Indian health problems which, if proven effective, may be applied by other tribes, tribal agencies, inter–tribal organizations or other agencies or organizations.

(2) Fund start–up costs of programs to deliver health care services to American Indians.

(c) Conduct health care needs assessments and studies related to health care issues of concern to American Indians.

(d) Provide innovative community–based health care services to American Indians.

(6) AMERICAN INDIAN DIABETES PREVENTION AND CONTROL. From the appropriation under s. 20.435 (1) (kf), the department shall fund activities to prevent and control diabetes among American Indians.

History: 1993 a. 16; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2007 a. 20; 2007 a. 130 ss. 29 to 34, 36 to 42, 178; Stats. 2007 s. 250.20; 2009 a. 28.

250.21 Workplace wellness program grants. (1) DEFINITIONS. In this section:

(a) “Health risk assessment” means a computer–based health–promotion tool consisting of a questionnaire; a biometric health screening to measure vital health statistics, including blood pressure, cholesterol, glucose, weight, and height; a formula for estimating health risks; an advice database; and a means to generate reports.

(b) “Small business” means a business that has 50 or fewer employees.

(c) “Workplace wellness program” means a health or fitness program that includes health risk assessments and one or more of the following programs or services:

1. Chronic disease prevention.
2. Weight management.
3. Stress management.
4. Worker injury prevention programs.
5. Health screenings.
7. Health or fitness incentive programs.
8. Vaccinations.
9. Employee physical examinations.

(2) WORKPLACE WELLNESS PROGRAM GRANTS. Subject to the limitations provided under sub. (3) and after the department’s approval of the application, from the appropriation account under s. 20.435 (1) (bn), the department shall award a grant to each applicant who provides a workplace wellness program to any of the applicant’s employees who are employed at a small business in this state in an amount not to exceed 30 percent of the amount that the applicant paid during the year to provide such a program, not including any amount paid to acquire, construct, rehabilitate, remodel, or repair real property.

(3) LIMITATIONS. The maximum amount of the grants that may be awarded to all applicants in any fiscal year is $3,000,000. No applicant may be awarded a grant under this section for a workplace wellness program in existence before March 15, 2014. No applicant may be awarded more than one grant under this section. No grants may be awarded under this section after December 31, 2018.

(4) ADMINISTRATION. A person wishing to receive a grant under this section shall apply for a grant in the manner prescribed by the department. An applicant shall include with the application an itemized list of the applicant’s expenditures for providing a workplace wellness program. The department shall promulgate rules to administer this section.

History: 2013 a. 137.