

## CHAPTER 255

## CHRONIC DISEASE AND INJURIES

	SUBCHAPTER I		
	DEFINITIONS	255.01	Definitions.
	SUBCHAPTER II		
	CHRONIC DISEASE PREVENTION, ASSESSMENT AND CONTROL	255.02	Duties of the state epidemiologist for chronic disease.
		255.03	Duties of the department.
		255.04	Cancer reporting.
		255.05	Cancer control and prevention grants.
		255.054	Prostate cancer research program.
		255.055	Cancer research program.
		255.056	Drug repository.
		255.06	Well–woman program.
		255.065	Breast density notification.
		255.07	Life–saving allergy medication; use of epinephrine auto–injectors.
		255.085	Diabetes care and prevention action program.
		255.10	Thomas T. Melvin youth tobacco prevention and education program.
		255.15	Statewide tobacco use control program.
	SUBCHAPTER III		
	INJURY PREVENTION AND CONTROL		
		255.20	Duties of the department.
		255.30	Safety eye protective goggles.
		255.35	Statewide poison control system.
		255.40	Reporting of wounds and burn injuries.

**Cross–reference:** See definitions in s. 250.01.

## SUBCHAPTER I

## DEFINITIONS

**255.01 Definitions.** In this chapter:

(1) “Chronic disease” means any disease, illness, impairment or other physical condition that requires health care and treatment over a prolonged period and, although amenable to treatment, is irreversible and frequently progresses to increasing disability or death.

(2) “Injury” means damage to the human body that is the result of some acute exposure to harm. “Injury” includes all of the following:

(a) Unintentional injuries including physical damage resulting from transportation–related crashes, fires, burns, submersion, suffocation, falls, natural and environmental factors and occupational hazards and exposures.

(b) Intentional injuries, including physical damage resulting from deliberate assault by one person on another or self–inflicted acts.

(2m) “Research” means a systematic investigation through scientific inquiry, including development, testing, and evaluation, that is designed to develop or contribute to generalizable knowledge.

(2n) “Researcher” means a person who performs research.

(3) “Risk assessment” means the measurement and evaluation of specific lifestyle and environmental conditions to determine the presence of, and the extent of the threat resulting from, these factors that may increase the risk of developing chronic disease.

**History:** 1993 a. 27; 2009 a. 28.

## SUBCHAPTER II

CHRONIC DISEASE PREVENTION,  
ASSESSMENT AND CONTROL**255.02 Duties of the state epidemiologist for chronic disease.** The state epidemiologist for chronic disease shall do all of the following:

(1) Develop and maintain a system for detecting and monitoring chronic diseases within this state.

(2) Investigate and determine the epidemiology of those conditions that contribute to preventable or premature illness, disability and death.

**History:** 1993 a. 27.

**255.03 Duties of the department.** The department shall:

(1) Conduct programs to prevent, delay and detect the onset of chronic diseases, including cancer, diabetes, cardiovascular and pulmonary disease, cerebrovascular disease and genetic disease, and other chronic diseases that the department determines are important to prevent, delay and detect in order to promote, protect and maintain the public’s health.

(2) Establish programs of community and professional education relevant to the detection, prevention and control of chronic diseases.

(3) Assist local health departments in performing activities related to chronic disease, including risk assessment, monitoring, surveillance and education.

**History:** 1993 a. 27.

**255.04 Cancer reporting.** (1) Any hospital, as defined under s. 50.33 (2), any physician and any laboratory certified under 42 USC 263a shall report information concerning any person diagnosed as having cancer or a precancerous condition to the department as prescribed by the department under sub. (2).

(2) The department shall prescribe:

(a) The form on which the report under sub. (1) shall be submitted.

(b) The time schedule under which the report under sub. (1) shall be submitted.

(c) The types of cancer and precancerous conditions to be reported under sub. (1).

(3) Any information reported to the department under sub. (1) or (5) which could identify any individual who is the subject of the report or a physician submitting the report shall be confidential and may not be disclosed by the department except to the following:

(a) A central tumor registry in another state if the individual who is the subject of the information resides in the other state.

(b) A national tumor registry recognized by the department.

(c) A researcher who proposes to conduct research, if all of the following conditions are met:

1. The researcher applies in writing to the department for approval of access to individually identifiable information under sub. (1) or (5) that is necessary for performance of the proposed research, and the department approves the application. An application under this subdivision shall include all of the following:

a. A written protocol to perform research.

b. The researcher’s professional qualifications to perform the proposed research.

c. Documentation of approval of the research protocol by an institutional review board of a domestic institution that has a federalwide assurance approved by the office for human research

protections of the federal department of health and human services.

d. Any other information requested by the department.

2. The proposed research is for the purpose of studying cancer, cancer prevention, or cancer control.

(4) The report of information under sub. (1) or (5) may not be construed as a violation of any person's responsibility for maintaining the confidentiality of patient health care records, as defined under s. 146.81 (4).

(5) The department may, to the extent feasible, collect information related to the occupation of cancer patients in order to fulfill the purpose of s. 250.04 (3) (b) 4.

(6) The department may charge a reasonable fee for disclosing information to a researcher under sub. (3) (c).

(7) Information obtained by the department under sub. (1) or (5) or obtained by a person under sub. (3) (c) is not subject to inspection, copying, or receipt under s. 19.35 (1).

(8) No person to whom information is disclosed under sub. (3) (c) may do any of the following:

(a) Use the information for a purpose other than for the performance of research as specified in the application under sub. (3) (c) 1., as approved by the department.

(b) Disclose the information to a person who is not connected with performance of the research.

(c) Reveal in the final research product information that may identify an individual whose information is disclosed under sub. (3) (c).

(9) Whoever violates sub. (8) (a), (b), or (c) is liable to the subject of the information for actual damages and costs, plus exemplary damages of up to \$1,000 for a negligent violation and up to \$5,000 for an intentional violation.

(10) (a) Whoever intentionally violates sub. (8) (a), (b), or (c) may be fined not more than \$15,000 or imprisoned for not more than one year in the county jail or both.

(b) Any person who violates sub. (8) (a), (b), or (c) may be required to forfeit not more than \$100 for each violation. Each day of continued violation constitutes a separate offense, except that no day in the period between the date on which a request for a hearing is filed under s. 227.44 and the date of the conclusion of all administrative and judicial proceedings arising out of a decision under this paragraph constitutes a violation.

(c) The department may directly assess forfeitures under par. (b). If the department determines that a forfeiture should be assessed for a particular violation or for failure to correct the violation, the department shall send a notice of assessment to the alleged violator. The notice shall specify the alleged violation of the statute and the amount of the forfeiture assessed and shall inform the alleged violator of the right to contest the assessment under s. 227.44.

**History:** 1985 a. 29; 1989 a. 173 ss. 2, 13; 1993 a. 16; 1993 a. 27 s. 48; Stats. 1993 s. 255.04; 1993 a. 183; 1997 a. 114; 2009 a. 28.

**255.05 Cancer control and prevention grants. (1) DEFINITIONS.** In this section:

(a) "Institution" means any hospital, nursing home, county home, county mental hospital, community-based residential facility or other place licensed or approved by the department under s. 49.70, 49.71, 49.72, 50.02, 50.03, 50.35, 51.08 or 51.09.

(b) "Nonprofit corporation" means a nonstock corporation organized under ch. 181 that is a nonprofit corporation, as defined in s. 181.0103 (17).

(c) "Organization" means a nonprofit corporation or a public agency which proposes to provide services to individuals.

(d) "Public agency" means a county, city, village, town or school district or an agency of this state or of a county, city, village, town or school district.

(2) From the appropriation account under s. 20.435 (1) (cc), the department shall award up to \$400,000 in each fiscal year as

grants to applying individuals, institutions or organizations for the conduct of projects on cancer control and prevention. Funds shall be awarded on a matching basis, under which, for each grant awarded, the department shall provide 50 percent, and the grantee 50 percent, of the total grant funding.

(3) The department shall promulgate rules establishing the criteria and procedures for the awarding of grants for projects under sub. (2).

**History:** 1987 a. 399; 1989 a. 31; 1991 a. 39; 1993 a. 27 s. 344; Stats. 1993 s. 255.05; 1995 a. 27; 1997 a. 27, 79; 1999 a. 9; 2007 a. 96; 2009 a. 28.

**Cross-reference:** See also ch. DHS 147, Wis. adm. code.

**255.054 Prostate cancer research program. (1)** The Medical College of Wisconsin, Inc. shall use the moneys appropriated under s. 20.250 (2) (h) and the University of Wisconsin Carbone Cancer Center shall use the moneys paid under s. 71.10 (5h) (i) for prostate cancer research projects. These moneys may not be used to supplant funds available for prostate cancer research from other sources.

(2) Annually by January 1, the Medical College of Wisconsin, Inc., and the Board of Regents of the University of Wisconsin System shall each report to the appropriate standing committees of the legislature under s. 13.172 (3) and to the governor on the prostate cancer research projects each has conducted under sub. (1) in the previous fiscal year.

**History:** 2005 a. 460; 2011 a. 32.

**255.055 Cancer research program. (1)** The Medical College of Wisconsin, Inc. shall use the moneys appropriated under s. 20.250 (2) (g) and the University of Wisconsin Carbone Cancer Center shall use the moneys paid under s. 71.10 (5f) (i) for cancer research projects. These moneys may not be used to supplant funds available for cancer research from other sources.

(2) Annually by January 1, the Medical College of Wisconsin, Inc., and the Board of Regents of the University of Wisconsin System shall each report to the appropriate standing committees of the legislature under s. 13.172 (3) and to the governor on the cancer research projects each has conducted under sub. (1) in the previous fiscal year.

**History:** 2003 a. 176; 2011 a. 32, 222.

**255.056 Drug repository. (1) DEFINITIONS.** In this section:

(b) "Dispense" has the meaning given in s. 450.01 (7).

(bg) "Drug" has the meaning given in s. 450.01 (10).

(c) "Medical facility" has the meaning given in s. 943.145 (1).

(d) "Pharmacist" has the meaning given in s. 450.01 (15).

(e) "Pharmacy" means a pharmacy that is licensed under s. 450.06.

(f) "Practitioner" has the meaning given in s. 450.01 (17).

(g) "Prescription drug" has the meaning given in s. 450.01 (20).

(h) "Supplies" means items that are necessary to administer a drug.

(2) The department shall establish and maintain a drug repository program, under which any person may donate a drug or supplies, other than a drug specified under sub. (2m), for use by an individual who meets eligibility criteria specified by rule by the department. Donation may be made on the premises of a medical facility or pharmacy that elects to participate in the program and meets requirements specified by rule by the department. The medical facility or pharmacy may charge an individual who receives a drug or supplies under this subsection a handling fee that may not exceed the amount specified by rule by the department. A medical facility or pharmacy that receives a donated drug or supplies under this subsection may distribute the drug or supplies to another eligible medical facility or pharmacy for use under the program under this section.

(2m) None of the following drugs may be donated, accepted, distributed, or dispensed under this section:

(a) A controlled substance, as defined in s. 961.01 (4).

**3 Updated 17–18 Wis. Stats.**

(b) A drug for which the U.S. food and drug administration requires that a patient using the drug be enrolled in a registry as provided under [21 USC 355–1 \(f\) \(3\) \(F\)](#).

**(3)** A drug or supplies may be accepted and dispensed under the program specified in sub. (2) only if all of the following requirements are met:

(a) The drug or supplies are in their original, unopened, sealed, and tamper-evident packaging or, if packaged in single-unit doses, the single-unit-dose packaging is unopened.

(b) In the case of a drug, the drug bears an expiration date that is later than 90 days after the date that the drug was donated.

(c) The drug or supplies are not adulterated or misbranded, as determined by a pharmacist employed by, or under contract with, the medical facility or pharmacy, who shall inspect the drug or supplies before the drug or supplies are dispensed.

(d) For a prescription drug or supplies used to administer a prescription drug, the drug or supplies are prescribed by a practitioner for use by an eligible individual and are dispensed by a pharmacist or practitioner.

**(4)** No drug or supplies that are donated for use under this section may be resold.

**(5)** Nothing in this section requires that a medical facility, pharmacy, pharmacist, or practitioner participate in the program under this section.

**(6)** (a) Unless the manufacturer of a drug or supply exercises bad faith, the manufacturer is not subject to criminal or civil liability for injury, death, or loss to a person or property for matters related to the donation, acceptance, or dispensing of a drug or supply manufactured by the manufacturer that is donated by any person under this section, including liability for failure to transfer or communicate product or consumer information or the expiration date of the donated drug or supply.

(b) Except as provided in par. (c), any person, except the manufacturer of a drug or supply, is immune from civil liability for injury to or the death of the individual to whom the drug or supply is dispensed and may not be found guilty of unprofessional conduct for his or her acts or omissions related to donating, accepting, distributing, or dispensing a drug or supply under this section.

(c) The immunity or the prohibition on a finding of guilty of unprofessional conduct under par. (b) does not extend to donation, acceptance, distribution, or dispensation of a drug or supply by a person whose act or omission involves reckless, wanton, or intentional misconduct.

**(7)** The department shall promulgate all of the following as rules:

(a) Requirements for medical facilities and pharmacies to accept and dispense donated drugs or supplies under this section, including all of the following:

1. Eligibility criteria.

2. Standards and procedures for accepting, safely storing, and dispensing donated drugs or supplies.

3. Standards and procedures for inspecting donated drugs or supplies to determine if the drug or supplies are in their original, unopened, sealed, and tamper-evident packaging or, if packaged in single-unit doses, the single-unit-dose packaging is unopened.

4. Standards and procedures for inspecting donated drugs or supplies to determine that the drug or supplies are not adulterated or misbranded.

(b) Eligibility criteria for individuals to receive donated drugs or supplies dispensed under the program. The standards shall prioritize dispensation to individuals who are uninsured or indigent, but will permit dispensation to others if an uninsured or indigent individual is unavailable.

(c) A means, such as an identification card, by which an individual who is eligible to receive a donated drug or supplies may indicate that eligibility.

**CHRONIC DISEASE AND INJURIES 255.06**

(d) Necessary forms for administration of the drug repository program, including forms for use by persons that donate, accept, distribute, or dispense drugs or supplies under the program.

(e) The maximum handling fee that a medical facility or pharmacy may charge for accepting, distributing, or dispensing donated drugs or supplies. The fee under this paragraph may not be less than 300 percent of the dispensing fee permitted to be charged for prescription drugs for which coverage is provided under [s. 49.46 \(2\) \(b\) 6. h.](#)

(g) A list of drugs and supplies, arranged by category or by individual drug or supply, that the drug repository program will not accept for dispensing. The list shall include a statement that specifies the reason that the drug or supplies are ineligible for donation.

**History:** 2003 a. 175, 327; 2005 a. 16; 2009 a. 142.

**Cross-reference:** See also ch. [DHS 148](#), Wis. adm. code.

**255.06 Well-woman program. (1) DEFINITIONS.** In this section:

(a) “Hospital” has the meaning given in [s. 50.33 \(2\)](#).

(b) “Mammography” means the making of a record of a breast by passing X rays through a body to act on specially sensitized film.

(c) “Medicare” has the meaning given in [s. 49.498 \(1\) \(f\)](#).

(d) “Nurse practitioner” means a registered nurse who is licensed under [ch. 441](#) or who holds a multistate license, as defined in [s. 441.51 \(2\) \(h\)](#), issued in a party state, as defined in [s. 441.51 \(2\) \(k\)](#), and whose practice of professional nursing under [s. 441.001 \(4\)](#) includes performance of delegated medical services under the supervision of a physician, dentist, or podiatrist.

(e) “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 \(2\)](#).

**(2) WELL-WOMAN PROGRAM.** From the appropriation account under [s. 20.435 \(1\) \(cb\)](#), the department shall administer a well-woman program to provide reimbursement for health care screenings, referrals, follow-ups, case management, and patient education provided to low-income, underinsured, and uninsured women. Reimbursement to service providers under this section shall be at the rate of reimbursement for identical services provided under medicare, except that, if projected costs under this section exceed the amounts appropriated under [s. 20.435 \(1\) \(cb\)](#), the department shall modify services or reimbursement accordingly. Within this limitation, the department shall implement the well-woman program to do all of the following:

(a) *Breast cancer screening services.* Provide not more than \$422,600 in each fiscal year as reimbursement for the provision of breast cancer screening services to women who are aged 40 years or older and whose income does not exceed 250 percent of the poverty line, by a hospital or organization that has a mammography unit available for use and that is selected by the department under procedures established by the department. The department shall reduce reimbursement for a service provided under this paragraph by the amount of any applicable 3rd-party coverage.

(b) *Media announcements and educational materials.* Allocate and expend at least \$20,000 in each fiscal year to develop and provide media announcements and educational materials to promote breast cancer screening services that are available under pars. (a) and (c) and to promote health care screening services for women that are available under par. (e).

(c) *Breast cancer screenings using mobile mammography van.* Reimburse the city of Milwaukee public health department for up to \$115,200 in each fiscal year for the performance of breast cancer screening activities with the use of a mobile mammography van.

(d) *Specialized training for rural colposcopic examinations and activities.* Provide not more than \$25,000 in each fiscal year as reimbursement for the provision of specialized training of nurse

practitioners to perform, in rural areas, colposcopic examinations and follow-up activities for the treatment of cervical cancer.

(e) *Health care screening, referral, follow-up, case management, and patient education.* Reimburse service providers for the provision of health care screening, referral, follow-up, case management, and patient education to low-income, underinsured, and uninsured women.

(f) *Women's health campaign.* Conduct a women's health campaign to do all of the following:

1. Increase women's awareness of issues that affect their health.
2. Reduce the prevalence of chronic and debilitating health conditions that affect women.

(g) *Osteoporosis prevention and education.* Conduct an osteoporosis prevention and education program to raise public awareness concerning the causes and nature of osteoporosis, the risk factors for developing osteoporosis, the value of prevention and early detection of osteoporosis, and options for diagnosing and treating osteoporosis.

(h) *Multiple sclerosis education.* Conduct a multiple sclerosis education program to raise public awareness concerning the causes and nature of multiple sclerosis and options for diagnosing and treating multiple sclerosis.

(i) *Multiple sclerosis services.* Allocate and expend up to \$60,000 as reimbursement for the provision of multiple sclerosis services to women.

**(3) SERVICE COORDINATION.** The department shall coordinate the services provided under this section with the services provided under the minority health program under s. 250.20 (2) to (4), to ensure that disparities in the health of women who are minority group members are adequately addressed.

**(4) INFORMATION ABOUT WOMEN WHO RECEIVE SERVICES.** The department shall obtain and share information about women who receive services that are reimbursed under this section as provided in s. 49.475.

**History:** 1991 a. 39 s. 3709, 3710, 3711; Stats. 1991 s. 146.0275; 1991 a. 269; 1993 a. 16; 1993 a. 27 s. 345; Stats. 1993 s. 255.06; 1995 a. 27; 1997 a. 27, 79; 2001 a. 16, 107, 109; 2003 a. 33; 2005 a. 25; 2007 a. 20, 130; 2009 a. 28; 2015 a. 188; 2017 a. 135; 2019 a. 9.

**255.065 Breast density notification. (1)** In this section:

(a) "Dense breast tissue" means heterogeneously dense breasts or extremely dense breasts based on the Breast Imaging Reporting and Data System established by the American College of Radiology.

(b) "Facility" has the meaning given in 42 USC 263b (a) (3).

(c) "Mammography" has the meaning given in s. 255.06 (1) (b).

**(2)** A facility that performs mammography examinations shall, in delivering, as required under 42 USC 263b (f) (1) (G) (ii) (IV), a summary of the results of any mammography examination, provide to patients with dense breast tissue a notice regarding breast density in substantially the following form:

#### BREAST DENSITY NOTIFICATION

Your mammogram shows that your breast tissue is dense. Dense breast tissue is found in almost 40 percent of women and is a normal finding. However, studies show that dense breast tissue can make it harder to find cancer on a mammogram and is associated with a slightly increased risk of breast cancer. Regular screening mammograms are still recommended for you. This information is provided to raise your awareness about the result of your mammogram. You can use this information to talk with your health care professional about your own risks for breast cancer. Together, you can decide which screening options are right for you. The results of your mammogram were sent to your doctor. Please note that breast density is affected by several factors and may change over time.

**(3)** Nothing in this section may be construed to create a duty of care or other legal obligation beyond the duty to provide notice as set forth in this section.

**History:** 2017 a. 201.

**255.07 Life-saving allergy medication; use of epinephrine auto-injectors. (1) DEFINITIONS.** In this section:

(a) "Administer" means the direct application of an epinephrine auto-injector to the body of an individual.

(b) "Authorized entity" means any entity or organization, other than a school described in s. 118.2925, operating or participating in a business, activity, or event at which allergens capable of causing anaphylaxis may be present, including a recreational and educational camp, college, university, day care facility, youth sports league, amusement park, restaurant, place of employment, and sports arena.

(bg) "Authorized individual" means an individual who has successfully completed the training program under sub. (5).

(c) "Epinephrine auto-injector" means a device for the automatic injection of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

(d) "Health care practitioner" means a physician, a physician assistant licensed under s. 448.04 (1) (f), or an advanced practice nurse who is certified to issue prescription orders under s. 441.16.

**(2) PRESCRIBING TO AN AUTHORIZED ENTITY OR INDIVIDUAL PERMITTED.** A health care practitioner may prescribe an epinephrine auto-injector in the name of an authorized entity or an authorized individual for use in accordance with this section.

**(3) AUTHORIZED ENTITIES OR INDIVIDUALS PERMITTED TO MAINTAIN SUPPLY.** An authorized entity or an authorized individual may acquire and maintain a supply of epinephrine auto-injectors pursuant to a prescription issued in accordance with this section. The authorized entity or authorized individual shall store an epinephrine auto-injector in a location readily accessible in an emergency and in accordance with the epinephrine auto-injector's instructions for use. An authorized entity shall designate an employee or agent who has completed the training required in sub. (5) to be responsible for the storage, maintenance, control, and general oversight of epinephrine auto-injectors acquired by the authorized entity.

**(4) USE OF EPINEPHRINE AUTO-INJECTORS.** An employee or agent of an authorized entity who has completed the training required by sub. (5) or an authorized individual may use an epinephrine auto-injector prescribed under sub. (2) to do any of the following:

(a) Provide one or more epinephrine auto-injectors to any individual who the employee, agent, or authorized individual believes in good faith is experiencing anaphylaxis, or to the parent, guardian, or caregiver of that individual for immediate administration, regardless of whether the individual has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy.

(b) Administer an epinephrine auto-injector to any individual who the employee, agent, or authorized individual believes in good faith is experiencing anaphylaxis, regardless of whether the individual has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy.

**(5) TRAINING.** (a) An employee or agent described in sub. (3) or (4) or an individual seeking to be an authorized individual shall complete an anaphylaxis training program and at least every 4 years thereafter. The employee, agent, or individual shall complete a training program conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an organization approved by the department. The department may approve an organization to conduct training, either online or in person, that covers, at a minimum, all of the following:

**5 Updated 17–18 Wis. Stats.**

1. How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis.

2. Standards and procedures for the storage and administration of an epinephrine auto-injector.

3. Emergency follow-up procedures after an epinephrine auto-injector is administered, including the necessity of calling the telephone number “911” or another telephone number for an emergency medical service provider.

(b) The organization that conducts the training under par. (a) shall issue a certificate, on a form approved by the department, to each person who successfully completes the anaphylaxis training program.

**(6) GOOD SAMARITAN PROTECTIONS; LIABILITY.** (a) All of the following are not liable for any injury that results from the administration or failure to administer an epinephrine auto-injector under this section, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct:

1. An authorized entity or authorized individual that possesses and makes available an epinephrine auto-injector and employees, agents, and authorized individuals that store, maintain, control, oversee, provide, or use an epinephrine auto-injector.

2. A health care practitioner who prescribes or dispenses an epinephrine auto-injector to an authorized entity or authorized individual.

3. A pharmacist or other person who dispenses an epinephrine auto-injector to an authorized entity or authorized individual.

4. An organization that conducts the training described in sub. (5).

(b) The use of an epinephrine auto-injector under this section does not constitute the practice of medicine or of any other health care profession that requires a credential to practice.

(c) This immunity from liability or defense provided under this subsection is in addition to and not in lieu of that provided under s. 895.48 or any other defense or immunity provided under state law.

(d) A person is not liable for any injuries or related damages that result from providing or administering an epinephrine auto-injector outside of this state if the person satisfies any of the following criteria:

1. The person would not have been liable for injuries or damages if the epinephrine auto-injector was provided or administered in this state.

2. The person is not liable for injuries or damages under the law of the state in which the epinephrine auto-injector was provided or administered.

(e) Nothing in this section creates or imposes any duty, obligation, or basis for liability on any authorized entity, or employees, agents, or authorized individuals, to acquire or make available an epinephrine auto-injector.

(f) Nothing in this section creates or imposes any duty, obligation, or basis for liability on any employer or any other person to supervise or exercise control over an individual’s provision or administration of an epinephrine auto-injector, if the employer or other person reasonably believes the individual is acting as an authorized individual under this section.

**(7) HEALTH CARE PROVIDERS.** Nothing in this section prohibits a health care provider, as defined in s. 146.81 (1) (a) to (hp) and (q) to (s), from acting within the scope of practice of the health care provider’s license, certificate, permit, or registration.

**History:** 2015 a. 35; 2017 a. 133; 2017 a. 365 s. 111.

**255.085 Diabetes care and prevention action program.**

**(1)** The department shall, in consultation with the department of employee trust funds, develop and implement a plan to reduce the incidence of diabetes in Wisconsin, improve diabetes care, and control complications associated with diabetes. The department

**CHRONIC DISEASE AND INJURIES****255.15**

may also consult with the department of public instruction and the department of corrections in developing a plan under this section.

**(2)** By January 1, 2021, and biennially thereafter, the department shall submit a report to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) that provides all of the following:

(a) An assessment of the financial impact and reach diabetes of all types is having on the department, the state, and localities. This assessment shall include the number of individuals with diabetes impacted or covered by the entity, the number of individuals with diabetes and family members impacted by prevention and diabetes control programs implemented by the department, the financial toll or impact diabetes and its complications place on the department’s programs, and the financial toll or impact diabetes and its complications place on the department’s programs in comparison to other chronic diseases and conditions.

(b) An assessment of the benefits of implemented programs and activities aimed at controlling diabetes and preventing the disease. This assessment shall also document the amount of and source for any funding directed to the department or other entities or organizations from the state for programs and activities aimed at reaching those with diabetes.

(c) A description of the level of coordination existing within the department and between the department and other entities or organizations on activities, programmatic activities, and messaging on managing, treating, or preventing all forms of diabetes and its complications.

(d) The development or revision of the detailed action plan under sub. (1) with a range of actionable items for consideration by the legislature. The department shall identify in the plan proposed steps to reduce the impact of diabetes, prediabetes, and related diabetes complications, and may include associated comorbid conditions. The plan shall also identify expected outcomes of the proposed steps while also establishing benchmarks for controlling and preventing relevant forms of diabetes.

(e) The development of a detailed budget proposal identifying needs, costs, and resources required to implement the plan under sub. (1). This proposal shall include a budget range for all options presented in the plan under sub. (1) for consideration by the legislature.

**History:** 2019 a. 154.

**255.10 Thomas T. Melvin youth tobacco prevention and education program.**

From the moneys distributed under s. 255.15 (3) (b), the department shall administer the Thomas T. Melvin youth tobacco prevention and education program, with the primary purpose of reducing the use of cigarettes and tobacco products by minors. The department shall award grants for the following purposes:

**(1)** Community education provided through local community initiatives.

**(2)** A multimedia education campaign directed at encouraging minors not to begin using tobacco, motivating and assisting adults to stop using tobacco and changing public opinion on the use of tobacco.

**(3)** Public education through grants to schools to expand and implement curricula on tobacco education.

**(4)** Research on methods by which to discourage use of tobacco.

**(5)** Evaluation of the program under this section.

**History:** 1997 a. 27; 2001 a. 16; 2003 a. 33.

**255.15 Statewide tobacco use control program.**

**(1m) DUTIES.** The department shall do all of the following:

(b) Administer the grant program under sub. (3).

(c) Promulgate rules establishing criteria for recipients of grants awarded under sub. (3), including performance-based standards for grant recipients that propose to use the grant for media efforts. The department shall ensure that programs or projects conducted under the grants are culturally sensitive.

**255.15 CHRONIC DISEASE AND INJURIES**

(d) Provide a forum for the discussion, development, and recommendation of public policy alternatives in the field of smoking cessation and prevention.

(e) Provide a clearinghouse of information on matters relating to tobacco issues and how they are being met in different places throughout the nation such that both lay and professional groups in the field of government, health care and education may have additional avenues for sharing experiences and interchanging ideas in the formulation of public policy on tobacco.

(f) Continue implementation of a strategic plan for a statewide tobacco use control program, including the allocation of funding, and update the plan annually.

**(3) USE OF FUNDS.** (b) From the appropriation account under s. 20.435 (1) (fm), the department may award grants for any of the following:

1. Community–based programs to reduce tobacco use.
2. Community–based programs to reduce the burden of tobacco–related diseases.
3. School–based programs relating to tobacco use cessation and prevention.
4. Enforcement of local laws aimed at reducing exposure to secondhand smoke and restricting underage access to tobacco.
5. Grants for partnerships among statewide organizations and businesses that support activities related to tobacco use cessation and prevention.
6. Marketing activities that promote tobacco use cessation and prevention.
7. Projects designed to reduce tobacco use among minorities and pregnant women.
8. Other tobacco use cessation or prevention programs, including tobacco research and intervention.
9. Surveillance of indicators of tobacco use and evaluation of the activities funded under this section.
10. Development of policies that restrict access to tobacco products and reduce exposure to environmental tobacco smoke.
11. To the Board of Regents of the University of Wisconsin System for advancing the work of the tobacco research and intervention center at the University of Wisconsin–Madison in developing new educational programs to discourage tobacco use, determining the most effective strategies for preventing tobacco use, and expanding smoking cessation programs throughout the state.

(bm) From the appropriation account under s. 20.435 (1) (fm), the department shall distribute \$96,000 annually for programs to discourage use of smokeless tobacco.

(c) No recipient of moneys distributed under par. (b) or (bm) may expend more than 10 percent of those moneys for administrative costs.

**(4) REPORTS.** Not later than April 15, 2002, and annually thereafter, the department shall submit to the governor and to the chief clerk of each house of the legislature for distribution under s. 13.172 (2) a report that evaluates the success of the grant program under sub. (3). The report shall specify the number of grants awarded during the immediately preceding fiscal year and the purpose for which each grant was made. The report shall also specify donations and grants accepted by the department under sub. (5).

**(5) FUNDS.** The department may accept for any of the purposes under this section any donations and grants of money, equipment, supplies, materials and services from any person. The department shall include in the report under sub. (4) any donation or grant accepted by the department under this subsection, including the nature, amount and conditions, if any, of the donation or grant and the identity of the donor.

**History:** 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25; 2009 a. 28; 2011 a. 32.

**Cross-reference:** See also ch. DHS 199, Wis. adm. code.

**Updated 17–18 Wis. Stats. 6****SUBCHAPTER III****INJURY PREVENTION AND CONTROL**

**255.20 Duties of the department.** The department shall do all of the following:

**(1)** Maintain an injury prevention program that includes data collection, surveillance, education and the promotion of intervention.

**(2)** Assist local health departments and community agencies by serving as a focal point for injury prevention expertise and guidance and by providing the leadership for effective local program development and evaluation.

**(3)** Enter into memoranda of understanding with other state agencies to reduce intentional and unintentional injuries.

**History:** 1993 a. 27.

**255.30 Safety eye protective goggles.** **(1)** Every student and teacher in schools, colleges, universities and other educational institutions participating in or observing any of the following courses is required to wear appropriate industrial quality eye protective goggles at all times while participating in or observing such courses or laboratories:

(a) Vocational, technical or industrial arts shops, chemical or chemical–physical laboratories involving exposure to:

1. Hot molten metals or other molten materials.
2. Milling, sawing, turning, shaping, cutting, grinding or stamping of any solid materials.
3. Heat treatment, tempering or kiln firing of any metal or other materials.
4. Gas or electric arc welding or other forms of welding processes.
5. Repair or servicing of any vehicle.
6. Caustic or explosive materials.

(b) Chemical, physical or combined chemical–physical laboratories involving caustic or explosive materials, hot liquids or solids, injurious radiations or other hazards not enumerated.

**(2)** Eye protective goggles may be furnished for all students and teachers by the institution, purchased and sold at cost to students and teachers or made available for a moderate rental fee and shall be furnished for all visitors.

**(3)** In this section, “industrial quality eye protective goggles” means devices meeting the standards of the American National Standard Practice for Occupational and Educational Eye and Face Protection, Z87.1 — 1968, and subsequent revisions thereof, approved by the American National Standards Institute, Inc.

**(4)** The state superintendent of public instruction shall prepare and circulate to each public and private educational institution and to each tribal school, as defined in s. 115.001 (15m), in this state instructions and recommendations for implementing the eye safety provisions of this section.

**History:** 1973 c. 66; 1993 a. 27 s. 315; Stats. 1993 s. 255.30; 1993 a. 399; 1995 a. 27; 1997 a. 27; 2009 a. 302.

**255.35 Statewide poison control system. (1m) DEFINITIONS.** In this section:

(a) “Appropriate health–oriented background” means one of the following:

1. Licensure as an emergency medical technician, advanced emergency medical technician, emergency medical technician — intermediate, or paramedic under s. 256.15 (5) (a).
2. Licensure as a licensed practical nurse under s. 441.10.
3. Completion of a training program directed by a physician specializing in toxicology and, as determined by the medical director of a poison control center, background sufficient to

understand and interpret standard poison information resources and to transmit that information understandably to both health professionals and the public under the direct supervision of a staff member specified under sub. (3m) (b) 1. to 7. or the medical director.

(b) “On–line staff member” means a member of the staff of a poison control center who personally responds to telephone inquiries received by the poison control center.

(c) “Pharmacist” has the meaning given in s. 450.01 (15).

(d) “Physician” has the meaning given in s. 448.01 (5).

(e) “Poison control services” means poison prevention education, and rapid and accurate poison interpretation, poison intervention and management information.

(f) “Registered nurse” means a nurse who is licensed under s. 441.06.

(g) “School of pharmacy” means a school of pharmacy that is accredited by the Accreditation Council for Pharmacy Education.

**(3) POISON CONTROL.** (a) The department shall implement a statewide poison control system, which shall provide poison control services that are available statewide, on a 24–hour per day and 365–day per year basis and shall provide poison information and education to health care professionals and the public. From the appropriation account under s. 20.435 (1) (ds), the department shall, if the requirement under par. (b) is met, distribute total funding of not more than \$425,000 in each fiscal year to supplement the operation of the system and to provide for the statewide collection and reporting of poison control data. The department may, but need not, distribute all of the funds in each fiscal year to a single poison control center.

(b) No poison control center may receive funds under par. (a) unless the poison control center provides a matching contribution of at least 50 percent of the state funding for the center. Private funds and in–kind contributions may be used to meet this requirement.

(c) The department may use moneys expended from the appropriation under s. 20.435 (1) (ds) for the poison control system under this section as the state share for purposes of obtaining federal matching funds under 42 USC 1397aa to 42 USC 1397mm, if those moneys are eligible for a federal funding match.

**(3m) REQUIREMENTS OF POISON CONTROL CENTERS.** (a) A poison control center shall maintain telephone services capable of providing rapid, accurate and complete poison information that is accessible throughout the state and that is free to users through a statewide toll–free hotline.

(b) An on–line staff member who interprets poison exposure data and provides poison intervention and management information shall be one of the following:

1. A registered nurse.
2. A pharmacist.
3. A physician.
4. A person who is certified by or eligible for certification by the American Association of Poison Control Centers as a specialist in poison information.
5. A school of pharmacy graduate who is in residency training.
6. A school of pharmacy enrollee who has completed the 2nd professional practice year.
7. A person who was employed as an on–line staff member on May 1, 1994, who has worked in that capacity at the poison control center for at least 3 years and who annually receives at least 16 documented hours of continuing education in interpreting poison exposure data and providing poison intervention and management information.

8. A person who is designated as a poison information provider, annually receives at least 16 documented hours of job–relevant continuing education and has an appropriate health–oriented background.

9. A person who obtained relevant education, training, instruction, or other experience in connection with military service, as defined in s. 111.32 (12g), if the person or the poison control center demonstrates to the satisfaction of the department that the education, training, instruction, or other experience that the person obtained in connection with his or her military service is substantially equivalent to the education, training, instruction, or other experience that is required to interpret poison exposure data and provide poison intervention and management information for a poison control center.

**(4) RULE MAKING.** The department shall promulgate rules that specify the information that shall be reported to the department under the statewide poison control program.

**History:** 1993 a. 16; 1995 a. 27; 1997 a. 27; 1999 a. 9; 2007 a. 20; 2007 a. 130 ss. 151 to 155; Stats. 2007 s. 255.35; 2009 a. 28; 2011 a. 120; 2013 a. 124; 2015 a. 55; 2017 a. 12.

**Cross–reference:** See also ch. DHS 167, Wis. adm. code.

**255.40 Reporting of wounds and burn injuries. (1)** In this section:

(a) “Crime” has the meaning specified in s. 949.01 (1).

(b) “Inpatient health care facility” has the meaning specified in s. 50.135 (1).

**(2)** (a) Any person licensed, certified or registered by the state under ch. 441, 448 or 455 who treats a patient suffering from any of the following shall report in accordance with par. (b):

1. A gunshot wound.
2. Any wound other than a gunshot wound if the person has reasonable cause to believe that the wound occurred as a result of a crime.
3. Second–degree or 3rd–degree burns to at least 5 percent of the patient’s body or, due to the inhalation of superheated air, swelling of the patient’s larynx or a burn to the patient’s upper respiratory tract, if the person has reasonable cause to believe that the burn occurred as a result of a crime.

(b) For any mandatory report under par. (a), the person shall report the patient’s name and the type of wound or burn injury involved as soon as reasonably possible to the local police department or county sheriff’s office for the area where the treatment is rendered.

(c) Any such person who intentionally fails to report as required under this subsection may be required to forfeit not more than \$500.

**(3)** Any person reporting in good faith under sub. (2), and any inpatient health care facility that employs the person who reports, are immune from all civil and criminal liability that may result because of the report. In any proceeding, the good faith of any person reporting under this section shall be presumed.

**(4)** The reporting requirement under sub. (2) does not apply under any of the following circumstances:

- (a) The patient is accompanied by a law enforcement officer at the time treatment is rendered.
- (b) The patient’s name and type of wound or burn injury have been previously reported under sub. (2).
- (c) The wound is a gunshot wound and appears to have occurred at least 30 days prior to the time of treatment.

**History:** 1987 a. 233; 1991 a. 39; 1993 a. 27; 2007 a. 130 s. 168; Stats. 2007 s. 255.40.