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) In a county with a population of less than 750,000, any of the following:

1. 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.

2. A city–county health department established under s. 251.02 (1m).

3. A city health department that was established before January 1, 1994, or that withdraws under s. 251.15 (2) or, as a city–city local health department established under s. 251.02 (3t), that withdraws under s. 251.15 (2m).

4. A village or town health department under s. 251.02 (3m).

5. A multiple municipal local health department established under s. 251.02 (3r).

6. A city–city health department established under s. 251.02 (3t).

(b) In a county with a population of 750,000 or more, a city, village, or multiple municipal health department established under s. 251.02 (2).

(c) A multiple county health department established under s. 251.02 (3).

(5) "Local health officer" means the health officer who is in charge of a local health department.

(6) "Physician" has the meaning given in s. 448.01 (5).

(6g) "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.

(6r) "Public health emergency" has the meaning given in s. 323.02 (16).

(7) "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) (h), issued in a party state, as defined in s. 441.51 (2) (k).

(8) "Secretary" means the secretary of health services.

(9) "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.

History: 1993 a. 27 ss. 162, 322, 449; 1995 a. 27 s. 9126 (19); 1999 a. 9, 22; 2001 a. 16, 109; 2003 a. 158; 2005 a. 220; 2007 a. 20 s. 9121 (6) (a); 2007 a. 130; 2009 a. 42; 2017 a. 135; 2017 a. 207 s. 5.

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.

History: 1993 a. 27 ss. 163, 450; Stats. 1993 s. 250.02.

250.03 Public health system. (1) The department shall:

(a) 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.

(b) Serve as the state lead agency for public health.

(c) Assess the health needs in the state based on statewide data collection.

(d) Advise the legislature on the development of an adequate statutory base for health activities in the state.

(e) Establish statewide health objectives and delegate power to local health departments to achieve the objectives as the department considers appropriate.

(f) Support local public health service capacity building through grants, consultation and technical assistance.

(g) 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.

(h) Distribute state and federal public health funds under its control in a manner that will promote the development and maintenance 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.

(L) Perform or facilitate the performance of all of the following services and functions:

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 individual 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 personal 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) (a) No later than 90 days after a state of emergency relating to public health is declared and the department is designated under s. 323.10 as the lead state agency to respond to that emergency and no later than 90 days after the termination of this state of emergency relating to public health, the department shall submit to the legislature under s. 13.172 (2) and to the governor a report on all of the following:

1. The emergency powers used by the public health authority or its agents.

2. The expenses incurred by the public health authority and its agents in acting under the state of emergency related to public health.

(b) Biennially, after first consulting with the adjutant general, local health departments, health care providers, as defined in s. 146.81 (1) (a) to (p), and law enforcement agencies, as defined in s. 165.77 (1) (b), the department shall submit to the legislature under s. 13.172 (2) and to the governor a report on the preparedness of the public health system to address public health emergencies.

History: 1993 a. 27; 2001 a. 109; 2005 a. 198; 2009 a. 28, 42.

250.04 Powers and duties of the department. (1) The department has general supervision throughout the state of the health of citizens and shall study especially the vital statistics of the state and use the analysis of the vital statistics for health planning. The department may, upon due notice, enter upon and inspect private property. The department has power to execute what is reasonable and necessary for the prevention and suppression of disease. The department may or, if required, shall advise public boards or officers in regard to heating and ventilation of any public building or institution. The department may investigate the cause and circumstances of any special or unusual disease or mortality or inspect any public building and may do any act necessary for the investigation.

(2) (a) The department possesses all powers necessary to fulfill the duties prescribed in the statutes and to bring action in the courts for the enforcement of public health statutes and rules.

(b) If local health departments fail to enforce public health statutes or rules, the department may enforce those statutes and rules. If the department does this, the county, city or village for which the local health department has jurisdiction shall reimburse the department for expenses that the department incurs in enforcing communicable disease statutes and rules.

(3) (a) The department shall establish and maintain surveillance activities sufficient to detect any occurrence of acute, communicable or chronic diseases and threat of occupational or environmental hazards, injuries or changes in the health of mothers and children.

(b) 1. The department shall analyze occurrences, trends and patterns of acute, communicable or chronic diseases, maternal and child health, injuries and occupational and environmental hazards and distribute information based on the analyses.

2. The department shall, in cooperation with local health departments, maintain a public health data system.

3. The department may conduct investigations, studies, experiments and research pertaining to any public health problems which are a cause or potential cause of morbidity or mortality and methods for the prevention or amelioration of those public health problems. For the conduct of the investigations, studies, experiments and research, the department may on behalf of the state accept funds from any public or private agency, organization or person. It may conduct the investigations, studies, experiments and research independently or by contract or in cooperation with any public or private agency, organization or person including any political subdivision of the state. Individual questionnaires or surveys shall be treated as confidential patient health care records under ss. 146.81 to 146.835, but the information in those questionnaires and surveys may be released in statistical summaries.

4. The department may use hospital emergency room and inpatient health care records, abstracts of these records and information the state or federal government collects to correlate exposure 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.

(c) 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 subpopulations of the state.

(3m) The department may charge a reasonable fee for the analysis and provision of data under this section.

(4) (a) The department shall administer programs for the control and prevention of public health problems.

(b) The department shall be responsible for follow−up investigations of unusual occurrences of acute, communicable and chronic diseases, occupational and environmental hazards, unusual injuries and unusual changes in maternal and child health.

(5) Where the use of any pesticide results in a threat to the public health, 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 matter under the department's supervision that are necessary to provide 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 offered to the state free of charge for rent, light, heat and janitor service. The department may also establish and aid in maintaining in conjunction with the cities of the state not more than 7 state cooperative laboratories. All of the cooperative laboratories shall be operated in the manner and under the conditions that the department establishes in rules that the department may promulgate.

(10) The department may investigate and supervise the sanitary conditions of all charitable, curative, reformatory and penal institutions, all detention homes for children and the hospitals and institutions that are organized for the purposes set forth in s. 58.01. The department may visit the jails, municipal prisons, houses of correction and all other places in which persons convicted or suspected of crime or mentally ill persons are confined and ascertain the sanitary conditions of those places.

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.

History: 1971 c. 100 s. 23; 1973 c. 90; 1975 c. 37, 39; 1975 c. 94 s. 91 (9); 1975 c. 292, 422; 1977 c. 29, 418; 1979 c. 221, 229, 334, 355; 1981 c. 20, 214, 257; 1983 a. 203; 1985 a. 340; 1987 a. 27 ss. 1786, 1787, 3200 (24); 1987 a. 399; 1989 a. 173, 264; 1991 a. 39, 178, 269; 1993 a. 16; 1993 a. 27 s. 170, 171, 173, 174, 176, 178, 179, 180, 183, 187, 250, 452 to 456; 1993 a. 209, 491; 1997 a. 27; 2005 a. 198; 2007 a. 116.

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).

250.041 Denial, nonrenewal and suspension of registration, license, certification, approval, permit and certificate based on certain delinquency in payment. **(1)** Except as provided in sub. (1m), the department shall require each applicant to provide the department with the applicant's social security number, if the applicant is an individual, as a condition of issuing or renewing any of the following:

(c) A certification under s. 254.176 (1) or (3) or 254.20 (2), (3) or (4).

(d) An approval under s. 254.178 (2) (a).

(1m) If an individual who applies for or to renew a registration, license, certification, approval, permit or certificate under sub. (1) does not have a social security number, the individual, as a condition of obtaining the registration, license, certification, approval, permit or certificate, shall submit a statement made or subscribed under oath or affirmation to the department that the applicant does not have a social security number. The form of the statement shall be prescribed by the department of children and families. A registration, license, certification, approval, permit or certificate issued or renewed in reliance upon a false statement submitted under this subsection is invalid.

(2) The department of health services may not disclose any information received under sub. (1) to any person except to the department of children and families for the purpose of making certifications required under s. 49.857.

(3) The department of health services shall deny an application for the issuance or renewal of a registration, license, certification, approval, permit or certificate specified in sub. (1) or may, under a memorandum of understanding under s. 49.857 (2), suspend or restrict a registration, license, certification, approval, permit or certificate specified in sub. (1) if the department of children and families certifies under s. 49.857 that the applicant for or holder of the registration, license, certification, approval, permit or certificate is delinquent in the payment of court–ordered payments of child or family support, maintenance, birth expenses, medical expenses or other expenses related to the support of a child or former spouse or fails to comply, after appropriate notice, with a subpoena or warrant issued by the department of children and families or a county child support agency under s. 59.53 (5) and related to paternity or child support proceedings.

History: 1997 a. 191; 1999 a. 9; 2005 a. 25; 2007 a. 20 ss. 3032, 3033, 9121 (6) (a); 2015 a. 55.

250.042 Powers and duties of the department as public health authority. **(1)** If the governor declares a state of emergency related to public health under s. 323.10 and designates the department as the lead state agency to respond to that emergency, the department shall act as the public health authority during the period of the state of emergency. The department shall ensure that the emergency operations during the state of emergency are conducted using the incident command system required under s. 323.13 (1) (b). During the period of the state of emergency, the secretary may designate a local health department as an agent of the department and confer upon the local health department, acting under that agency, the powers and duties of the public health authority.

(2) As the public health authority, the department may do any of the following:

(a) Purchase, store, or distribute antitoxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies that the department determines are advisable to control a public health emergency.

(b) Act as specified in s. 252.041.

(3) (a) As the public health authority, the department shall inform state residents of all of the following:

1. When a state of emergency related to public health has been declared or is terminated.

2. How to protect themselves from a public health emergency.

3. What actions the public health authority is taking to control a public health emergency.

(b) The public health authority shall provide the information specified in par. (a) by all available and reasonable means calculated to inform the general public, including reasonable efforts to make the information accessible to individuals with disabilities

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.

History: 2001 a. 109; 2003 a. 186; 2005 a. 96; 2007 a. 79, 99, 153; 2009 a. 42.

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 only upon obtaining a special inspection warrant 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.

(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, premises or vehicle a temporary order which prohibits the sale or movement of the drugs for any purpose or prohibits the operations or methods of operation which create the immediate danger, or both. The temporary order may be effective for a period of no longer than 14 days from the time of its delivery, but it may be reissued for one additional 14–day period if necessary to complete the analysis or examination of samples, specimens or other evidence.

(b) No drugs described in a temporary order issued and delivered under par. (a) may be sold or moved and no operation or method of operation prohibited by the temporary order may be resumed without the approval of the department until the order has terminated or the time period specified in par. (a) has run out, whichever is earlier. If the department, upon completed analysis and examination, determines that the drugs, operations or methods of operation do not create an immediate danger to health, the owner or custodian of the drugs, premises or vehicle shall be promptly notified, in writing, and the temporary order shall terminate upon receipt of the written notice.

(c) Where the analysis or examination shows that the drugs, operations or methods of operation constitute an immediate danger to health, the owner or custodian shall be notified within the effective period of the temporary order under par. (a). Upon receipt of the notice, no drugs described in the temporary order may be sold or moved and no operation or method of operation prohibited by the order may be resumed without the approval of the department pending the issuance of a final decision under sub. (4).

(4) A notice issued under sub. (3) (c) shall be accompanied by notice of a hearing as provided in s. 227.44. The hearing shall be held no later than 15 days after the service of the notice unless both parties agree, in writing, to a later date. A final decision shall be issued under s. 227.47 within 10 days of the hearing. If a finding is made that the drugs, operations or methods of operation constitute a danger to health, the decision may order the destruction of the drugs, the diversion of the drugs to uses which do not pose a danger to health, modification of the drugs so that they do not create a danger to health or changes in or the cessation of operations or methods of operation to remove the danger to health.

(5) (a) Any person who violates this section or an order issued under this section may be fined not more than $10,000 plus the retail value of any drugs moved, sold or disposed of in violation of this section or an order issued under this section or imprisoned not more than one year in the county jail or both.

(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.

(3) 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.

History: 1971 c. 42; 1975 c. 115; 1977 c. 29 ss. 1157, 1157m, 1657 (18) (f); 1983 a. 189 s. 329 (17); 1985 a. 281; 1989 a. 56 s. 259; 1993 a. 27 ss. 272, 273, 275; Stats. 1993 s. 250.06; 2011 a. 120.

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 in 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

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

History: 1993 a. 27; 2003 a. 186; 2005 a. 198.

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 conjunction 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 no less than $50,000 for fluoride varnish and other evidence–based oral health activities, $700,000 for school–based preventive dental services, and $100,000 for school–based restorative dental services.

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

History: 1989 a. 336; 1991 a. 39; 1993 a. 16; 1993 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; 2019 a. 9.

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) (fh), 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) made 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) "African 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.
4. An Asian.

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

(i) "Other agencies and organizations" means agencies of local, state and federal governments and private organizations that are not inter–tribal organizations or tribal agencies.

(j) "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).

(k) "State agency" has the meaning given in s. 16.70 (1e).

(L) "Tribal agency" means an agency created by a tribe.

(m) "Tribe" 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) (cr), 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) (cr), 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 manner 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:

(am) 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.

(bm) 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; 2019 a. 9.

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.
6. Nutrition education.
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.