

State approaches to pharmacy reform

How selected states approach pharmacy practice

Why definitions matter

States use standard of care language in different ways. Some change discipline or the interpretation of pharmacy practice; some expand clinical authority. Adoption dates and service details also differ. Calling each state’s approach identical obscures the choices Wisconsin would need to make.

Selected state approaches

State	What the source shows	Lesson for Wisconsin
Idaho	Broad prescribing experience; HB 200 moved former Board rules into statute in 2025	Check updated statutes as well as clinical responsibilities
Alaska	Board reports implementation in January 2024 followed by further rule alignment	Plan the transition as well as the law
Iowa	The 2026 Code links practice to prohibitions in statute and rules, preparation, and accepted professional care	Read general principles and specific authority together
Kansas	2026 HB 2068 combines a professional standard with categories for initiating therapy and other requirements	Study the details of a negotiated approach
New Hampshire	Chapter 311 expands clinical practice language and preserves a diagnosis boundary	Expanded authority can still include specific limits

A broader movement

ASHP’s 2026 policy also discusses Montana and federal pharmacy systems. Different lists use different criteria. These selected examples show a range of approaches; they are not a complete count of states or identical legal frameworks.

Sources

ASHP Policy Position 2611 Standard of Care Regulatory Model 2026
Idaho Board of Pharmacy statutes rules and guidance including 2025 HB 200
Alaska Board of Pharmacy FY 2024 Annual Report pages 3 and 5
Iowa Code 2026 Chapter 155A especially 155A.2B
Kansas HB 2068 2026 bill record and enacted legislation summary
New Hampshire HB 1735 Chapter 311 final version 2026

What Wisconsin can learn

What the laws change and what the research shows

Idaho access evidence

Shakya and colleagues analyzed Medicare data after Idaho's prescribing reform. They found increased use of albuterol and insulin pen needles, estimating roughly three additional beneficiaries per pharmacist across those products. The study was first published online in 2024 and appeared in the 2025 journal volume. It is not a statewide Wisconsin forecast or proof of fewer emergency visits.

Alaska implementation

The Board's FY 2024 report describes adding a standard of care model in January 2024 and identifies further regulatory alignment needs. A policy can be adopted before all operational questions are settled.

Iowa legal structure

Section 155A.2B considers express prohibitions in both the statute and Board rules, the professional's preparation, and accepted care in a similar setting. Specific provisions address prescriptions, refills, substitution, and records. General interpretation and specific duties must be read together.

Kansas and New Hampshire

Kansas addresses categories of therapy initiation and supporting duties. New Hampshire's Chapter 311 includes prescribing and tests within preparation, setting, and applicable law, and expressly does not permit changing a prescribing clinician's diagnosis. The relevant pharmacy provisions took effect September 8 2026. These newer designs do not yet establish long term results for every service.

Questions to bring back to Wisconsin

- What interpretation rule and explicit clinical authority are being proposed?
- Which restrictions, patient protections, and federal requirements remain?
- Who handles rules, pharmacy readiness, payment, and oversight?
- What patient outcomes and implementation measures will be assessed?

Sources

Shakya S, Plemmons A, Bae K, Timmons E. The pharmacist will see you now. *Contemp Econ Policy*. 2025;43:161–174. doi:10.1111/coep.12647. First published April 26, 2024.