

Putting pharmacy reform into practice

What would need to happen before patients could use expanded services

Permission is the first step

A change in law could allow more care. Patients would still need pharmacies that are prepared to offer it, clear information about eligibility, and an affordable way to use the service. Implementation should be part of the policy discussion from the beginning.

Responsibilities after a reform

Partner	Work to resolve
Legislature and policy reviewers	Authority, exclusions, duties, agency powers, and effective provisions
Pharmacy Examining Board and DSPS	Rule alignment, guidance, licensing oversight, and complaints
DHS and insurers	Coverage, enrollment, contracts, codes, payment, and patient charges
Pharmacists and pharmacies	Competence, staffing, privacy, equipment, patient information, records, and referral
Other clinicians and health systems	Reliable communication, follow up, and referral connections
Patients and community partners	Whether information, cost, location, language, and access meet their needs

Timing

The October 21 meeting concerns the educational campaign. A schedule for expanded services would follow the actual Wisconsin legislation, effective provisions, and agency requirements. That policy timeline is separate from the chapter distribution plan.

Sources

Wisconsin Statutes Chapter 450
Wisconsin Administrative Code Phar 10 especially Phar 10.03(2)
ForwardHealth Online Handbook pharmacist policies

A service that patients can use

Readiness must be checked for each pharmacy and each service

Wisconsin pharmacies reported staffing, time, and financial barriers in a 2021–2022 survey published in 2024. These barriers help explain why legal authority and practical readiness must be considered together.

Look KA, Black P, Arzt J, et al. Assessing community pharmacy services in health professional shortage areas across Wisconsin. J Am Pharm Assoc. 2024;64(2):506–511.e3. doi:10.1016/j.japh.2023.10.036.

Before offering care

- The pharmacist is prepared for the service and can maintain competence.
- Staffing and time support the new work without making existing care unsafe.
- The pharmacist can obtain enough patient information and recognize warning signs.
- Privacy, equipment, testing permissions, and records are suitable.
- The patient receives an understandable plan and a workable referral when needed.
- Communication and follow up have named responsibilities.
- Prices, billing, liability, and quality review have been resolved.

A pharmacist's decision

More authority should allow appropriate care without pressuring a pharmacist to act when information or resources are inadequate. Specific legal protections against unsafe workload or retaliation would need to be established in the relevant law and policy.

Payment

ForwardHealth has a pathway for enrolled pharmacists to bill covered medical services within applicable authority. Coverage, patient eligibility, enrollment, contracts, documentation, and billing rules still apply. Use the current Online Handbook; the old Act 98 project landing page directs providers there.

Sources

ForwardHealth Online Handbook pharmacist policies

ASHP Policy Position 2611 Standard of Care Regulatory Model 2026

What to measure after services begin

Assess real access and experience as well as activity

Questions and measures

Question	Examples of evidence
Can people get appropriate care?	Completed visits, unmet requests, wait time, participating locations, and referral completion
Is care safe and connected?	Safety events, complaints, follow up, documentation, and care team notification
Who can use it?	Access by geography, language, disability, payer, and other appropriate measures
Can pharmacies sustain it?	Staff time, existing service effects, claims, denials, costs, and payment
Can the state oversee it?	Guidance requests, investigations, unresolved rules, and oversight capacity

How to report honestly

Show counts alongside the number of visits or people they came from. Distinguish a lack of reported harm from evidence that no harm occurred. Report missing information and barriers, not just favorable findings.

When to adjust

Correct or pause a service if information is repeatedly inadequate, referral breaks down, workload threatens safety, or costs make access unrealistic. Set the actual thresholds through the responsible clinical and oversight process.

Patient questions to retain

Is the service available here? Am I eligible? What will it cost? Can we speak privately? What happens if I need another clinician? How do I receive the plan or raise a concern?