

Pharmacy standard of care reform

A student guide to the idea, the evidence, and the Wisconsin discussion

Why students should understand it

Pharmacy students are learning when to assess, act, collaborate, and refer. Regulation determines how that preparation can be used in practice. Understanding the proposal helps students discuss access without promising authority or services that do not exist.

The movement has three parts

NASPA describes a disciplinary approach, a way to interpret pharmacy law, and explicit clinical authority. Discipline asks whether care met professional expectations. Interpretation considers which methods of practice are permissible. Clinical authority defines functions such as prescribing or testing. Changing one part does not automatically change the others.

A plain explanation

Qualified pharmacists could have clearer authority to use their training to help patients, while still working within law and being accountable for their decisions. The actual Wisconsin design remains a policy choice.

Wisconsin today

The current Phar 10.03(2) addresses departures from the standard of care that harm or could harm a patient. It is an accountability rule, not independent authorization for broad prescribing. Chapter 450 and applicable practice rules and arrangements must still be checked.

Sources

NASPA Standard of Care Regulatory Model updated September 29 2026

ASHP Policy Position 2611 Standard of Care Regulatory Model 2026

Wisconsin Administrative Code Phar 10 especially Phar 10.03(2)

Wisconsin Statutes Chapter 450

Judgment at the point of care

Preparation must fit the patient and the service

Education and current competence

Pharmacy education provides a foundation for patient care. It does not establish that every pharmacist is currently prepared for every service. Service specific competence, relevant experience, reliable information, and site capability matter.

Questions before acting

- Is this care permitted under current law and the applicable pathway?
- Do I have enough information to make a sound decision?
- Am I prepared for this service, and can the site support it?
- Are there warning signs or other reasons another clinician should help?
- Can I document, communicate, and arrange appropriate follow up?

A hypothetical access example

A person needs a replacement rescue inhaler and cannot reach the usual prescriber. The pharmacist considers symptoms, history, available information, and current legal options. Expanded authority might make some requests easier to address. Severe breathing difficulty still requires emergency care; the example is not a treatment protocol.

Care remains a team activity

When care is provided, patients need an understandable plan and appropriate communication with their usual clinician. Referral is part of good care, not a failure of the pharmacy model.

Care that reform could affect

Examples for policy discussion rather than a list of newly available Wisconsin services

Areas to consider

Area	Possible use	Important limit
Keeping a medicine available	Addressing some interruptions in an established medicine or device	Current legal options and adequate information must be checked
Managing medicines	Starting or changing treatment where the law allows it	Preparation, patient needs, records, and referral still matter
Testing	Ordering or interpreting suitable tests as part of permitted care	Permission to test does not itself authorize prescribing
Prevention	Examples such as vaccination or tobacco cessation	Some services already have specific legal pathways
Common health concerns	Assessing appropriate requests and providing permitted care or referral	A broad model is not permission to treat every symptom or condition

Existing care and possible changes

Pharmacists already provide several patient care services under specific laws and arrangements. Reform could change how additional care is authorized. The idea builds on existing pharmacy care.

A question for each example

What part of this request is currently permitted, what would require a change, and what would still need another clinician? The answer must follow the actual Wisconsin law and the patient's situation. New authority cannot replace missing information, appropriate training, or pharmacy readiness.

Sources

NASPA Standard of Care Regulatory Model updated September 29 2026

ASHP Policy Position 2611 Standard of Care Regulatory Model 2026

Wisconsin Statutes Chapter 450

Reading the evidence

What studies found, and where the evidence is limited

Evidence and limits

Source	Finding	Limit
Look et al 2021	265 of 837 Wisconsin community pharmacies were in primary care shortage areas using 2019 location data	Historical geography does not establish current capacity
Teahan et al 2026	39 studies reported prescribing outcomes across settings	Low or very low certainty; clinical services varied
Shakya et al 2025	Idaho reform was followed by increased Medicare use of two selected products	Access findings do not establish all clinical benefits or savings

The review in detail

Of 153 reported outcomes, 46 significantly favored pharmacist prescribing, 74 had no significant difference, four favored non pharmacist prescribing, and 29 lacked inferential statistics. Outcomes are not independent patients, and these counts are not a single pooled success rate. No significant difference alone is not proof of equivalence.

Wisconsin service delivery

A Wisconsin survey collected in 2021–2022 received responses from 287 of 774 eligible pharmacies. Staffing, time, and financial issues were the most commonly reported barriers to providing services. This describes responding pharmacies, rather than today’s capacity or the effect of reform.

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.

The practical conclusion

The research supports serious consideration of pharmacist prescribing and appropriate implementation. It does not establish that every proposed service is safe in every setting or that changing Wisconsin law alone will improve outcomes.

Sources

Look KA, Dekeyser C, Conjurske S, et al. Illustrating access to community pharmacies in Wisconsin. J Am Pharm Assoc. 2021;61(4):492–499. doi:10.1016/j.japh.2021.02.004.

Teahan Á, et al. Effectiveness and safety of pharmacist prescribing: a systematic review. BMJ Open. 2026;16:e112886. doi:10.1136/bmjopen-2025-112886.

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.

From policy to available care

Authority, readiness, and payment need to work together

Different state designs

The State Examples guide compares selected approaches rather than treating every state as identical. Wisconsin would need to decide the interpretation rule, explicit clinical functions, remaining restrictions, patient duties, and implementation responsibilities.

A pharmacy must be ready

Staffing, time, privacy, patient records, equipment, clinical processes, communication, referral, and liability arrangements determine what a site can support. Added work should not make existing services unsafe.

Payment remains separate

Legal permission does not guarantee insurance coverage. Current ForwardHealth policies provide a pathway for enrolled pharmacists to bill covered medical services, but benefit, enrollment, contract, documentation, and claims requirements still apply.

Sharing the campaign

Student PSW clubs can use the presentation at chapter meetings, share the handout at campus events, and post the campaign graphics on their social channels. Patient examples give students a concrete way to discuss the proposal.

Questions worth keeping open

Which clinical functions should be included? How would patients understand eligibility and cost? What should happen when care is not appropriate at the pharmacy? How would the state and participating sites measure the results?

Sources

[ASHP Policy Position 2611 Standard of Care Regulatory Model 2026](#)

[ForwardHealth Online Handbook pharmacist policies](#)

[PSW Student Pharmacist Advisory Committee](#)