

More ways your pharmacist could help

A guide to the discussion about pharmacy standard of care reform in Wisconsin

The idea

Pharmacists already help people use medicines safely. The approach being discussed would give qualified pharmacists clearer authority to provide more care within their training, while keeping legal limits and responsibility for the care they provide.

What standard of care means

It means the care a reasonably careful professional with similar training and experience would provide in the same situation. Reform could give pharmacists more room to use that judgment. They would still need enough information about you and a suitable setting, and would refer you when another health professional could better meet your needs.

What could change for you

For some needs, you might have another place to seek care close to home. What is available would depend on any change to Wisconsin law, the pharmacist's preparation, and what that pharmacy can offer. This guide describes a policy discussion, not a list of new services available today.

Questions you can ask now

- Can you help with this, or should I see a doctor or another health professional?
- What information do you need from me?
- Is this service available here, and what might it cost?
- What should I do next, and who will receive the visit information?

Sources

NASPA Standard of Care Regulatory Model updated September 29 2026

ASHP Policy Position 2611 Standard of Care Regulatory Model 2026

What a pharmacy visit could involve

A hypothetical example of medication access and a separate example of referral

An established medication need

A person realizes they need a replacement rescue inhaler before the weekend and cannot reach their usual prescriber. They are not having severe symptoms. The pharmacist checks the history, symptoms, available records, and current legal options. If the law allowed it, some requests might be addressed at the pharmacy. Others would still need the prescriber or a different care setting.

When the pharmacy is not the right setting

A person with severe trouble breathing needs emergency help. They should call 911 rather than wait for a routine pharmacy visit. Good judgment includes recognizing when pharmacy care is not enough.

What you should leave with

If care is provided, ask for a clear explanation of the plan, any medicine instructions, warning signs, and follow up. Ask how the visit will be documented and communicated to your usual clinician. If referral is needed, ask where to go and how soon.

Cost and choice

Ask about the service cost and medicine cost before agreeing whenever possible. A change in law would not automatically make insurance pay. You can ask questions, request a private conversation, and decide whether an offered service is right for you.

Using this guide

This guide can help you understand the proposed change and prepare questions. Ask your pharmacy which services it offers today.

Sources

[Wisconsin Statutes Chapter 450](#)

[ForwardHealth Online Handbook pharmacist policies](#)

[AHRQ The 10 Questions You Should Know](#)

[NHLBI Asthma Attack emergency guidance](#)

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	Helping with some gaps in access to a medicine or device you already use	The pharmacist needs the right information and must follow current law
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	Being allowed to offer a test does not automatically mean the pharmacist can prescribe treatment
Prevention	Examples such as vaccination or tobacco cessation	Some services already have specific legal pathways
Common health concerns	Checking a health concern and providing care or referring you when needed	Not every symptom or condition can be treated at a pharmacy

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

What the evidence can tell us

The opportunity is promising and the limits matter

Wisconsin access

A study published in 2021 used pharmacy-location data collected in 2019. It identified 265 of 837 community pharmacies in primary care shortage areas. These historical findings show where pharmacies were located, rather than which services or staffing they have today.

Making services available

A later Wisconsin survey found that staffing, time, and financial issues were common barriers to providing pharmacy services. A change in legal authority would need to work alongside practical support for care.

Pharmacist prescribing

A 2026 review included 39 studies. Results often favored pharmacist prescribing or showed no statistically significant difference from other care. The authors rated confidence in the evidence as low or very low. No significant difference does not necessarily mean the two approaches work equally well.

Experience in other states

States have used different combinations of professional judgment, prescribing authority, rules, and safeguards. An Idaho study found increased use of selected rescue inhalers and insulin pen needles after expanded authority. It measured access to those products, rather than every possible health outcome.

What patients should expect from a Wisconsin proposal

Clear information about included services, eligibility, cost, privacy, referral, follow up, and how to raise a concern. The practical question is whether people can find and use appropriate care, not simply whether a law has changed.

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 A, 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.

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.

NASPA Standard of Care Regulatory Model updated September 29 2026