

Pharmacy standard of care in Wisconsin

Patient care, professional judgment,
and the Wisconsin policy discussion



The idea

Give qualified pharmacists clearer authority to use their training to help patients.

Keep legal limits and responsibility for the care they provide.

Three parts of the movement

01

Professional discipline

Was the care consistent with professional expectations?

02

Interpreting the law

Which methods of pharmacy practice are permissible?

03

Clinical authority

Which functions may pharmacists perform?

Wisconsin today

01

Professional responsibility

Phar 10.03 addresses departures from the standard of care that harm or could harm a patient.

02

Legal authority

Chapter 450 and applicable rules, protocols, orders, and delegated arrangements still determine what pharmacists may do.

A medication access question

A person needs a replacement rescue inhaler before the weekend and cannot reach their doctor's office.

What would the pharmacist need to know before deciding how to help?

Care or referral

01

Appropriate pharmacy care

The legal pathway, patient information, pharmacist preparation, and site resources support the service.

02

Another care setting

Warning signs, uncertainty, complexity, or limited resources mean another clinician should help.

A clear next step for the patient

1 A patient brings a concern

A medicine or health question.

2 The pharmacist checks the situation

Current options, patient information, preparation, and resources.

3 Care or referral

The next step fits the patient and the setting.

4 The patient leaves with a plan

Instructions, cost, warning signs, and communication.

Care that reform could affect

01

Medicines and devices

Helping with interruptions in established medicines, and starting or changing treatment where permitted.

02

Tests and prevention

Suitable testing and preventive care where the law allows it.

What would still matter

New authority would not replace missing information or current competence.

Testing permission would not itself authorize prescribing.

Referral would remain necessary when a patient needs another clinician.

Wisconsin pharmacy access

265

community pharmacies in
primary care shortage areas

The study used 2019 pharmacy locations and was published in 2021. It identified 837 community pharmacies.

This is historical geography, not a current measure of staffing or readiness.

What prescribing research found

A 2026 review of 39 studies reported promising findings for several services.

Certainty was low or very low. No significant difference alone does not prove equivalence.

State experience

States have changed different parts of pharmacy regulation.

Idaho research found increased use of selected rescue inhalers and insulin pen needles after expanded authority.

Access findings do not establish every clinical outcome or savings.

Making pharmacy services available

Wisconsin pharmacies reported staffing, time, and financial barriers to providing services.

Legal authority is one part of making care available.

A pharmacy must be ready

01

People and information

Current competence, adequate staffing and time, relevant history, and access to needed records.

02

Care and follow up

Privacy, equipment, documentation, communication, referral, and a clear plan for the patient.

Permission and payment

01

May the pharmacist provide it?

The service fits current law and the applicable clinical requirements.

02

Will insurance pay?

Coverage, eligibility, enrollment, contracts, documentation, and billing rules still apply.

Questions patients can ask

Can you help with this concern?

Is the service available here?

What information do you need?

What might it cost?

Can we talk privately?

What happens after the visit?

Sharing the campaign

MCW prepares the materials with Dr. Michael DeBisschop.

Collaboration with PSW helps connect student clubs.

Clubs at other schools share the campaign at meetings, campus events, and on social channels.