MICHIGAN PHARMACY
PAC REPORT
October 2025

First Impressions of Pharmacy Advocacy

On the morning drive to Lansing for my very first day as an executive fellow, my mind was racing. The highway stretched ahead of me, but the road felt unfamiliar. In pharmacy school, the conversations were almost always about residency or retail. Those two paths were painted as the only ones – the expected routes after graduation. But fellowship? Advocacy? That was never part of the script. Even though I researched the program before stepping into it, I couldn't help but wonder: "Would I still feel like a pharmacist here?" Or was I stepping into something too far from the profession I trained for?

I didn't have to wait long for answers. One my second day of orientation, a bill was suddenly expedited from committee to passage by the full senate. Without hesitation, we dropped everything and headed straight to the state Capitol. That was my first time ever stepping into that building, despite growing up in Michigan. The beauty of the architecture struck me. At that moment, pharmacy no longer looked the same to me. I began to see it through the lens of policy, advocacy and possibility. This is patient care beyond typical clinical delivery.

I've learned that advocacy isn't just about expanding scope or raising reimbursements – it's about public health. It's about empowering pharmacists to be accessible healthcare providers and creating safer, healthier communities. Advocacy asks why we care and channels that passion into action. MPA approaches advocacy by probing, questioning, and reshaping the system—always listening to members through surveys, roundtables, and conversations. Even if law and policy aren't your strengths, your voice matters. Advocacy isn't reserved for the few; it's built on the many. If you're unsure where to start, events like Pharmacy Day at the Capitol can guide the way. They provide a platform to connect with local representatives, gain insight into effective advocacy and educate legislators on how current policies affect pharmacy practice and patient care.

And yet, I've also seen how pharmacists are powerful, but policy makes us invisible. According to the CDC, America's most pressing chronic conditions are heart disease, cancer, and diabetes – areas where pharmacists are well equipped to help. We can treat hypertension, administer insulin, assist with smoking cessation and counsel on preventive care like sun protection. These aren't complicated tasks, yet policies restrict pharmacists from implementing them in their practices. This led me to wonder: is it policy that holds us back, or is something holding policy back? Perhaps other professions worry about protecting their turf, but collaboration, not competition, is what patients need. Pharmacists can fill the role as front-line healthcare providers, freeing other professionals to focus on cases that require their expertise. Patients don't just need "more providers," they need the right providers in the right place at the right time.

One of the hardest lessons I've learned in pharmacy advocacy is that passing a bill is never the finish line. When pharmacists gained the authority to prescribe birth control, I imagined patients could walk into a pharmacy the very next day and receive it. The reality, however, is slower: rules, regulations and protocols need to be built before services can begin. That delay is frustrating because it directly impacts patients. Healthcare can't pause while legislation winds its way through. Every delay is measured not just in days, but in real outcomes. The standard of care framework, currently in development, offers hope by allowing pharmacists to practice at the top of their education, bridging the gap between policy and patient care, and ensuring we can make a tangible difference as soon as possible.

After just four months in this fellowship, I feel the weight of responsibility more than ever. Advocacy has reshaped how I view my career, revealing both the vast potential and the limitations of the system. I've learned that one individual can change themselves, but only a community can change the system. I've also seen that enthusiasm for advocacy burns brightly in pharmacy students – the next generation of leaders. It is our responsibility to nurture this spark and pass down the conviction that advocacy is essential to the profession's future. Younger pharmacists bring energy, creativity, and determination to advocate for patient care and public health, so there is a reason for optimism. Reflecting on my earlier question – whether I would still feel like a pharmacist – the answer is an emphatic yes. Serving as an executive fellow has shown me patient care on an entirely new level and made me prouder than ever to be a pharmacist.

Leang Mey Tao
Executive Fellow
Michigan Pharmacists Association

Are you interested in the MPA Executive Fellowship? Do you know someone who might be a good candidate? Applications for the 2026-27 MPA Executive Fellowship open on Monday, November 3. Apply directly on the MPA website.

Pharmacy Day at the Capitol Recap

Pharmacy Day at the Capitol (PDAC) returned in 2025 for the first time since switching to a biennial event after the 2023 edition. This year, we continued our emphasis on face-to-face meetings with legislators and their staff. We also continued our partnership with the City of Wyoming to conduct our Drug Takeback Event on the lawn. The immunization clinic on the capitol lawn, conducted by Walgreens. Prior to the COVID-19 pandemic, Walgreens

partnered with MPA to conduct immunizations as part of PDAC. In the wake of the pandemic, Walgreens became the providing organization for the Legislature's annual immunization clinic. This year, we combined the two events to draw more participants to our tent.

At the end of the day, PDAC 2025 achieved:

- 218 volunteers (107 student pharmacists, 111 licensed pharmacists, technicians, and associate members).
- 58 scheduled face-to-face meetings with legislators and their staff.
- 129 pounds of unused medications collected.
- 375 vaccinations administered.

While PDAC will not return until 2027, MPA is actively looking for opportunities for members to engage in advocacy activities approaching next year's election. Keep an eye on your MPA communications for more details!

Pharmacy General Rules Clear Board of Pharmacy; Head to JCAR

Since the passage of SB 219 of 2023 and HB 5436 of 2024, pharmacists have eagerly awaited the promulgation of administrative rules that would finally allow them to implement their new prescriptive authority for immunizations, test-to-treat services and hormonal contraception. Those rules have cleared a critical milestone this past month: final approval by the Board of Pharmacy.

Public comment for the Board of Pharmacy – General Rules ended on Sept. 10, 2025. These comments were reviewed by the Board of Pharmacy Rules Work Group on Oct. 3. In their review, they made several modifications to the originally proposed language. Here are where things stand in the final draft sent to JCAR.

Telehealth

R 338.507 Telehealth.
(1) A health professional or delegate shall obtain consent from the patient for treatment before providing a telehealth service under section 16284 of the code, MCL 333.16284.
(2) A health professional or delegate shall keep proof of consent for telehealth treatment in the patient's up-to-date medical record and satisfy section 16213 of the code, MCL 333.16213.
(3) A pharmacist providing a telehealth service may prescribe a drug if the pharmacist is a prescriber acting within the scope of the pharmacist's practice and complies with section 16285 of the code, MCL 333.16285, and if the pharmacist does both of the following:
(a) Refers the patient to a provider that is geographically accessible to the patient, if medically necessary.
(b) Makes the pharmacist available to provide follow-up care services to the patient, or to refer the patient to another provider, for follow-up care.
(4) A health professional providing any telehealth service shall do both of the following:
(a) Act within the scope of the health professional's practice.
(b) Exercise the same standard of care applicable to a traditional, in-person healthcare service.

Outsourcing Facilities

R 338.532a Outsourcing facilities; board approval; inspection entities.
(1) The board shall approve, under section 17748a of the code, MCL 333.17748a, inspection entities for outsourcing facilities that compound pharmaceuticals under current and as amended good manufacturing practice for finished pharmaceuticals set forth in 21 CFR part 211.
(2) The department shall post the list of organizations approved under subrule (1) of this rule on its website.
(3) An organization may petition the board for approval under subrule (1) of this rule. The petition must include, but is not limited to, all of the following:
(a) Requirements for compliance.
(b) Requirements for inspectors.
(c) Training provided to inspectors.
(d) Copy of the most current inspection form.
(e) Agreement and plan to share results of inspections with the department.
(4) If the board approves the petition, the approval is valid for 3 years after the date of approval. The organization may submit a petition that complies with subrule (3) of this rule to seek continuing approval.
(5) The board may rescind approval of an organization on just cause. The rescission will not immediately affect the compliance of a pharmacy using the accreditation. Within 12 months after the

rescission date or by the next licensure renewal date, whichever is later, the accreditation is void, and a pharmacy shall obtain accreditation or an inspection from an organization that satisfies subrule (1) of this rule.

Compounding Requirements

R 338.533 Compounding standards and requirements; outsourcing facilities; requirements.
(1) The board approves and adopts by reference the compounding standards of USP, published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790. This includes USP Chapters 795 (revised 2023)**,** 797 (revised **2024**), **800 (revised 2020), and 825 (revised 2024),** with the exception of flavoring.
(2) The standards adopted by reference in subrule (1) of this rule are available **from the USP Compounding Compendium at https://www.usp.org/products/usp-compounding-compendium through a 1-year online subscription at a cost of $250.00 as of the time of adoption of this rule. The standards adopted by reference in subrule (1) are available for inspection at the Bureau of Professional Licensing, Michigan Department of Licensing and Regulatory Affairs, Ottawa Building, 611 West Ottawa, P.O. Box 30670, Lansing, Michigan 48909.**
(3) A pharmacy that provides compounding services **under section 503A of the FDCA, 21 USC 353a,** shall comply with the standards adopted in subrule (1) of this rule.

338.534 Out-of-state pharmacy licensure inspection; in-state pharmacy licensure renewal inspection**; outsourcing facility licensure renewal inspection**.
(3) A pharmacy that compounds drugs under section 503B of the FDCA, 21 USC 353b, and is applying for license renewal shall have an inspection and submit the inspection report to the department, completed no more than 18 months before the date of the application, that demonstrates compliance with the current and as amended good manufacturing practice for finished pharmaceuticals set forth in CFR part 211. The inspection must be conducted by 1 of the following:
(a) The FDA.
(b) An inspection organization according to R 338.532a.

Immunization Training

R 338.581 Ordering and administration of qualified immunizing agent; training program.
Before ordering and administering a qualified immunizing agent under section 17724 of the code, MCL 333.17724, a pharmacist shall successfully complete a training course on the administration of vaccines that is provided by an entity or course accredited by the ACPE.

Test-to-Treat Training

R 338.581a Ordering and administration of qualified laboratory test; dispensing drug without prescription based on test result; training program.
(1) Before ordering and administering a qualified laboratory test and dispensing, without a prescription, a drug based on the test result, under section 17724a of the code, MCL 333.17724a, a pharmacist shall complete a training program requiring the pharmacist to demonstrate sufficient knowledge of how to administer and interpret each laboratory test that the pharmacist may order or administer under section 17724a of the code, MCL 333.17724a, and demonstrate sufficient knowledge

of each illness, condition, or disease for which the pharmacist provides treatment based on the results of the laboratory test.

(2) Any of the following is acceptable to meet the requirements of subrule (1) of this rule:

(a) Employer-based training.

(b) Training completed as part of a professional degree from a school of pharmacy accredited by the ACPE.

(c) A certificate program.

Hormonal Contraceptive Prescribing - Training

R 338.581b Pharmacist prescribing a contraceptive; board-approved training program required.
Before issuing a prescription for a contraceptive under section 17744g of the code, MCL 333.17744g, a pharmacist shall successfully complete a training course on prescribing and dispensing contraceptives that is provided by an entity accredited by the ACPE.

Hormonal Contraceptive Prescribing – Standard Procedure

R 338.581c Prescribing and dispensing a contraceptive; standard procedure.
A pharmacist who issues a prescription for a contraceptive under section 17744g of the code, MCL 333.17744g, shall comply with the following standard procedure:

(a) Before issuing the prescription, the pharmacist shall comply with both of the following:

(i) Require the patient to complete the self-screening risk assessment tool described in R 338.581d and R 338.592. A pharmacist is prohibited from issuing a contraceptive prescription to an individual who has not completed the self-screening risk assessment tool.

(ii) Review the patient's completed self-screening risk assessment tool before issuing a prescription for contraceptive and use the pharmacist's clinical judgment to determine whether prescribing a contraceptive is appropriate to the patient's health status.

(b) Upon issuing a prescription for a contraceptive, the pharmacist shall comply with all of the following:

(i) Refer the patient to the patient's primary care physician, or if the patient does not have a primary care physician, to another licensed heath professional that the pharmacist considers appropriate.

(ii) If the patient has not had a physical examination in the previous 12 months, the pharmacist shall refer the patient to the patient's primary care provider for a physical examination.

(iii) Provide the patient with a written record of the prescribed contraceptive for which the patient is issued a prescription and advise the patient to consult with a physician or other licensed health professional. An electronic record accessible to the patient satisfies the requirement for a written record under this paragraph.

(c) A pharmacist issuing a prescription for a contraceptive shall either:

(i) Dispense the prescribed contraceptive as soon as practicable.

(ii) Transmit the prescription to a pharmacy of the patient's choice for dispensing, if requested.

Hormonal Contraceptive Prescribing – Self-screening Risk Assessment Tool

(1) A pharmacist is prohibited from issuing a prescription for a contraceptive to an individual who has not completed the self-screening assessment tool found in Appendix A in R 338.592, or a substantially similar self-screening assessment tool under subrule (2) of this rule.
(2) A self-screening risk assessment tool is substantially similar to the tool found in Appendix A in R 338.592 if it requires, at a minimum, the same information from the patient as Appendix A in R 338.592. The questions in Appendix A in R 338.592 may be reordered or reformatted. The patient may complete the self-screening risk assessment tool electronically.

Hormonal Contraceptive Self-Screening Risk Assessment Form

The Board of Pharmacy – General Rules now contains an Appendix A. According to the rules, any self-screening risk assessment form used by pharmacists prescribing hormonal contraceptives must "substantially similar" to this appendix. A good way to think of this is that the appendix represents the "minimum requirements" for an assessment form. You can reword the questions and add additional questions, but you can't leave anything off.

Here are all of the elements included in the appendix so that you can start getting to work on the form you'll be using in your practice:

Appendix A – Self-screening risk assessment tool questions.

1. Do you smoke cigarettes or e-cigarettes?

2. Do you think you might be pregnant now?
2a. Start date of last period: _____.

3. Are you experiencing any of the following:
- □ Nausea/vomiting.
- □ Tender/swollen breasts.
- □ Increased urination.
- □ Fatigue.
- □ None apply.

4. Which of the following are true for you?
- □ I have been using a reliable contraceptive method consistently and correctly.
- □ I have not had sexual intercourse since my last period or delivery.
- □ I have given birth in the last 6 weeks.
- □ I have lost a pregnancy in the last 7 days.
- □ I have been fully or nearly-fully breastfeeding for 6 months or less AND not had a menstrual period since delivery.
- □ None of these apply to me.

5. Please select all that apply to you:
- □ Used birth control (pills/patch/ring/shot/injection) in the past.
- □ Currently using birth control (pills/patch/ring/shot/injection).
  Drug name:
- □ Have had a bad reaction to hormonal birth control in the past.
  Drug name:
  Reaction:
- □ None of these apply to me.

6. Please select all that you have been diagnosed with in the past or that apply to you currently:

- □ Breast cancer.
- □ Ischemic heart disease.
- □ Heart attack or stroke.
- □ Severe/decompensated liver cirrhosis.
- □ Malignant liver tumor.
- □ Hepatocellular adenoma.
- □ Chronic kidney disease.
- □ On dialysis.
- □ Unexplained vaginal bleeding.
- □ Complicated organ transplant.
- □ Blood clot in lung or leg.
- □ Hepatitis.
- □ High cholesterol.
- □ Blood disorder.
- □ Gall bladder disease.
- □ Inflammatory bowel disease (Crohn's, UC).
- □ Jaundice (yellowing of skin/eyes).
- □ Upcoming major surgery in next 4 weeks.
- □ Lupus.
- □ High blood pressure.
- □ Other heart or valve disease.
- □ Bariatric or stomach reduction surgery.
- □ Sickle cell disease.
- □ None apply.

7. Have you ever been told by a medical professional not to take hormones?

8. Have you ever been told by a medical professional you are at risk of developing a blood clot?

9. Do you take medication for seizures, tuberculosis (TB), fungal infections, or HIV?

9a. If yes, list them here: _____

10. Do you have any conditions or upcoming procedures that will cause you to be immobile for a prolonged period of time? (e.g., recent/ upcoming surgery, multiple sclerosis, etc.)

11. Do you get migraine headaches or headaches so bad that you feel sick to your stomach, you lose the ability to see, it makes it hard to be in light, or involves numbness?

11a. If yes, do these headaches ever start with flashes of light, blind spots, or tingling in your hand or face that come and go away completely before the headache starts?

12. Do you have diabetes or other vascular disease other than Gestational Diabetes?

12a. Due to diabetes I have:

- □ Nerve pain or tingling.
- □ Pain, numbness, or weakness in hands or feet.
- □ Kidney damage.
- □ Vision or eye damage.
- □ None apply.

13. Have you ever been diagnosed with rheumatoid arthritis?

14. Do you have any other medical problems or take regular medications?

14a. If yes, list them here:____

15. Do you have any drug allergies?

15a. If yes, list them here:

Thank You to Our PAC Supporters

MPA could not represent pharmacy without the generosity of our PAC donors. Here are our donors for 2025:

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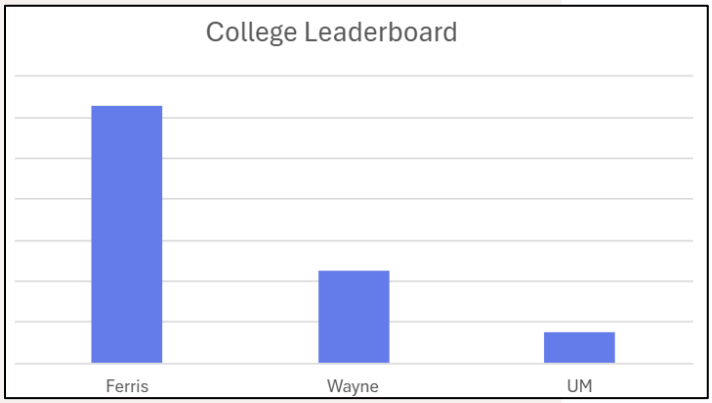
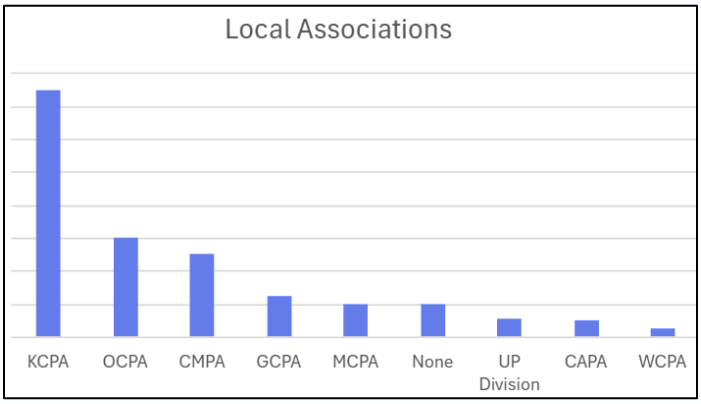
There's still one month to participate in the Pharmacy PAC Challenge. This challenge pits college alumni and local associations against each other to see who can raise the most money for Pharmacy PAC. Donations through November 30 are calculated into the challenge. Here's a sneak peek at our current leader board.





There's still plenty of time to contribute. **Participate in the PAC challenge and ensure that the voice of pharmacy is heard.**

Questions? Please contact Eric Roath, PharmD, MBA, MPA Director of Government Affairs at eroath@michiganpharmacists.org