

Michigan Radiological Society

Board Update – May 9, 2026

Submitted by: Ron Stallowrth

Waner Norcross & Judd

PENDING LEGISLATION

CON - HB 5709

- allows entities seeking to establish or modify PET, MRI or CT imaging services in a non-hospital outpatient imaging center to submit a letter of intent instead of obtaining a Certificate of Need.
- The Department must verify eligibility and issue a written acknowledgement within 30 days, and the project cannot proceed without that approval.
- The imaging center must not be hospital-owned and cannot charge a facility fee.

Status: House Health Policy Committee

HB 5770 - Facility Fees

Facility Fee Prohibitions

- Health care providers may NOT charge, bill, or collect a facility fee for:
 - Telemedicine services
 - Professional services provided in non-hospital facilities
 - Professional services provided to outpatients in a hospital, unless:
 - The service occurs in the hospital emergency room, or
 - The patient is in observation status

Billing Requirements

- If a provider is allowed to charge a facility fee, they must:
 - Clearly label it as a facility fee on the bill
 - Notify the patient in advance, before the service is provided, including the amount of the fee

Enforcement & Penalties

- Patients may file civil lawsuits for violations
- Courts must award costs and attorney fees to successful plaintiffs

Insurer Agreements

- The act does not restrict insurers from negotiating payment arrangements with health systems for other fees or costs.

Status: House Health Policy Committee

HB 5522 – Physician Assistant Expanded Scope

- Changes the definition of medical license holders allowed to delegate tasks within scope of practice.
- PAs with over 1000 hours of practice would be considered a “Qualified Licensee”.
- Changes “Participating Physician” to “participating medical provider” PAs would no longer need to have a practice agreement with a licensed physician but could practice under the supervision of a PA with over 1000 hours.
- Defines the timeline for making these changes, indicates when those with over 1000 hours of experience could supervise others with a practice agreement.

Status: House Health Policy Committee

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HB 4399 – Nurse Practitioner Scope Expansion

- Currently in the House Rules Committee
- Possible Carve -out of gender affirming care and abortion
 - Democrats may not move the bill in the senate because of the carve-outs
 - Republicans won't support the bills without the carve-outs

Status: House Rules Committee

HB 5313 – CME Reform

- Amends parts other Public Health Code that governs health professional licensing and discipline.
 - creates a new mechanism allowing a licensee, registrant, or applicant to apply to LARA to set aside a disciplinary record that stems from a final order. If the applicant demonstrates each statutory requirement
 - establishes a defined (more standardized) procedure and fine-only penalty structure when the issue is an unmet continuing education (CE) requirement
 - reduces the physician CE hour requirement (for MDs and DOs) from 150 hours per three-year renewal period to 75 hours per three-year period.

Status: House Health Policy Committee

PASSED LEGISLATION

Interstate Medical Licensure Compact

- Reinstate Michigan's participation in the Interstate Medical Licensure Compact.
- Removes sunset provision.

POLICY UPDATES

Clarification to Policy Update on E/M Codes Appended with Modifier 25

Status: On Hold

OUTLOOK

The Legislature's priority over the next several weeks will be to pass a balanced budget for FY 2027 before July 1, 2026. June is an active month when most of the budget negotiations will take place. If a budget deal is reached, July and August are mostly consumed with legislative recess and campaigning for the August primary. When the parties return in September, they will be at-loggerheads over the general election in November. Thus, I do not expect a lot of activity on the legislation referenced above. There may be a hearing or two, but nothing here should reach the Governor's desk for signature.