



Warner Norcross + Judd LLP

## Michigan Radiological Society

### Board Report

September 2026

### Pending Legislation

---

#### House Bill 5709 – CON

- **CON alternative:** HB 5709 would create an alternative to the **Certificate of Need (CON)** process for qualifying outpatient centers providing **PET, MRI, and CT services**, including fixed and mobile imaging.
- **Eligibility:** The streamlined pathway would apply to **independent outpatient imaging centers** that are not owned or operated by a hospital owner/operator and **do not charge facility fees**.
- **Streamlined approval:** Eligible providers could submit a **letter of intent** instead of a traditional CON application, with **DHHS given 30 days** to determine eligibility and authorize the project to proceed.
- **Potential impact:** The bill could **reduce regulatory barriers and facilitate expansion of independent outpatient imaging capacity**, with minimal anticipated government fiscal impact.
- **Status:** Sponsored by **Rep. John R. Roth**, HB 5709 was referred to the **House Health Policy Committee** and is awaiting a hearing.

#### House Bill 5770 - Facility Fees

- **Substitute:** HB 5770 has been revised via House Substitute (H-1); the summary below reflects the substitute's provisions.
- **Facility fee restrictions:** Beginning January 1, 2027, the H-1 substitute would prohibit facility fees for telemedicine, non-hospital services, and most hospital outpatient services, with exceptions for emergency room and observation services. Ambulatory surgical centers are also exempted from these restrictions.
- **Transparency requirements:** Permitted facility fees must be disclosed to patients in advance and separately itemized on billing statements.
- **Enforcement:** Violations could result in civil actions for damages, with prevailing plaintiffs entitled to reasonable costs and attorney fees.
- **Other carve-outs:** The substitute doesn't restrict insurers from separately negotiating fee arrangements with providers, nor does it affect Medicare facility fee billing/reimbursement.
- **Potential impact:** The bill could have financial and operational implications for health systems, particularly outpatient and non-hospital sites.
- **Status:** Sponsored by Rep. Curtis VanderWall, HB 5770 was discharged from committee on 8/26; the H-1 substitute is currently awaiting a final vote on the House floor.

## House Bill 5522 – Physician Assistant Expanded Scope

- **Expands PA autonomy:** HB 5522 significantly broadens physician assistant practice authority in Michigan.
- **Effective January 1, 2027:** PAs with at least **1,000 hours of experience** could practice without a practice agreement.
- **Greater workforce flexibility:** Experienced PAs could serve as participating medical providers, giving health systems more flexibility in staffing and care delivery.
- **Prescribing authority continues:** PAs may prescribe medications, including Schedule 2–5 controlled substances, subject to applicable requirements.
- **Operational impact:** If enacted, health systems would likely need to review PA credentialing, privileging, practice agreements, and related clinical policies.
- **Status:** Sponsored by **Rep. Luke Meerman**, HB 5522 was referred to the **House Health Policy Committee** and is awaiting a hearing.

## House Bill 4399 – Nurse Practitioner Scope Expansion

- **Expands nurse practitioner authority:** HB 4399 would revise Michigan’s Public Health Code to broaden the role of certified nurse practitioners, including codifying their existing scope of practice and allowing them to supervise certain nurses and other health professionals.
- **Independent controlled-substance prescribing:** Under the proposed H-1 substitute, qualifying nurse practitioners could **prescribe and dispense Schedule 2–5 controlled substances without physician delegation**.
- **Experience and education requirements:** To qualify for independent prescribing authority, a nurse practitioner would need at least **1,000 hours of practice experience** and **15 hours of continuing education per renewal cycle** in pharmacology, therapeutics, or prescribing.
- **Potential impact:** The bill could provide **greater clinical and workforce flexibility** by reducing physician-delegation requirements for experienced nurse practitioners; the House Fiscal Agency estimates **no fiscal impact on state or local government**.
- **Status:** Sponsored by **Rep. Dave Prestin**, HB 4399 was referred to the **House Health Policy Committee**. The attached November 2025 analysis reflects a **proposed H-1 substitute**, which adds the optional certification pathway and experience/education requirements for independent prescribing.

## House Bill 5313 – CME Reform

- **Disciplinary record relief:** HB 5313 would allow certain health professionals to have eligible disciplinary records **set aside after at least seven years**, provided sanctions were completed and no serious license restrictions or subsequent sanctions occurred.
- **Continuing education violations:** The bill would create a **60-day notice-and-cure process** for possible CE violations and establish maximum fines of **\$250 for 25 hours or less missed** and **\$500 for more than 25 hours missed**.
- **Reduced physician CE requirements:** Required continuing education for physicians and osteopathic physicians would be reduced from **150 hours to 75 hours per three-year license cycle**.
- **Potential impact:** The proposal could reduce administrative and compliance burdens for health professionals while creating a formal pathway to remove certain older disciplinary records from public view; LARA’s fiscal impact is expected to be **indeterminate**.
- **Status:** Sponsored by **Rep. Matt Bierlein**, HB 5313 was referred to the **House Health Policy Committee** but has since been transferred to the **House Rules Committee**, where it is awaiting further action.

## Newly Introduced Legislation

---

**Senate Bill 1159 (Senator John Damoose)** – Insurance: health insurers; coverage for examinations and medications related to breast cancer; provide for. Amends sec. 3406d of 1956 PA 218 (MCL 500.3406d).

**Senate Bill 1152 (Senator John Cherry)** – Human services: medical services; basic health program for certain low-income residents; establish. Amends 1939 PA 280 (MCL 400.1 - 400.119b) by adding secs. 112l, 112m, 112n, 112o & 112p.