

HOUSE BILL NO. 5313

December 02, 2025, Introduced by Reps. Bierlein, Wozniak, Maddock, Aragona, Roth, DeBoer, Hoadley, Robinson, Woolford, Alexander, Frisbie, Beson, Tisdell, Cavitt and Meerman and referred to Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending sections 16211, 16216, 16221, 16226, 16231, 16238,
17033, and 17533 (MCL 333.16211, 333.16216, 333.16221, 333.16226,
333.16231, 333.16238, 333.17033, and 333.17533), section 16211 as
amended and section 16238 as added by 1993 PA 79, section 16216 as
amended by 2014 PA 413, sections 16221 and 16226 as amended by 2023
PA 209, section 16231 as amended by 2017 PA 249, and sections 17033
and 17533 as amended by 1994 PA 234, and by adding sections 16211a

and 16231b.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 16211. (1) The department shall create and maintain a
2 permanent historical record for each licensee and registrant with
3 respect to information and data transmitted pursuant to law.

4 (2) The individual historical record ~~shall~~**must** include a
5 written allegation against the licensee or registrant that is
6 substantiated after investigation.

7 (3) The individual historical record may include other items
8 concerning a licensee's or registrant's record of practice that the
9 appropriate board determines will facilitate proper and periodic
10 review, but only those items as designated by rule.

11 (4) ~~The~~**Subject to section 16211a, the** department shall
12 promptly review the entire file of a licensee or registrant,
13 including all prior matters with respect to which no action was
14 taken at the time, with respect to whom there is received 1 or more
15 of the following:

16 (a) A notice of revocation, suspension, or limitation of staff
17 privileges or a change in employment status due to disciplinary
18 action by a licensed health facility.

19 (b) A written allegation of a violation of this article,
20 article 7, or a rule promulgated under this article or article 7
21 that is substantiated after investigation.

22 (c) A notice of disciplinary action by a health professional
23 society.

24 (d) An adverse malpractice settlement, award, or judgment.

25 (e) Written notice of 1 or more of the following:

26 (i) A felony conviction.

27 (ii) A misdemeanor conviction punishable by imprisonment for a

1 maximum term of 2 years.

2 (iii) A misdemeanor conviction, if the misdemeanor involves the
3 illegal delivery, possession, or use of alcohol or a controlled
4 substance.

5 (f) Notice that a licensee or registrant is ineligible to
6 participate as a provider in a federally funded health insurance or
7 health benefits program based upon the licensee's or registrant's
8 failure to meet the program's standards of professional practice. A
9 certified copy of the action or final order making the licensee or
10 registrant ineligible is sufficient notice for purposes of this
11 subdivision.

12 (g) A report or notice under section 16222.

13 (h) Notice of a disciplinary action by a licensure,
14 registration, disciplinary, or specialty certification board in
15 another state.

16 (5) The department shall retain written allegations that are
17 unsubstantiated for 5 years, after which the department shall
18 remove the allegations from the file, if no further allegations
19 against the licensee or registrant have been received by the
20 department within the 5-year period.

21 (6) Except as provided in section ~~16231(6)~~, **16231(7)**, a
22 licensee, registrant, or applicant may review ~~his or her~~ **the**
23 individual historical record **of the licensee, registrant, or**
24 **applicant.**

25 **Sec. 16211a. (1) A licensee, a registrant, or an applicant for**
26 **licensure or registration may submit an application to the**
27 **department to set aside a disciplinary record of the licensee,**
28 **registrant, or applicant that involves a final order arising from a**
29 **finding of the existence of 1 or more grounds for disciplinary**

1 subcommittee action under section 16221. The application must be in
2 a form and manner required by the department. The department shall
3 set aside a disciplinary record of a licensee, registrant, or
4 applicant if the licensee, registrant, or applicant demonstrates
5 all of the following to the department:

6 (a) The licensee, registrant, or applicant successfully
7 completed the terms of the final order.

8 (b) Not less than 7 years have passed since the licensee,
9 registrant, or applicant completed the terms of the final order.

10 (c) The final order did not result in the licensee,
11 registrant, or applicant surrendering the license or registration.

12 (d) The final order did not impose any of the following
13 sanctions:

14 (i) Limitation.

15 (ii) Denial.

16 (iii) Suspension.

17 (iv) Revocation.

18 (v) Permanent revocation.

19 (e) The licensee, registrant, or applicant establishes that
20 the licensee, registrant, or applicant has not been the subject of
21 another final order imposing sanctions under this article since the
22 date of the final order for the disciplinary record that the
23 licensee, registrant, or applicant is seeking to set aside.

24 (f) It is in the public interest to set aside the disciplinary
25 record.

26 (2) If the department sets aside a disciplinary record under
27 this section for a licensee, registrant, or applicant, the
28 department shall do both of the following:

29 (a) Remove the disciplinary record from the department's

1 public licensing and registration website described in section
2 16216.

3 (b) Withdraw or void any report made by the department to the
4 National Practitioner Data Bank regarding the disciplinary record.

5 (3) A licensee, registrant, or applicant who has a
6 disciplinary record set aside under this section may represent that
7 no disciplinary record exists regarding the subject matter of the
8 disciplinary record that was set aside.

9 (4) The department may charge a reasonable fee for the
10 administrative processing of setting aside a disciplinary record
11 under this section that does not exceed the costs incurred by the
12 department in setting aside the disciplinary record.

13 (5) A disciplinary record that is set aside under this section
14 is not subject to disclosure under the freedom of information act,
15 1976 PA 442, MCL 15.231 to 15.246.

16 (6) The department may promulgate rules to implement this
17 section.

18 Sec. 16216. (1) The chair of each board or task force shall
19 appoint 1 or more disciplinary subcommittees for that board or task
20 force. A disciplinary subcommittee for a board or task force ~~shall~~
21 **must** consist of 2 public members and 3 professional members from
22 the board or task force.

23 (2) A final decision of a disciplinary subcommittee finding a
24 violation of this article, article 7, or article 8 requires a
25 majority vote of the members appointed and serving on the
26 disciplinary subcommittee.

27 (3) A final decision of a disciplinary subcommittee imposing a
28 sanction under this article, article 7, or article 8 or a final
29 decision of a disciplinary subcommittee other than a final decision

1 described in subsection (2) requires a majority vote of the members
2 appointed and serving on the disciplinary subcommittee with an
3 affirmative vote by at least 1 public member.

4 (4) The chair of a board or task force shall appoint a public
5 member of the disciplinary subcommittee of that board or task force
6 as the chairperson of that disciplinary subcommittee. The chair of
7 a board or task force shall not serve as a member of the
8 disciplinary subcommittee of that board or task force.

9 (5) The department may review a final decision of a
10 disciplinary subcommittee within 30 days after the date of the
11 disciplinary subcommittee's decision. If the department determines
12 that the action taken by a disciplinary subcommittee does not
13 protect the health, safety, and welfare of the public, the
14 department, with the approval of the board chair, may set aside the
15 decision of the disciplinary subcommittee and issue a different
16 final action. The final action of the department serves as the
17 final action on the matter and is subject to judicial review in the
18 same manner as the final decision of the disciplinary subcommittee.

19 (6) ~~Beginning January 1, 2015, Except as otherwise provided in~~
20 **section 16211a**, the department shall include on its public
21 licensing and registration website each final decision that imposes
22 disciplinary action against a licensee, including the reason for
23 and description of that disciplinary action.

24 Sec. 16221. Subject to section 16221b, the department shall
25 investigate any allegation that 1 or more of the grounds for
26 disciplinary subcommittee action under this section exist, and may
27 investigate activities related to the practice of a health
28 profession by a licensee, a registrant, or an applicant for
29 licensure or registration. The department may hold hearings,

1 administer oaths, and order the taking of relevant testimony. After
2 its investigation, the department shall provide a copy of the
3 administrative complaint to the appropriate disciplinary
4 subcommittee. The disciplinary subcommittee shall proceed under
5 section 16226 if it finds that 1 or more of the following grounds
6 exist:

7 (a) Except as otherwise specifically provided in this section,
8 a violation of general duty, consisting of negligence or failure to
9 exercise due care, including negligent delegation to or supervision
10 of employees or other individuals, whether or not injury results,
11 or any conduct, practice, or condition that impairs, or may impair,
12 the ability to safely and skillfully engage in the practice of the
13 health profession.

14 (b) Personal disqualifications, consisting of 1 or more of the
15 following:

16 (i) Incompetence.

17 (ii) Subject to sections 16165 to 16170a, substance use
18 disorder as that term is defined in section 100d of the mental
19 health code, 1974 PA 258, MCL 330.1100d.

20 (iii) Mental or physical inability reasonably related to and
21 adversely affecting the licensee's or registrant's ability to
22 practice in a safe and competent manner.

23 (iv) Declaration of mental incompetence by a court of competent
24 jurisdiction.

25 (v) Conviction of a misdemeanor punishable by imprisonment for
26 a maximum term of 2 years; conviction of a misdemeanor involving
27 the illegal delivery, possession, or use of a controlled substance;
28 or conviction of any felony other than a felony listed or described
29 in another subparagraph of this subdivision. A certified copy of

1 the court record is conclusive evidence of the conviction.

2 (vi) Lack of good moral character.

3 (vii) Conviction of a criminal offense under section 520e or
4 520g of the Michigan penal code, 1931 PA 328, MCL 750.520e and
5 750.520g. A certified copy of the court record is conclusive
6 evidence of the conviction.

7 (viii) Conviction of a violation of section 492a of the Michigan
8 penal code, 1931 PA 328, MCL 750.492a. A certified copy of the
9 court record is conclusive evidence of the conviction.

10 (ix) Conviction of a misdemeanor or felony involving fraud in
11 obtaining or attempting to obtain fees related to the practice of a
12 health profession. A certified copy of the court record is
13 conclusive evidence of the conviction.

14 (x) Final adverse administrative action by a licensure,
15 registration, disciplinary, or certification board involving the
16 holder of, or an applicant for, a license or registration regulated
17 by another state or a territory of the United States, by the United
18 States military, by the federal government, or by another country.
19 A certified copy of the record of the board is conclusive evidence
20 of the final action.

21 (xi) Conviction of a misdemeanor that is reasonably related to
22 or that adversely affects the licensee's or registrant's ability to
23 practice in a safe and competent manner. A certified copy of the
24 court record is conclusive evidence of the conviction.

25 (xii) Conviction of a violation of section 430 of the Michigan
26 penal code, 1931 PA 328, MCL 750.430. A certified copy of the court
27 record is conclusive evidence of the conviction.

28 (xiii) Conviction of a criminal offense under section 83, 84,
29 316, 317, 321, 520b, 520c, 520d, or 520f of the Michigan penal

code, 1931 PA 328, MCL 750.83, 750.84, 750.316, 750.317, 750.321, 750.520b, 750.520c, 750.520d, and 750.520f. A certified copy of the court record is conclusive evidence of the conviction.

(xiv) Conviction of a violation of section 136 or 136a of the Michigan penal code, 1931 PA 328, MCL 750.136 and 750.136a. A certified copy of the court record is conclusive evidence of the conviction.

(xv) Conviction of a violation of section 90 of the Michigan penal code, 1931 PA 328, MCL 750.90, or a violation of a state or federal crime that is substantially similar to the violation described in this subparagraph. A certified copy of the court record is conclusive evidence of the conviction.

(c) Prohibited acts, consisting of 1 or more of the following:

(i) Fraud or deceit in obtaining or renewing a license or registration.

(ii) Permitting a license or registration to be used by an unauthorized person.

(iii) Practice outside the scope of a license.

(iv) Obtaining, possessing, or attempting to obtain or possess a controlled substance or a drug as that term is defined in section 7105 without lawful authority; or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes.

(d) Except as otherwise specifically provided in this section, unethical business practices, consisting of 1 or more of the following:

(i) False or misleading advertising.

(ii) Dividing fees for referral of patients or accepting kickbacks on medical or surgical services, appliances, or

1 medications purchased by or ~~in-on~~ behalf of patients.

2 (iii) Fraud or deceit in obtaining or attempting to obtain ~~third~~
3 ~~party-third-party~~ reimbursement.

4 (e) Except as otherwise specifically provided in this section,
5 unprofessional conduct, consisting of 1 or more of the following:

6 (i) Misrepresentation to a consumer or patient or in obtaining
7 or attempting to obtain ~~third-party-third-party~~ reimbursement in
8 the course of professional practice.

9 (ii) Betrayal of a professional confidence.

10 (iii) Promotion for personal gain of an unnecessary drug,
11 device, treatment, procedure, or service.

12 (iv) Either of the following:

13 (A) A requirement by a licensee other than a physician or a
14 registrant that an individual purchase or secure a drug, device,
15 treatment, procedure, or service from another person, place,
16 facility, or business in which the licensee or registrant has a
17 financial interest.

18 (B) A referral by a physician for a designated health service
19 that violates 42 USC 1395nn or a regulation promulgated under that
20 section. For purposes of this subdivision, 42 USC 1395nn and the
21 regulations promulgated under that section as they exist on June 3,
22 2002 are incorporated by reference. A disciplinary subcommittee
23 shall apply 42 USC 1395nn and the regulations promulgated under
24 that section regardless of the source of payment for the designated
25 health service referred and rendered. If 42 USC 1395nn or a
26 regulation promulgated under that section is revised after June 3,
27 2002, the department shall officially take notice of the revision.
28 Within 30 days after taking notice of the revision, the department
29 shall decide whether or not the revision pertains to referral by

1 physicians for designated health services and continues to protect
2 the public from inappropriate referrals by physicians. If the
3 department decides that the revision does both of those things, the
4 department may promulgate rules to incorporate the revision by
5 reference. If the department does promulgate rules to incorporate
6 the revision by reference, the department shall not make any
7 changes to the revision. As used in this sub-subparagraph,
8 "designated health service" means that term as defined in 42 USC
9 1395nn and the regulations promulgated under that section and
10 "physician" means that term as defined in sections 17001 and 17501.

11 (v) For a physician who makes referrals under 42 USC 1395nn or
12 a regulation promulgated under that section, refusing to accept a
13 reasonable proportion of patients eligible for Medicaid and
14 refusing to accept payment from Medicaid or Medicare as payment in
15 full for a treatment, procedure, or service for which the physician
16 refers the individual and in which the physician has a financial
17 interest. A physician who owns all or part of a facility in which
18 the physician provides surgical services is not subject to this
19 subparagraph if a referred surgical procedure the physician
20 performs in the facility is not reimbursed at a minimum of the
21 appropriate Medicaid or Medicare outpatient fee schedule, including
22 the combined technical and professional components.

23 (vi) Any conduct by a licensee or registrant with a patient
24 while the licensee or registrant is acting within the health
25 profession for which the licensee or registrant is licensed or
26 registered, including conduct initiated by a patient or to which
27 the patient consents, that is sexual or may reasonably be
28 interpreted as sexual, including, but not limited to, sexual
29 intercourse, kissing in a sexual manner, or touching of a body part

1 for any purpose other than appropriate examination, treatment, or
2 comfort.

3 (vii) Offering to provide practice-related services, such as
4 drugs, in exchange for sexual favors.

5 (viii) A violation of section 16655(4) by a dental therapist.

6 (f) Failure to notify under section 16222(3) or (4).

7 (g) Failure to report a change of name or mailing address as
8 required in section 16192.

9 (h) A violation, or aiding or abetting in a violation, of this
10 article or of a rule promulgated under this article.

11 (i) Failure to comply with a subpoena issued pursuant to this
12 part, failure to respond to a complaint issued under this article,
13 article 7, or article 8, failure to appear at a compliance
14 conference or an administrative hearing, or failure to report under
15 section 16222(1) or 16223.

16 (j) Failure to pay an installment of an assessment levied
17 under the insurance code of 1956, 1956 PA 218, MCL 500.100 to
18 500.8302, within 60 days after notice by the appropriate board.

19 (k) A violation of section 17013 or 17513.

20 (l) Failure to meet 1 or more of the requirements for licensure
21 or registration under section 16174.

22 (m) A violation of section 17015, 17015a, or 17515.

23 (n) Failure to comply with section 9206(3).

24 (o) A violation of section 5654 or 5655.

25 (p) A violation of section 16274.

26 (q) A violation of section 17020 or 17520.

27 (r) A violation of the medical records access act, 2004 PA 47,
28 MCL 333.26261 to 333.26271.

29 (s) A violation of section 17764(2).

(t) Failure to comply with the terms of a practice agreement described in section 17047(2)(a) or (b), 17547(2)(a) or (b), or 18047(2)(a) or (b).

(u) A violation of section 7303a(2).

(v) A violation of section 7303a(4) or (5).

(w) A violation of section 7303b.

(x) A violation of section 17754a.

(y) ~~Beginning January 1, 2021, a~~ A violation of section 24507 or 24509.

(z) A failure to complete a continuing education requirement of this article or of a rule promulgated under this article.

Sec. 16226. (1) After finding the existence of 1 or more of the grounds for disciplinary subcommittee action listed in section 16221, a disciplinary subcommittee shall impose 1 or more of the following sanctions for each violation:

Violations of Section 16221 Sanctions

Subdivision (a), (b) (i), Probation, limitation, denial,

(b) (ii), (b) (iii), (b) (iv), suspension, revocation,

(b) (v), (b) (vi), (b) (vii), permanent revocation,

(b) (ix), (b) (x), (b) (xi), restitution, or fine.

or (b) (xii)

Subdivision (b) (viii) Revocation, permanent revocation, or denial.

Subdivision (b) (xiii) Permanent revocation for a violation described in subsection (5); otherwise, probation, limitation, denial, suspension, revocation, restitution, or fine.

1	Subdivision (b) (<i>xiv</i>) or	Permanent revocation.
2	(b) (<i>xv</i>)	
3	Subdivision (c) (<i>i</i>)	Denial, revocation, suspension,
4		probation, limitation, or fine.
5	Subdivision (c) (<i>ii</i>)	Denial, suspension, revocation,
6		restitution, or fine.
7	Subdivision (c) (<i>iii</i>)	Probation, denial, suspension,
8		revocation, restitution, or fine.
9	Subdivision (c) (<i>iv</i>)	Fine, probation, denial,
10	or (d) (<i>iii</i>)	suspension, revocation, permanent
11		revocation, or restitution.
12	Subdivision (d) (<i>i</i>)	Reprimand, fine, probation,
13	or (d) (<i>ii</i>)	denial, or restitution.
14	Subdivision (e) (<i>i</i>),	Reprimand, fine, probation,
15	(e) (<i>iii</i>), (e) (<i>iv</i>), (e) (<i>v</i>),	limitation, suspension,
16	(h), or (r)	revocation, permanent revocation,
17		denial, or restitution.
18	Subdivision (e) (<i>ii</i>)	Reprimand, probation, suspension,
19	or (i)	revocation, permanent
20		revocation, restitution,
21		denial, or fine.
22	Subdivision (e) (<i>vi</i>),	Probation, suspension, revocation,
23	(e) (<i>vii</i>), or (e) (<i>viii</i>)	limitation, denial,
24		restitution, or fine.
25	Subdivision (f)	Reprimand, denial, limitation,
26		probation, or fine.
27	Subdivision (g)	Reprimand or fine.
28	Subdivision (j)	Suspension or fine.

1	Subdivision (k), (o),	Reprimand, probation, suspension,
2	or (q)	revocation, permanent revocation,
3		or fine.
4	Subdivision (l)	Reprimand, denial, or
5		limitation.
6	Subdivision (m) or (n)	Denial, revocation, restitution,
7		probation, suspension,
8		limitation, reprimand, or fine.
9	Subdivision (p)	Revocation.
10	Subdivision (s)	Revocation, permanent revocation,
11		fine, or restitution.
12	Subdivision (t)	Denial, revocation, probation,
13		suspension, limitation, reprimand,
14		or fine.
15	Subdivision (u) or (w)	Probation, limitation, denial,
16		fine, suspension, revocation, or
17		permanent revocation.
18	Subdivision (v)	Denial, fine, reprimand,
19		probation, limitation,
20		suspension, revocation, or
21		permanent revocation.
22	Subdivision (x)	Subject to subsection (7),
23		fine.
24	Subdivision (y)	Fine.
25	Subdivision (z)	Subject to subsection (8), fine.

26 (2) Determination of sanctions for violations under this
 27 section must be made by a disciplinary subcommittee. If, during
 28 judicial review, the court of appeals determines that a final
 29 decision or order of a disciplinary subcommittee prejudices

1 substantial rights of the petitioner for 1 or more of the grounds
2 listed in section 106 of the administrative procedures act of 1969,
3 MCL 24.306, and holds that the final decision or order is unlawful
4 and is to be set aside, the court shall state on the record the
5 reasons for the holding and may remand the case to the disciplinary
6 subcommittee for further consideration.

7 (3) A disciplinary subcommittee may impose a fine in an amount
8 that does not exceed \$250,000.00 for a violation of section
9 16221(a) or (b). A disciplinary subcommittee shall impose a fine of
10 at least \$25,000.00 if the violation of section 16221(a) or (b)
11 results in the death of 1 or more patients.

12 (4) A disciplinary subcommittee may require a licensee or
13 registrant or an applicant for licensure or registration who has
14 violated this article, article 7, or article 8 or a rule
15 promulgated under this article, article 7, or article 8 to
16 satisfactorily complete an educational program, a training program,
17 or a treatment program, a mental, physical, or professional
18 competence examination, or a combination of those programs and
19 examinations.

20 (5) A disciplinary subcommittee shall impose the sanction of
21 permanent revocation for a violation of section 16221(b) *(xiii)* if the
22 violation occurred while the licensee or registrant was acting
23 within the health profession for which the licensee or registrant
24 was licensed or registered.

25 (6) Except as otherwise provided in subsection (5) and this
26 subsection, a disciplinary subcommittee shall not impose the
27 sanction of permanent revocation under this section without a
28 finding that the licensee or registrant engaged in a pattern of
29 intentional acts of fraud or deceit resulting in personal financial

1 gain to the licensee or registrant and harm to the health of
2 patients under the licensee's or registrant's care. This subsection
3 does not apply if a disciplinary subcommittee finds that a licensee
4 or registrant has violated section 16221(b) (xiv) or (b) (xv) .

5 (7) A disciplinary subcommittee shall impose a fine of not
6 more than \$250.00 for each violation of section 16221(x) .

7 **(8) A disciplinary subcommittee shall impose a fine of not**
8 **more than the following for a violation of section 16221(z) :**

9 **(a) If the licensee or registrant failed to complete 25 hours**
10 **or less of continuing education, \$250.00.**

11 **(b) If the licensee or registrant failed to compete more than**
12 **25 hours of continuing education, \$500.00.**

13 Sec. 16231. (1) A person or governmental entity that believes
14 that a violation of this article, article 7, or article 8 or a rule
15 promulgated under this article, article 7, or article 8 exists may
16 submit an allegation of that fact to the department in writing.

17 (2) Subject to subsection (3) and section 16221b, if the
18 department determines after reviewing an application or an
19 allegation or a licensee's or registrant's file under section
20 16211(4) that there is a reasonable basis to believe that a
21 violation of this article, article 7, or article 8 or a rule
22 promulgated under this article, article 7, or article 8 exists, 1
23 of the following applies:

24 (a) Unless subdivision (b) applies, subject to subsection
25 (10), with the authorization of a panel of at least 3 board members
26 that includes the chair and at least 2 other members of the
27 appropriate board or task force designated by the chair, the
28 department shall investigate the alleged violation. Subject to
29 subsection (10), if the panel fails to grant or deny authorization

1 within 7 days after the board or task force receives a request for
2 authorization, the department shall investigate. If the department
3 believes that immediate jeopardy exists, the director ~~or his or her~~
4 ~~designee~~ shall authorize an investigation and notify the board
5 chair of that investigation within 2 business days.

6 (b) If it reviews an allegation in writing under subsection
7 (1) that concerns a licensee or registrant whose record created
8 under section 16211 includes 1 substantiated allegation, or 2 or
9 more written investigated allegations, from 2 or more different
10 individuals or entities, received in the preceding 4 years, the
11 department shall investigate the alleged violation. Authorization
12 by a panel described in subdivision (a) is not required for an
13 investigation by the department under this subdivision.

14 (3) If a person or governmental entity submits a written
15 allegation under subsection (1) more than 4 years after the date of
16 the incident or activity that is the basis of the alleged
17 violation, the department may investigate the alleged violation in
18 the manner described in subsection (2)(a) or (b), as applicable,
19 but is not required to conduct an investigation under subsection
20 (2)(a) or (b).

21 (4) If it receives information reported under section 16243(2)
22 that indicates 3 or more malpractice settlements, awards, or
23 judgments against a licensee in a period of 5 consecutive years or
24 1 or more malpractice settlements, awards, or judgments against a
25 licensee totaling more than \$200,000.00 in a period of 5
26 consecutive years, whether or not a judgment or award is stayed
27 pending appeal, the department shall investigate.

28 (5) At any time during an investigation or following the
29 issuance of a complaint, the department may schedule a compliance

1 conference under section 92 of the administrative procedures act of
2 1969, MCL 24.292. The **compliance** conference may include the
3 applicant, licensee, registrant, or individual, the applicant's,
4 licensee's, registrant's, or individual's attorney, 1 member of the
5 department's staff, and any other individuals approved by the
6 department. One member of the appropriate board or task force who
7 is not a member of the disciplinary subcommittee with jurisdiction
8 over the matter may attend the conference and provide any
9 assistance that is needed. At the compliance conference, the
10 department shall attempt to reach agreement. If an agreement is
11 reached, the department shall submit a written statement outlining
12 the terms of the agreement, or a stipulation and final order, if
13 applicable, or a request for dismissal to the appropriate
14 disciplinary subcommittee for approval. If the agreement or
15 stipulation and final order or request for dismissal is rejected by
16 the disciplinary subcommittee, or if no agreement is reached, the
17 department shall schedule a hearing before an administrative law
18 judge. A party shall not make a transcript of the compliance
19 conference. All records and documents of a compliance conference
20 held before a complaint is issued are subject to section 16238.

21 (6) Within 90 days after an investigation is initiated under
22 subsection (2), (3), or (4), the department shall do 1 or more of
23 the following:

- 24 (a) Issue a formal complaint.
- 25 (b) Conduct a compliance conference under subsection (5).
- 26 (c) Issue a summary suspension.
- 27 (d) Issue a cease and desist order.
- 28 (e) Dismiss the allegation.
- 29 (f) ~~Place~~**Except as otherwise provided in subdivision (g),**

1 **place** in the complaint file not more than 1 written extension of
2 not more than 30 days to take action under this subsection.

3 **(g) Subject to section 16231b, place in the complaint file not**
4 **more than 1 written extension of not more than 90 days to take**
5 **action under this subsection.**

6 (7) Unless the person submitting an allegation under
7 subsection (1) otherwise agrees in writing, the department shall
8 keep the identity of a person that submitted the allegation
9 confidential until disciplinary proceedings under this part are
10 initiated against the subject of the allegation and the person that
11 made the allegation is required to testify in the proceedings.

12 (8) The department shall serve a complaint under section
13 16192. The department shall include in the complaint a notice that
14 the applicant, licensee, registrant, or individual who is the
15 subject of the complaint has 30 days from the date of receipt to
16 respond in writing to the complaint.

17 (9) The department shall treat the failure of an applicant,
18 licensee, registrant, or individual to respond to a complaint
19 within the 30-day period set forth in subsection (8) as an
20 admission of the allegations contained in the complaint. The
21 department shall notify the appropriate disciplinary subcommittee
22 of the individual's failure to respond and shall forward a copy of
23 the complaint to that disciplinary subcommittee. The disciplinary
24 subcommittee may then impose an appropriate sanction under this
25 article, article 7, or article 8.

26 (10) All of the following apply for purposes of subsection
27 (2) (a):

28 (a) If the chair of the board or task force has a conflict of
29 interest, ~~he or she~~ **the chair** shall appoint another member of the

1 board or task force as ~~his or her~~ **the chair's** designee and shall
2 not participate in the panel's decision to grant or deny
3 authorization to the department to investigate an individual.

4 (b) A member of the board or task force shall not participate
5 in the panel's decision to grant or deny authorization to the
6 department to investigate an individual if that member has a
7 conflict of interest. If the chair of the board or task force is
8 notified that a member of the panel has a conflict of interest, the
9 chair shall remove ~~him or her~~ **the member** from the panel and appoint
10 another member of the board or task force to serve on the panel.

11 (c) A member of the board or task force who participates in or
12 is requested to participate in the panel's decision to grant or
13 deny authorization to the department to investigate an individual
14 shall disclose to the department, to the chair of the board or task
15 force, and to the other member of the panel a potential conflict of
16 interest before those participants make that decision.

17 (11) As used in subsection (10), "conflict of interest" means
18 any of the following:

19 (a) Has a personal or financial interest in the outcome of the
20 investigation of or the imposition of disciplinary sanctions on the
21 licensee, registrant, or applicant for licensure or registration.

22 (b) Had a past or has a present business or professional
23 relationship with the individual that the department is
24 investigating or requesting authorization to investigate.

25 (c) Has given expert testimony in a medical malpractice action
26 against or on behalf of the individual that the department is
27 seeking authorization to investigate.

28 (d) Any other interest or relationship designated as a
29 conflict of interest in a rule promulgated or order issued under

1 this act.

2 Sec. 16231b. (1) If, after initiating an investigation, the
3 department has a reasonable basis to believe that a licensee or
4 registrant has failed to complete a continuing education
5 requirement prescribed in this article or in a rule promulgated
6 under this article, the department shall issue a letter to the
7 licensee or registrant. The letter must notify the licensee or
8 registrant that the licensee or registrant may be in violation of
9 this article and provide the licensee or registrant with a
10 description of the continuing education requirement that the
11 department has a reasonable basis to believe the licensee or
12 registrant failed to complete.

13 (2) If, not later than 60 days after the letter described in
14 subsection (1) is issued, the licensee or registrant provides
15 written proof to the department demonstrating that the licensee or
16 registrant has completed the continuing education requirement
17 identified in the letter, the department shall dismiss the
18 allegation under section 16231 regardless of whether the licensee
19 or registrant timely completed the continuing education
20 requirement. If the licensee or registrant fails to provide the
21 written proof described in this subsection, the department shall
22 take action under section 16231(6).

23 (3) The department shall not credit a licensee's or
24 registrant's completion of continuing education under subsection
25 (2) toward any renewal cycle other than the renewal cycle that is
26 the subject of the letter described in subsection (1).

27 (4) The department shall not treat an act or failure to act of
28 a licensee or registrant under this section as an admission of the
29 allegation described in subsection (1).

1 (5) A letter issued under this section is not considered
2 discipline.

3 Sec. 16238. (1) Except as otherwise provided in section
4 ~~13(1)(u) (i) and (ii)~~ **13(1)(t) (i) and (ii)** of the freedom of
5 information act, ~~Act No. 442 of the Public Acts of 1976, being~~
6 ~~section 15.243 of the Michigan Compiled Laws, 1976 PA 442, MCL~~
7 **15.243**, the information including, but not limited to, patient
8 names, obtained in an investigation or a compliance conference
9 before a complaint is issued, is confidential and ~~shall~~**must** not be
10 disclosed except to the extent necessary for the proper functioning
11 of a hearings examiner, a disciplinary subcommittee, or the
12 department.

13 (2) A compliance conference conducted under this part before a
14 complaint is issued ~~shall be~~**is** closed to the public.

15 Sec. 17033. (1) Notwithstanding the requirements of part 161,
16 the board may require a ~~licensee~~**physician** seeking renewal of ~~a the~~
17 **physician's** license to furnish the board with satisfactory evidence
18 that during the 3 years immediately preceding application for
19 renewal the ~~licensee~~**physician** has attended continuing education
20 courses or programs approved by the board totaling not less than
21 ~~150 hours~~**75 hours** in subjects related to the practice of medicine
22 including, but not limited to, medical ethics and designed to
23 further educate licensees.

24 (2) As required under section 16204, the board shall
25 promulgate rules requiring each applicant for license renewal to
26 complete as part of the continuing education requirement of
27 subsection (1) an appropriate number of hours or courses in pain
28 and symptom management.

29 (3) By January 1, 2027, and every 5 years thereafter, the

1 board shall review each subject related to the practice of medicine
2 that the board considers necessary to complete as part of the
3 continuing education requirements of subsection (1) to determine
4 whether the subject is still necessary to further educate
5 licensees. The board shall not require a licensee to complete a
6 course or program on a subject that is not required on the
7 effective date of the amendatory act that added this subsection
8 unless 1 or more of the following are met:

9 (a) The course or program is necessary and justified by a
10 public health crisis or emergency declared in accordance with the
11 laws of this state.

12 (b) The course or program is relevant across all specialty
13 areas of medical practice.

14 (c) The course or program addresses an urgent or trending
15 issue that the board determines materially affects the health,
16 safety, and welfare of the public.

17 Sec. 17533. (1) Notwithstanding the requirements of part 161,
18 the board may require a ~~licensee~~**physician** seeking renewal of ~~a~~**the**
19 **physician's** license to furnish the board with satisfactory evidence
20 that during the 3 years immediately preceding an application for
21 renewal the ~~licensee~~**physician** has attended continuing education
22 courses or programs approved by the board and totaling not less
23 than ~~150 hours~~**75 hours** in subjects related to the practice of
24 osteopathic medicine and surgery and designed to further educate
25 licensees.

26 (2) As required under section 16204, the board shall
27 promulgate rules requiring each applicant for license renewal to
28 complete as part of the continuing education requirement of
29 subsection (1) an appropriate number of hours or courses in pain

1 and symptom management.

2 (3) By January 1, 2027, and every 5 years thereafter, the
3 board shall review each subject related to the practice of
4 osteopathic medicine and surgery that the board considers necessary
5 to complete as part of the continuing education requirements of
6 subsection (1) to determine whether the subject is still necessary
7 to further educate licensees. The board shall not require a
8 licensee to complete a course or program on a subject that is not
9 required on the effective date of the amendatory act that added
10 this subsection unless 1 or more of the following is met:

11 (a) The course or program is necessary and justified by a
12 public health crisis or emergency declared in accordance with the
13 laws of this state.

14 (b) The course or program is relevant across all specialty
15 areas of medical practice.

16 (c) The course or program addresses an urgent or trending
17 issue that the board determines materially affects the health,
18 safety, and welfare of the public.