

# Health

## FY 2026-27 Supplemental Budget Change Item

### Change Item Title: Minnesota All Payer Claims Database Fee Schedule

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Govt Special Revenue				
Expenditures	0	187	233	291
Revenues	0	187	233	291
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
<b>FTEs</b>		<b>0.7</b>	<b>0.8</b>	<b>1.0</b>

#### Request:

The Governor recommends an annual appropriation of \$187,000 in fiscal year 2027, \$233,000 in fiscal year 2028, and \$291,000 in fiscal year 2029 and each subsequent year from the State Government Special Revenue (SGSR) fund, while also establishing a fee schedule that will allow the department to support ongoing operating costs of providing external researchers access to the Minnesota All Payer Claims Database (MN APCD).

#### Rationale/Background:

The MN APCD is a state repository of de-identified health insurance claims, enrollment information, and prices for health services provided to Minnesota residents. This data allows Minnesota to better understand what health care services and prescription drug products are provided across the state, at what costs, and how it impacts health outcomes.

In 2023, the Legislature appropriated funds to finance the initial costs associated with technology and process development that would allow for non-department researchers to request information from the database. This proposal is a continuation of the 2023 legislation, requiring the Minnesota Department of Health (MDH) to develop a process for researchers and organizations to have access to the MN APCD for approved research projects. That legislation also directed MDH to develop a fee schedule to support the ongoing costs of providing access to the data.

MDH assumes, based on experience operating the system for the last 15-years, that the system, staff, and processes needed to support external access to the data will exceed the 2023 appropriation, thus requiring financial support through a fee structure.

This proposal has a direct impact on the One Minnesota priorities of Healthy Minnesotans and Equity and Inclusion. The use of this research data will support policies and strategies to ensure that all Minnesotans receive high quality health care.

#### Proposal:

Expanding access for researchers to the MN APCD advances evidence-based policies and fosters collaboration and innovation. As authorized in the 2023 legislation, this proposal establishes a fee schedule, gives MDH statutory authority to collect fees, and creates an appropriation that will fund operational costs of providing external access to the MN APCD. The proposed fee schedule includes language that gives MDH the ability to grant partial or full waivers to researchers based on a series of criteria including potential financial hardship to an individual or organization to ensure that cost is not a barrier to accessing the data. A research advisory committee will make

recommendations to MDH on applications for use of the data, including qualifications, required necessary data protection, waiver requests and whether requests are in the public interest. MDH will be responsible for the final decisions.

Fees for access to and use of the MN APCD are as follows:

- Standard data set: \$3,500 per data file per year
- Limited-use data set: \$7,000 per data file per year
- Custom data set or report: \$89 per hour of staff time expended, with fees not to exceed the cost of 65 hours of staff time

To support fulfilling data request orders through data queries and technical assistance for users, additional Research Scientist 2 staff time will be needed at the cost of \$120,833 in fiscal year 2027, \$148,718 in fiscal year 2028, and \$185,897 in fiscal year 2029 and each year after, in response to data requests exceed existing staff capacity. In addition, MDH assumes additional vendor costs to support producing standard and custom data sets as follows: \$65,934 in fiscal year 2027, \$84,184 in fiscal year 2028, and \$105,006 in fiscal year 2029. Vendor costs will continue annually, driven by the volume of data request orders. This proposal does not have any IT costs, as existing MDH systems will be used to collect the fees.

**Impact on Children and Families:**

Access to the MN APCD data that is facilitated by the proposed fee schedule provides an opportunity for researchers and organizations to use these data to inform policies that will improve the lives of children and families in Minnesota.

**Equity and Inclusion:**

The MN APCD can be used to examine health care utilization and spending across different population subgroups such as race, ethnicity, income level, and geographic location. The proposed fee schedule, the collection of fees, and the establishment of an appropriation will allow broader access to the MN APCD data, reducing previous barriers to data access and use with the goal to advance health equity. The MN APCD now includes race, ethnicity, and language data, which is another benefit to authorized researchers.

Additionally, the proposed fee schedule includes language that grants MDH the ability to grant partial or full waivers based on a series of criteria including potential financial hardship to an individual or organization to ensure that cost is not a barrier to accessing the data.

**Tribal Consultation:**

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

- Yes
- No

Tribes will be able to access the data and technical assistance. Tribal health directors from the eleven federal-recognized Tribes in Minnesota are eligible for a partial or full fee waiver.

**IT Costs:**

None

**Results:**

Part A: Performance Measures

The fee schedule outlined in this proposal is intended to support the development of evidence-based policies on health care spending, affordability, and health care effectiveness research and foster collaboration and innovation through use of health care claims data. The fee schedule ensures that the state has the staff capacity to make the data available and provide technical assistance to data users. The fees will help support the cost of expanding access to, and use of, the data.

APCDs are large-scale databases that systematically collect health care transaction records. These data typically include information from multiple private and public payers on enrollment and prices, utilization of health care services, diagnostic detail, and information about servicing and billing providers. APCDs were initially developed to enhance health care transparency, to publish information on variation in prices across providers. More recently, these data have been used effectively to conduct research across many disciplines, ultimately, to assist state policymakers and others to inform policy solutions associated with providing timely, affordable, and high-quality health care.

In 2021, the Minnesota legislature tasked MDH with developing recommendations for providing access to the MN APCD to external researchers and organizations. MDH gathered information on processes and best practices from other states with similar programs and conducted interviews and group listening sessions with nearly 70 diverse stakeholders and published a final report in September 2023.

Examples of measures are available online at Results Management Resources for State Agencies.

<b>Measure</b>	<b>Measure type</b>	<b>Measure data source</b>	<b>Most recent data</b>	<b>Projected change</b>
Number of approved projects	Quantity	MDH will provide clear guidance for interested applicants to get a project approved and receive access to the MN APCD.	N/A	5-20 data sharing projects per year
Percent of projects informing policies to increase and improve Minnesotans access to health care	Result	Data collected by MDH when approving the project	N/A	20% of the approved projects using MN APCD data to inform policy solutions that reduce barriers to health care

Part B: Use of Evidence

Between 2022-2023, MDH conducted a study to better understand the unique needs and potential use cases of the MN APCD. That study resulted in the 2023 legislation expanding access to the MN APCD, which includes the developing a fee schedule to offset staffing costs associated with maintaining data access and use.

**Statutory Change(s):**

M.S. 62U.04 is amended

# Health

## FY 2026-27 Supplemental Budget Change Item

### Change Item Title: HMO Fees Appropriation

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Govt Special Revenue				
Expenditures	440	440	440	440
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	440	440	440	440
<b>FTEs</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>

### Request:

The Governor recommends an increased appropriation of \$440,000 beginning in fiscal year 2026 and in each subsequent year from the state government special revenue fund to support the higher workload associated with increasing complexity of Health Maintenance Organization (HMO) licensure and regulation. Increases to the annual renewal fee and the HMO application fee were passed in the 2025 legislative session to support this increased appropriation, but the corresponding appropriation was not included.

### Rationale/Background:

In addition to generally increased inflationary costs associated with staffing and contracts, HMO regulation has become significantly more complex in the 25 years since these fees were last raised. This has led to a need for more staffing and technology. Regulation of HMOs is funded in large part through fees collected from organizations at the point of licensure application and then annually at license renewal.

In acknowledgment of the increased regulatory workload and rising costs, during the 2025 session, fees for HMO applications and annual renewal fees were increased to fund MDH's regulatory activities. The legislature updated the fees to fund the increasing expense effective January 1, 2026. The one-time HMO application fee was increased to \$10,000 from \$3,000. The renewal base fee was increased to \$30,000 from \$21,000 and the per member fee to \$0.88 from \$0.70.

The corresponding appropriation, which would authorize the Minnesota Department of Health (MDH) to spend the increased revenue, was not proposed and passed into law. A corresponding appropriation must be passed to allow these funds to be spent on regulatory activities as intended. Appropriating these fees for their intended use ensures adequate support for government systems to meet legislative and public expectations as envisioned in the Governor's One Minnesota Plan.

### Proposal:

This proposal would provide for a corresponding appropriation for the fee increases that were already passed in the 2025 legislation session, allowing fees paid by HMOs to fund HMO regulation as intended. The additional appropriation will fund the equivalent of 2.0 maintained FTEs and an additional \$68,000 towards contracting costs.

### Impact on Children and Families:

While other health insurance companies are regulated by the Minnesota Department of Commerce, the legislature specifically tasked MDH with regulating HMOs. Regulation of HMOs is focused on providing

comprehensive managed health care, with a specific focus on enrollee health beyond that required for other health insurance companies. In addition, nonprofit HMOs play a unique role in the state Medicaid program, which provides coverage to over 850,000 families, including about one-third of Minnesota children. Maintaining a robust licensure and compliance system will ensure these families and children continue to receive access to high quality health care.

**Equity and Inclusion:**

MDH reviews plans offered by HMOs to ensure they are compliant with federal and state nondiscrimination laws. This includes reviewing for compliance with new coverage mandates, which can be designed to require treatment for protected classes. MDH also evaluates provider networks to ensure access and availability, assesses for mental health parity, and maintains a structure for quality assurance audits. This proposal will allow MDH to preserve and build upon these processes, all of which are designed to ensure an equitable system of coverage for all Minnesotans. MDH currently has monthly meetings with the two health plan stakeholder groups, which includes discussing legislative proposals. Further, MDH conducts individual meetings with plans following each filing year to identify areas for improvement and evaluating compliance.

**Tribal Consultation:**

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

Yes

No

**IT Costs:**

None

**Results:**

The increased appropriation will allow the revenue increase that was passed last session to be used to ensure HMOs are in compliance with state and federal law in a more timely and efficient manner. There will be improved internal processes, enhanced collaboration with partner agencies, and higher quality HMO products to better serve the health care needs of Minnesotans.

**Statutory Change(s):**

None

# Health

## FY 2026-27 Supplemental Budget Change Item

### Change Item Title: Health Care Loan Forgiveness Fund Extension

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Request

The Governor recommends amending Minnesota Statutes, sections 144.1501 and 144.1503 to add language to specify that appropriations made to the Health Care Loan Forgiveness program and the Home and Community-Based Services Employee Scholarship program do not cancel and are available until expended.

### Rationale/Background:

Amending the statute to make clear that appropriations to the fund do not cancel and are available until expended will meet the intentions of the program. Many program participants require different start dates for contracts or have program awards that cross the biennium. Ensuring the use of all appropriated funds helps encourage students to enter health fields and mitigate provider shortages, thereby helping achieve the One Minnesota goal on Health Disparities. Making this change would allow the appropriations made to the programs to more effectively meet the needs of a program whose awards extend across multiple years.

### Proposal:

This proposal would amend the statutes governing the Health Care Loan Forgiveness and the Home and Community-Based Services Employee Scholarship and Loan Forgiveness programs. This would allow appropriations to not cancel but instead be available until expended under the awarded contracts. Minnesota Statutes, sections 144.1501, subdivision 2 and Minnesota Statutes, section 144.1503, subdivision 7 would be amended to remove language around the funds cancelling at the end of the biennium and would instead read that funds will be available until expended.

The capacity would increase by approximately seven additional loan forgiveness awards per year and two additional Home and Community Based Services grants over a three-year period.

### Impact on Children and Families:

These programs support the retention of health care providers in high need areas, serving children and families by increasing access to health care.

### Equity and Inclusion:

These programs mitigate provider shortages across the state, both in rural and urban underserved areas. By attracting providers in these locations, the programs improve access to care for underserved Minnesotans.

**Tribal Consultation:**

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

Yes  
 No

**IT Costs:**

None

**Results:**

The proposals will better fulfill the goals of the programs authorized by the statutes, by allowing the funds to be fully used for their intended purpose.

**Statutory Change(s):**

M.S. 144.1501 and M.S. 144.1503 are amended.

# Health

## FY 2026-27 Supplemental Budget Change Item

### Change Item Title: Newborn Screening Fee Exemption

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Request:

The Governor recommends amending Minnesota Statute, 144.125 Subdivision 1 by defining the criteria for fee exemption in Newborn Screening. The Minnesota Department of Health (MDH) seeks to codify this fee exemption in statute to ensure this is an option for parents who use an out-of-hospital birth setting and to ensure medical insurance is accessed when available.

#### Rationale/Background:

The Newborn Screening Program is a mandated program that receives funding from the fee of the newborn screening specimen. Minnesota Statute, section 144.125 states the fee that will be charged for each newborn screening specimen. In the event the birth parent(s) do not have insurance, or the cost of the fee would be a hardship for the parents, this fee is waived, but the fee exemption process is not in state statute.

This proposal contributes to One Minnesota's priorities to support Children and Families by ensuring that all babies born in Minnesota receive newborn screening. Because the proposal will state when fee exemptions are accepted by the program, it will create a transparent process, thereby contributing to the One Minnesota Goal on Customer Experience. Finally, this proposal contributes to the Fiscal Accountability goal to make it clear what is required from all birth providers in Minnesota when processing the newborn screening fee.

#### Proposal:

The department would like to amend Minnesota Statute, section 144.125, in order to codify the fee exemption process in statute. This will increase transparency, ensure that no family is turned away from newborn screening due to the inability to pay, and it ensures that providers are utilizing the fee exemption form in the proper situations and that all families have the option to have newborn screening completed regardless of ability to pay. The department will create a communication plan to educate out-of-hospital birth providers about the use of the form.

#### Impact on Children and Families:

This proposal contributes to the priority to support children and families by ensuring that all babies born in Minnesota receive newborn screening whether they choose a hospital or out-of-hospital birth setting.

#### Equity and Inclusion:

This proposal will contribute to the reduction in inequities between out-of-hospital birth providers where some may be receiving fee exemptions and others may not. The update to the state statute will make the fee

exemption process more transparent. This proposal will also ensure that families who choose to have an out-of-hospital birth will have the same access to screening as other families.

**Tribal Consultation:**

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

Yes  
 No

**Results:**

Part A: Performance Measures

The newborn screening program expects that some midwives will utilize the form who have not used it in the past and hopes to ensure that midwives are only using the form when families are uninsured.

Measure	Measure type	Measure data source	Most recent data	Projected change
Number of fee exemption forms received	Quantity	Physical forms received by the newborn screening program will be counted monthly.	N/A	Expect some midwives submit fewer than usual and expect other midwives to begin using the form.
Percentage of midwives using the fee exemption form	Quality	Physical forms received each month will be looked at and compared with total number of midwife specimen submissions that same month.	N/A	Expect this number to increase.
Percentage of midwives with an increased knowledge of the fee exemption procedure	Result	Survey midwives before and after implementation of the statute change to measure their awareness and knowledge of the current process.	N/A	Expect this number to increase.

**Statutory Change(s):**

M.S. 144.125 is amended

# Health

## FY 2026-27 Supplemental Budget Change Item

### Change Item Title: Rural Clinical Training Modifications to Existing Statute

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Request:

The Governor recommends amending Minnesota Statutes, sections 144.1505, 144.1507, and 144.1911. These changes will better fulfill the purpose of the four grant programs authorized in these statutes.

#### Rationale/Background:

This proposal would modify the description of four grant programs designed to address workforce shortages of health care professionals in rural and underserved communities to better describe those program purposes as authorized in statute.

Minnesota Statute, section 144.1505, includes the Health Professionals Clinical Training Expansion program and the Rural and Underserved Clinical Rotations program. Applicants and grantees have expressed confusion about the differences between the two programs and requested that these differences be distinguished more clearly.

Minnesota Statutes, section 144.1507, authorizes rural primary care residency training grants. Rural primary care residency programs in pediatrics, psychiatry, and general surgery have approached MDH about barriers to meeting the proportion of rural training required in the current statute while also meeting accreditation requirements.

Minnesota Statutes, section 144.1911, authorizes the International Medical Graduate (IMG) Assistance Program. Grantees and program administrators would like the grant funding to carry forward until fully expended, which the current statute language does not allow. Grantees in the IMG Clinical Preparation part of the program have requested that the service commitment be aligned with the multi-year IMG pathway that culminates in a residency program.

This proposal directly impacts the One Minnesota goal of Safe and Thriving Communities: Workforce Shortage. The proposed modifications would allow the grant programs authorized by these statutes to better fulfill their purposes of strengthening Minnesota's health care workforce and increasing Minnesotans' access to providers so that all may receive high quality health care.

#### Proposal:

This proposal makes a variety of changes to statute, ranging from more clarity in the language to making sure funding is available until expended.

Minnesota Statutes, section 144.1505 would be amended to more clearly distinguish the Health Professionals Clinical Training Expansion program from the Rural and Underserved Clinical Rotations program, and to clarify that “physician training programs” include medical schools as well as residency programs. This greater clarity will help applicants better understand which program applies to them, resulting in more successful applications for this funding.

Minnesota Statutes, section 144.1507 would be amended to define “rural” more broadly in the Primary Care Residency Training Grant Program, to allow training anywhere outside the seven-county metro area in some primary care specialties, while maintaining purely rural rotations. The amendments would also allow grants for technical assistance in the development of clinical training sites. This proposal expands eligibility for the Primary Care Residency Training Grant to allow the program to support training of more primary care physicians in rural areas, addressing an urgent need in our state.

Minnesota Statutes, section 144.1911, the International Medical Graduate (IMG) Assistance Program, would be amended to prevent appropriated funds from lapsing at the end of each fiscal year, and to remove a barrier to participating in the IMG Clinical Preparation program by requiring a service commitment after a participant has completed the final stage of the IMG pathway, the IMG residency program.

### **Impact on Children and Families:**

Each of the grant programs named above addresses critical issues along the training and practice continuum that will bring more qualified health care providers to rural and underserved areas. By optimizing the effectiveness of the state’s support for clinical training in rural and underserved communities, as well as the integration of IMGs into Minnesota’s health care workforce, we hope to address the shortage of primary care providers serving children, youth, and families.

### **Equity and Inclusion:**

This proposal promotes successful applications to the Health Professionals Clinical Training Expansion and Rural and Underserved Clinical Rotations grant programs, expands eligibility for the Primary Care Residency Training Grant Program, removes a barrier to participation in the IMG Clinical Preparation program, and maximizes the use of IMG Assistance Program funds. These components work toward strengthening the primary care workforce and advancing equitable access to health care in rural and underserved Minnesota communities.

### **Tribal Consultation:**

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

Yes  
 No

### **IT Costs:**

None

### **Results:**

#### Part A: Performance Measures

The proposal will better fulfill the purpose of the grant programs authorized within these statutes. They will promote a clearer understanding of the programs among applicants and remove barriers to participation. Success should become evident over the next one or two grant cycles, as evidenced by the expected increase in the number and types of applicants to these programs.

These proposed changes were informed by discussions with numerous stakeholders who advised MDH on specific changes that would achieve the desired program outcomes.

Reduced confusion among applicants to the Health Professionals Clinical Training Expansion program and Rural and Underserved Clinical Rotations program: Administrators for the two programs will assess whether fewer applicant questions related to confusion between the two programs come in, as well as whether a higher percentage of applications submitted are appropriate to the program selected by the applicant.

Part B: Use of Evidence

1. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.
  - No formal evaluation planned at this time
  - Not yet determined
  - Needs Assessment
  - Process or Implementation Evaluation
  - Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
  - Summative Evaluation other than an Impact Evaluation
  - Other (please describe or link):

**Statutory Change(s):**

M.S. 144.1505; M.S. 144.1507; and M.S. 144.1911 are amended.

# Health

## FY 2026-27 Supplemental Budget Change Item

### Change Item Title: Substance Use Disorder (SUD) Admin Language Correction

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Request:

The Governor recommends to re-rider the substance use treatment, recovery, and prevention grant appropriation to include administrative costs allowed under Minnesota Statutes, section 16B.98. The change allows the Minnesota Department of Health (MDH) to spend up to 10 percent, or \$300,000, of the existing \$3,000,000 appropriation for costs related to administering these competitively awarded grants.

#### Rationale/Background:

In 2023, the Minnesota legislature legalized cannabis for adult recreational use and made historic investments in cannabis misuse prevention including the creation of cannabis and substance misuse prevention and education grants under Minnesota Statutes, section 144.917, and substance use treatment, recovery, and prevention grants under Minnesota Statutes, section 342.72. During the 2024 legislative session, administration of the substance use treatment, recovery, and prevention grants shifted from the Office of Cannabis Management to the MDH, where funding for grants to local and Tribal health departments under Minnesota Statute, section 144.197, was reduced from \$10,000,000 to \$6,350,000 per fiscal year.

In 2025, to offset this reduction to local and Tribal health departments, the Governor recommended, and the legislature passed, a \$2.5 million reduction to the appropriation for substance use treatment, recovery, and prevention grants (moving from \$5.5 million to \$3 million per fiscal year) and increased, by the same amount, the appropriation for the cannabis and substance misuse prevention grants for local and Tribal health departments. The 2025 law did not specify an appropriation for MDH to administer the substance use treatment, recovery, and prevention grants.

#### Proposal:

In accordance with Minnesota Statutes, section 16B.98, this proposal allows MDH to set aside up to 10 percent, or \$300,000, of the total \$3,000,000 appropriation to administer the competitively awarded substance use treatment, recovery, and prevention grants.

Adequate funding for grants administration reduces the burden on grant recipients by ensuring adequate levels of assistance and guidance in navigating and complying with MDH finance and grant policies. These funds would be used to pay MDH's costs to ensure adequate staffing is in place to administer these grants as well as provide the necessary support and technical assistance to grantees to facilitate their ability to meet grant objectives.

**Impact on Children and Families:**

Providing support for grantmaking helps ensure that MDH's substance use treatment, recovery, and prevention grants, including those that impact children, youth, and families, have adequate funding to ensure appropriate stewardship.

**Equity and Inclusion:**

Adequate funding for grants administration will allow for better services and reduce the burden on grantees and prospective grantees in navigating MDH's policies and laws related to grants.

**Tribal Consultation:**

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

- Yes
- No

**Statutory Change(s):**

None