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HOUSE BILL 1382

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**By** Representatives Tharinger, Macri, Stonier, Thai, Parshley, Obras, Lekanoff, Davis, Simmons, Hill, and Ormsby; by request of Health Care Authority

Read first time 01/17/25. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to modernizing the all payers claims database by  
2 updating reporting requirements, data disclosure standards, and lead  
3 organization requirements; and amending RCW 43.371.010, 43.371.020,  
4 43.371.050, 43.371.060, 43.371.070, and 43.371.090.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 **Sec. 1.** RCW 43.371.010 and 2019 c 319 s 2 are each amended to  
7 read as follows:

8 The definitions in this section apply throughout this chapter  
9 unless the context clearly requires otherwise.

10 (1) "Authority" means the health care authority.

11 (2) "Carrier" and "health carrier" have the same meaning as in  
12 RCW 48.43.005.

13 (3) "Claims data" means the data required by RCW 43.371.030 to be  
14 submitted to the database, including billed, allowed and paid  
15 amounts, and such additional information as defined by the director  
16 in rule.

17 (4) "Data supplier" means: (a) A carrier, third-party  
18 administrator, or a public program identified in RCW 43.371.030 that  
19 provides claims data; and (b) a carrier or any other entity that  
20 provides claims data to the database at the request of an employer-

1 sponsored self-funded health plan or Taft-Hartley trust health plan  
2 pursuant to RCW 43.371.030(1).

3 (5) "Data vendor" means an entity contracted to perform data  
4 collection, processing, aggregation, extracts, analytics, and  
5 reporting.

6 (6) "Database" means the statewide all-payer health care claims  
7 database established in RCW 43.371.020.

8 (7) "Direct patient identifier" means a data variable that  
9 directly identifies an individual, including: Names; telephone  
10 numbers; fax numbers; social security number; medical record numbers;  
11 health plan beneficiary numbers; account numbers; certificate or  
12 license numbers; vehicle identifiers and serial numbers, including  
13 license plate numbers; device identifiers and serial numbers; web  
14 universal resource locators; internet protocol address numbers;  
15 biometric identifiers, including finger and voice prints; and full  
16 face photographic images and any comparable images.

17 (8) "Director" means the director of the authority.

18 (9) "Indirect patient identifier" means a data variable that may  
19 identify an individual when combined with other information.

20 (10) "Lead organization" means the organization selected under  
21 RCW 43.371.020.

22 (11) "Office" means the office of financial management.

23 ~~(12) ("Proprietary financial information" means claims data or~~  
24 ~~reports that disclose or would allow the determination of specific~~  
25 ~~terms of contracts, discounts, or fixed reimbursement arrangements or~~  
26 ~~other specific reimbursement arrangements between an individual~~  
27 ~~health care facility or health care provider, as those terms are~~  
28 ~~defined in RCW 48.43.005, and a specific payer, or internal fee~~  
29 ~~schedule or other internal pricing mechanism of integrated delivery~~  
30 ~~systems owned by a carrier.~~

31 ~~(13))~~ "Unique identifier" means an obfuscated identifier  
32 assigned to an individual represented in the database to establish a  
33 basis for following the individual longitudinally throughout  
34 different payers and encounters in the data without revealing the  
35 individual's identity.

36 **Sec. 2.** RCW 43.371.020 and 2024 c 54 s 54 are each amended to  
37 read as follows:

38 (1) The office shall establish a statewide all-payer health care  
39 claims database. On January 1, 2020, the office must transfer

1 authority and oversight for the database to the authority. The office  
2 and authority must develop a transition plan that sustains operations  
3 by July 1, 2019. The database shall support transparent public  
4 reporting of health care information. The database must improve  
5 transparency to: Assist patients, providers, and hospitals to make  
6 informed choices about care; enable providers, hospitals, and  
7 communities to improve by benchmarking their performance against that  
8 of others by focusing on best practices; enable purchasers to  
9 identify value, build expectations into their purchasing strategy,  
10 and reward improvements over time; and promote competition based on  
11 quality and cost. The database must systematically collect all  
12 medical claims and pharmacy claims from private and public payers,  
13 with data from all settings of care that permit the systematic  
14 analysis of health care delivery.

15 (2) The authority (~~shall use~~) may act as the lead organization,  
16 or select a lead organization from among the best potential bidders  
17 using a competitive procurement process, in accordance with chapter  
18 39.26 RCW, (~~to select a lead organization from among the best~~  
19 ~~potential bidders~~) to coordinate and manage the database.

20 (a)(i) In conducting the competitive procurement, the authority  
21 must ensure that no state officer or state employee participating in  
22 the procurement process:

23 (A) Has a current relationship or had a relationship within the  
24 last three years with any organization that bids on the procurement  
25 that would constitute a conflict with the proper discharge of  
26 official duties under chapter 42.52 RCW; or

27 (B) Is a compensated or uncompensated member of a bidding  
28 organization's board of directors, advisory committee, or has held  
29 such a position in the past three years.

30 (ii) If any relationship or interest described in (a)(i) of this  
31 subsection is discovered during the procurement process, the officer  
32 or employee with the prohibited relationship must withdraw from  
33 involvement in the procurement process.

34 (b) Due to the complexities of the all-payer claims database and  
35 the unique privacy, quality, and financial objectives, the authority  
36 must give strong consideration to the following elements in  
37 determining the appropriate lead organization contractor: (i) The  
38 organization's degree of experience in health care data collection,  
39 analysis, analytics, and security; (ii) whether the organization has  
40 a long-term self-sustainable financial model; (iii) the

1 organization's experience in convening and effectively engaging  
2 stakeholders to develop reports, especially among groups of health  
3 providers, carriers, and self-insured purchasers; (iv) the  
4 organization's experience in meeting budget and timelines for report  
5 generations; and (v) the organization's ability to combine cost and  
6 quality data to assess total cost of care.

7 (c) The successful lead organization must apply to be certified  
8 as a qualified entity pursuant to 42 C.F.R. Sec. 401.703(a) by the  
9 centers for medicare and medicaid services.

10 (d) The authority may not select a lead organization that:

11 (i) Is a health plan as defined by and consistent with the  
12 definitions in RCW 48.43.005;

13 (ii) Is a hospital as defined in RCW 70.41.020;

14 (iii) Is a provider regulated under Title 18 RCW;

15 (iv) Is a third-party administrator as defined in RCW 70.290.010;

16 or

17 (v) Is an entity with a controlling interest in any entity  
18 covered in (d) (i) through (iv) of this subsection.

19 (3) As part of the competitive procurement process referenced in  
20 subsection (2) of this section, the lead organization shall enter  
21 into a contract with a data vendor or multiple data vendors to  
22 perform data collection, processing, aggregation, extracts, and  
23 analytics. A data vendor must:

24 (a) Establish a secure data submission process with data  
25 suppliers;

26 (b) Review data submitters' files according to standards  
27 established by the authority;

28 (c) Assess each record's alignment with established format,  
29 frequency, and consistency criteria;

30 (d) Maintain responsibility for quality assurance, including, but  
31 not limited to: (i) The accuracy and validity of data suppliers'  
32 data; (ii) accuracy of dates of service spans; (iii) maintaining  
33 consistency of record layout and counts; and (iv) identifying  
34 duplicate records;

35 (e) Assign unique identifiers, as defined in RCW 43.371.010, to  
36 individuals represented in the database;

37 (f) Ensure that direct patient identifiers(~~(7)~~) and indirect  
38 patient identifiers(~~(7, and proprietary financial information)~~) are  
39 released only in compliance with the terms of this chapter;

1 (g) Demonstrate internal controls and affiliations with separate  
2 organizations as appropriate to ensure safe data collection, security  
3 of the data with state of the art encryption methods, actuarial  
4 support, and data review for accuracy and quality assurance;

5 (h) Store data on secure servers that are compliant with the  
6 federal health insurance portability and accountability act and  
7 regulations, with access to the data strictly controlled and limited  
8 to staff with appropriate training, clearance, and background checks;  
9 and

10 (i) Maintain state of the art security standards for transferring  
11 data to approved data requestors.

12 (4) The lead organization and data vendor must submit detailed  
13 descriptions to Washington technology solutions to ensure robust  
14 security methods are in place. Washington technology solutions must  
15 report its findings to the authority and the appropriate committees  
16 of the legislature.

17 (5) The lead organization is responsible for internal governance,  
18 management, funding, and operations of the database. At the direction  
19 of the authority, the lead organization shall work with the data  
20 vendor to:

21 (a) Collect claims data from data suppliers as provided in RCW  
22 43.371.030;

23 (b) Design data collection mechanisms with consideration for the  
24 time and cost incurred by data suppliers and others in submission and  
25 collection and the benefits that measurement would achieve, ensuring  
26 the data submitted meet quality standards and are reviewed for  
27 quality assurance;

28 (c) Ensure protection of collected data and store and use any  
29 data in a manner that protects patient privacy and complies with this  
30 section. All patient-specific information must be deidentified with  
31 an up-to-date industry standard encryption algorithm;

32 (d) Consistent with the requirements of this chapter, make  
33 information from the database available as a resource for public and  
34 private entities, including carriers, employers, providers,  
35 hospitals, and purchasers of health care;

36 (e) Report performance on cost and quality pursuant to RCW  
37 43.371.060 using, but not limited to, the performance measures  
38 developed under RCW 41.05.690;

1 (f) Develop protocols and policies, including prerelease peer  
2 review by data suppliers, to ensure the quality of data releases and  
3 reports;

4 (g) Develop a plan for the financial sustainability of the  
5 database as may be reasonable and customary as compared to other  
6 states' databases and charge fees for reports and data files as  
7 needed to fund the database. Any fees must be approved by the  
8 authority and should be comparable, accounting for relevant  
9 differences across data requests and uses. The lead organization may  
10 not charge providers or data suppliers fees other than fees directly  
11 related to requested reports and data files; and

12 (h) Convene advisory committees with the approval and  
13 participation of the authority, including: (i) A committee on data  
14 policy development; and (ii) a committee to establish a data release  
15 process consistent with the requirements of this chapter and to  
16 provide advice regarding formal data release requests. The advisory  
17 committees must include in-state representation from key provider,  
18 hospital, public health, health maintenance organization, large and  
19 small private purchasers, consumer organizations, and the two largest  
20 carriers supplying claims data to the database.

21 (6) The lead organization governance structure and advisory  
22 committees for this database must include representation of the  
23 third-party administrator of the uniform medical plan. A payer,  
24 health maintenance organization, or third-party administrator must be  
25 a data supplier to the all-payer health care claims database to be  
26 represented on the lead organization governance structure or advisory  
27 committees.

28 **Sec. 3.** RCW 43.371.050 and 2019 c 319 s 5 are each amended to  
29 read as follows:

30 (1) Except as otherwise required by law, claims or other data  
31 from the database shall only be available for retrieval in processed  
32 form to public and private requesters pursuant to this section and  
33 shall be made available within a reasonable time after the request.  
34 Each request for claims data must include, at a minimum, the  
35 following information:

36 (a) The identity of any entities that will analyze the data in  
37 connection with the request;

1 (b) The stated purpose of the request and an explanation of how  
2 the request supports the goals of this chapter set forth in RCW  
3 43.371.020(1);

4 (c) A description of the proposed methodology;

5 (d) The specific variables requested and an explanation of how  
6 the data is necessary to achieve the stated purpose described  
7 pursuant to (b) of this subsection;

8 (e) How the requester will ensure all requested data is handled  
9 in accordance with the privacy and confidentiality protections  
10 required under this chapter and any other applicable law;

11 (f) The method by which the data will be destroyed at the  
12 conclusion of the data use agreement;

13 (g) The protections that will be utilized to keep the data from  
14 being used for any purposes not authorized by the requester's  
15 approved application; and

16 (h) Consent to the penalties associated with the inappropriate  
17 disclosures or uses of direct patient identifiers(~~(7)~~) or indirect  
18 patient identifiers(~~(7, or proprietary financial information)~~) adopted  
19 under RCW 43.371.070(1).

20 (2) The lead organization may decline a request that does not  
21 include the information set forth in subsection (1) of this section  
22 that does not meet the criteria established by the lead  
23 organization's data release advisory committee, or for reasons  
24 established by rule.

25 (3) Except as otherwise required by law, the authority shall  
26 direct the lead organization and the data vendor to maintain the  
27 confidentiality of claims or other data it collects for the database  
28 that include (~~(proprietary financial information,7)~~) direct patient  
29 identifiers, indirect patient identifiers, or any combination  
30 thereof. Any entity that receives claims or other data must also  
31 maintain confidentiality and may only release such claims data or any  
32 part of the claims data if:

33 (a) The claims data does not contain (~~(proprietary financial  
34 information,7)~~) direct patient identifiers, indirect patient  
35 identifiers, or any combination thereof; and

36 (b) The release is described and approved as part of the request  
37 in subsection (1) of this section.

38 (4) The lead organization shall, in conjunction with the  
39 authority and the data vendor, create and implement a process to

1 govern levels of access to and use of data from the database  
2 consistent with the following:

3 (a) Claims or other data that include (~~proprietary financial~~  
4 ~~information,~~) direct patient identifiers, indirect patient  
5 identifiers, unique identifiers, or any combination thereof may be  
6 released only to the extent such information is necessary to achieve  
7 the goals of this chapter set forth in RCW 43.371.020(1) to  
8 researchers with approval of an institutional review board upon  
9 receipt of a signed data use and confidentiality agreement with the  
10 lead organization. A researcher or research organization that obtains  
11 claims data pursuant to this subsection must agree in writing not to  
12 disclose such data or parts of the data set to any other party,  
13 including affiliated entities, and must consent to the penalties  
14 associated with the inappropriate disclosures or uses of direct  
15 patient identifiers(~~(,)~~) or indirect patient identifiers(~~(, or~~  
16 ~~proprietary financial information)~~) adopted under RCW 43.371.070(1).

17 (b) Claims or other data that do not contain direct patient  
18 identifiers, but that may contain (~~proprietary financial~~  
19 ~~information,~~) indirect patient identifiers, unique identifiers, or  
20 any combination thereof may be released to:

21 (i) Federal, state, tribal, and local government agencies upon  
22 receipt of a signed data use agreement with the authority and the  
23 lead organization(~~(. Federal, state, tribal, and local government~~  
24 ~~agencies that obtain claims data pursuant to this subsection are~~  
25 ~~prohibited from using such data in the purchase or procurement of~~  
26 ~~health benefits for their employees));~~

27 (ii) Any entity when functioning as the lead organization under  
28 the terms of this chapter; (~~and~~)

29 (iii) The Washington health benefit exchange established under  
30 chapter 43.71 RCW, upon receipt of a signed data use agreement with  
31 the authority and the lead organization as directed by rules adopted  
32 under this chapter; and

33 (iv) Agencies, researchers, and other entities as approved by the  
34 lead organization upon receipt of a signed data use agreement with  
35 the authority and the lead organization.

36 (~~Claims or other data that do not contain proprietary~~  
37 ~~financial information, direct patient identifiers, or any combination~~  
38 ~~thereof, but that may contain indirect patient identifiers, unique~~  
39 ~~identifiers, or a combination thereof may be released to agencies,~~  
40 ~~researchers, and other entities as approved by the lead organization~~



1 upon receipt of a signed data use agreement with the lead  
2 organization.

3 ~~(d))~~ Claims or other data that do not contain direct patient  
4 identifiers, indirect patient identifiers, (~~proprietary financial~~  
5 ~~information,~~) or any combination thereof may be released upon  
6 request.

7 (5) Reports utilizing data obtained under this section may not  
8 contain (~~proprietary financial information,~~) direct patient  
9 identifiers, indirect patient identifiers, or any combination  
10 thereof. Nothing in this subsection (5) may be construed to prohibit  
11 the use of geographic areas with a sufficient population size or  
12 aggregate gender, age, medical condition, or other characteristics in  
13 the generation of reports, so long as they cannot lead to the  
14 identification of an individual.

15 (6) (~~Reports issued by the lead organization at the request of~~  
16 ~~providers, facilities, employers, health plans, and other entities as~~  
17 ~~approved by the lead organization may utilize proprietary financial~~  
18 ~~information to calculate aggregate cost data for display in such~~  
19 ~~reports. The authority shall approve by rule a format for the~~  
20 ~~calculation and display of aggregate cost data consistent with this~~  
21 ~~chapter that will prevent the disclosure or determination of~~  
22 ~~proprietary financial information. In developing the rule, the~~  
23 ~~authority shall solicit feedback from the stakeholders, including~~  
24 ~~those listed in RCW 43.371.020(5)(h), and must consider, at a~~  
25 ~~minimum, data presented as proportions, ranges, averages, and~~  
26 ~~medians, as well as the differences in types of data gathered and~~  
27 ~~submitted by data suppliers.~~

28 ~~(7))~~ Recipients of claims or other data under subsection (4) of  
29 this section must agree in a data use agreement or a confidentiality  
30 agreement to, at a minimum:

31 (a) Take steps to protect data containing direct patient  
32 identifiers, indirect patient identifiers, (~~proprietary financial~~  
33 ~~information,~~) or any combination thereof as described in the  
34 agreement;

35 (b) Not redisclose the claims data except pursuant to subsection  
36 (3) of this section;

37 (c) Not attempt to determine the identity of any person whose  
38 information is included in the data set or use the claims or other  
39 data in any manner that identifies any individual or their family or  
40 attempt to locate information associated with a specific individual;

1 (d) Destroy claims data at the conclusion of the data use  
2 agreement; and

3 (e) Consent to the penalties associated with the inappropriate  
4 disclosures or uses of direct patient identifiers(~~(7)~~) or indirect  
5 patient identifiers(~~(7, or proprietary financial information)~~) adopted  
6 under RCW 43.371.070(1).

7 **Sec. 4.** RCW 43.371.060 and 2020 c 131 s 1 are each amended to  
8 read as follows:

9 (1)(a) Under the supervision of and through contract with the  
10 authority, the lead organization shall prepare health care data  
11 reports using the database and the statewide health performance and  
12 quality measure set. Prior to the lead organization releasing any  
13 health care data reports that use claims data, the lead organization  
14 must submit the reports to the authority for review.

15 (b) By October 31st of each year, the lead organization shall  
16 submit to the director a list of reports it anticipates producing  
17 during the following calendar year. The director may establish a  
18 public comment period not to exceed thirty days, and shall submit the  
19 list and any comment to the appropriate committees of the legislature  
20 for review.

21 (2)(a) Health care data reports that use claims data prepared by  
22 the lead organization for the legislature and the public should  
23 promote awareness and transparency in the health care market by  
24 reporting on:

25 (i) Whether providers and health systems deliver efficient, high  
26 quality care; and

27 (ii) Geographic and other variations in medical care and costs as  
28 demonstrated by data available to the lead organization.

29 (b) Measures in the health care data reports should be stratified  
30 by demography, income, language, health status, and geography when  
31 feasible with available data to identify disparities in care and  
32 successful efforts to reduce disparities.

33 (c) Comparisons of costs among providers and health care systems  
34 must account for differences in the case mix and severity of illness  
35 of patients and populations, as appropriate and feasible, and must  
36 take into consideration the cost impact of subsidization for  
37 uninsured and government-sponsored patients, as well as teaching  
38 expenses, when feasible with available data.

1 (3) The lead organization may not publish any data or health care  
2 data reports that:

3 (a) Directly or indirectly identify individual patients;

4 (b) ~~((Disclose a carrier's proprietary financial information;~~  
5 ~~(e)))~~ Compare performance in a report generated for the general  
6 public that includes any provider in a practice with fewer than four  
7 providers; or

8 ~~((d))~~ (c) Contain medicaid data that is in direct conflict with  
9 the biannual medicaid forecast.

10 (4) The lead organization may not release a report that compares  
11 and identifies providers, hospitals, or data suppliers unless:

12 (a) It allows the data supplier, the hospital, or the provider to  
13 verify the accuracy of the information submitted to the data vendor,  
14 comment on the reasonableness of conclusions reached, and submit to  
15 the lead organization and data vendor any corrections of errors with  
16 supporting evidence and comments within thirty days of receipt of the  
17 report;

18 (b) It corrects data found to be in error within a reasonable  
19 amount of time; and

20 (c) The report otherwise complies with this chapter.

21 (5) The authority and the lead organization may use claims data  
22 to identify and make available information on payers, providers, and  
23 facilities, but may not use claims data to recommend or incentivize  
24 direct contracting between providers and employers.

25 (6) The lead organization shall make information about claims  
26 data related to the provision of air ambulance service available on a  
27 website that is accessible to the public in a searchable format by  
28 geographic region, provider, and other relevant information.

29 (7) (a) The lead organization shall distinguish in advance to the  
30 authority when it is operating in its capacity as the lead  
31 organization and when it is operating in its capacity as a private  
32 entity. Where the lead organization acts in its capacity as a private  
33 entity, it may only access data pursuant to RCW 43.371.050(4) (b)  
34 ~~((r))~~ (iv) or (c) ~~((r or d))~~.

35 (b) Except as provided in RCW 43.371.050(4), claims or other data  
36 that contain direct patient identifiers ~~((or proprietary financial~~  
37 ~~information))~~ must remain exclusively in the custody of the data  
38 vendor and may not be accessed by the lead organization.

1           **Sec. 5.** RCW 43.371.070 and 2019 c 319 s 7 are each amended to  
2 read as follows:

3           (1) The director shall adopt any rules necessary to implement  
4 this chapter, including:

5           (a) Definitions of claim and data files that data suppliers must  
6 submit to the database, including: Files for covered medical  
7 services, pharmacy claims, and dental claims; member eligibility and  
8 enrollment data; and provider data with necessary identifiers;

9           (b) Deadlines for submission of claim files;

10           (c) Penalties for failure to submit claim files as required;

11           (d) Procedures for ensuring that all data received from data  
12 suppliers are securely collected and stored in compliance with state  
13 and federal law;

14           (e) Procedures for ensuring compliance with state and federal  
15 privacy laws;

16           (f) Procedures for establishing appropriate fees;

17           (g) Procedures for data release;

18           (h) Penalties associated with the inappropriate disclosures or  
19 uses of direct patient identifiers(~~(τ)~~) and indirect patient  
20 identifiers(~~(τ and proprietary financial information)~~); and

21           (i) A minimum reporting threshold below which a data supplier is  
22 not required to submit data.

23           (2) The director may not adopt rules, policies, or procedures  
24 beyond the authority granted in this chapter.

25           **Sec. 6.** RCW 43.371.090 and 2024 c 54 s 50 are each amended to  
26 read as follows:

27           (1) To ensure the database is meeting the needs of state agencies  
28 and other data users, the authority shall convene a state agency  
29 coordinating structure, consisting of state agencies with related  
30 data needs and the Washington health benefit exchange to ensure  
31 effectiveness of the database and the agencies' programs. The  
32 coordinating structure must collaborate in a private/public manner  
33 with the lead organization and other partners key to the broader  
34 success of the database. The coordinating structure shall advise the  
35 authority and lead organization on the development of any database  
36 policies and rules relevant to agency data needs.

37           (2) The office must participate as a key part of the coordinating  
38 structure and evaluate progress towards meeting the goals of the  
39 database, and, as necessary, recommend strategies for maintaining and

1 promoting the progress of the database in meeting the intent of this  
2 section, and report its findings (~~(biennially)~~) every five years to  
3 the governor and the legislature. The authority shall facilitate the  
4 office obtaining the information needed to complete the report in a  
5 manner that is efficient and not overly burdensome for the parties.  
6 The authority must provide the office with access to database  
7 processes, procedures, nonproprietary methodologies, and outcomes to  
8 conduct the review and issue the (~~(biennial)~~) five-year report. The  
9 (~~(biennial)~~) five-year review shall assess, at a minimum the  
10 following:

11 (a) The list of approved agency use case projects and related  
12 data requirements under RCW 43.371.050(4);

13 (b) Successful and unsuccessful data requests and outcomes  
14 related to agency and nonagency health researchers pursuant to RCW  
15 43.371.050(4);

16 (c) Online data portal access and effectiveness related to  
17 research requests and data provider review and reconsideration;

18 (d) Adequacy of data security and policy consistent with the  
19 policy of Washington technology solutions; and

20 (e) Timeliness, adequacy, and responsiveness of the database with  
21 regard to requests made under RCW 43.371.050(4) and for potential  
22 improvements in data sharing, data processing, and communication.

23 (3) To promote the goal of improving health outcomes through  
24 better cost and quality information, the authority, in consultation  
25 with the agency coordinating structure, the office, lead  
26 organization, and data vendor shall make recommendations to the  
27 Washington state performance measurement coordinating committee as  
28 necessary to improve the effectiveness of the state common measure  
29 set as adopted under RCW 70.320.030.

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