

Calendar No. 215

107TH CONGRESS }
1st Session }

SENATE

{ REPORT
107-93

COMMUNITY ACCESS TO EMERGENCY DEFIBRILLATION
ACT OF 2001

NOVEMBER 2 (legislative day, NOVEMBER 1), 2001.—Ordered to be printed

Mr. KENNEDY, from the Committee on Health, Education, Labor,
and Pensions, submitted the following

R E P O R T

[To accompany S. 1275]

The Committee on Health, Education, Labor, and Pensions, to which was referred the bill (S. 1275) to amend the Public Health Service Act to provide grants for public access defibrillation programs and public access defibrillation demonstration projects, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill do pass.

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I. PURPOSE AND SUMMARY OF BILL

As reported by the Committee on Health, Education, Labor and Pensions, S. 1275 authorizes grants for public access defibrillation programs and public access defibrillation projects and for the establishment of a national clearinghouse to provide information to increase public access to defibrillation in schools under Sections 312, 313, and 313A of Title III of the Public Health Service Act. In doing so, the committee is acting to increase public access to emergency defibrillation in order to decrease the death toll each year in-

curred by sudden cardiac arrest. The programs included in this act are:

Community grants programs to establish comprehensive initiatives to increase public access to automated external defibrillators (AEDs), authorized under section 312. This program authorizes \$50 million for each of the fiscal years 2002 through 2007 for communities to establish public access defibrillation programs in order to train local emergency medical services personnel to administer immediate care, including CPR and automated external defibrillation, to cardiac arrest victims, purchase and place automated external defibrillators in public places where cardiac arrests are likely to occur, train personnel in places with defibrillators to use them properly and administer CPR to cardiac arrest victims, inform local emergency medical services personnel, including dispatchers, about the location of defibrillators in their community, train members of the public in CPR and automated external defibrillation, ensure proper maintenance and testing of defibrillators in the community, encourage private companies in the community to purchase automated external defibrillators and train employees in CPR and emergency defibrillation, and collect data to evaluate the effectiveness of funded programs in increasing the out-of-hospital cardiac arrest survival rate in the community.

Community demonstration projects to develop innovative AED access programs, authorized under section 313. This program authorizes \$5 million for each of the fiscal years 2002 through 2007 for community-based demonstration projects in order to develop innovative approaches to maximize community access to automated external defibrillation and provide emergency defibrillation to cardiac arrest victims in unique settings.

A program to promote public access to defibrillation in schools, authorized under section 313A. This program authorizes eight hundred thousand dollars for each of the fiscal years 2002 through 2006 to provide information regarding public access defibrillation program implementation and development; to develop program materials for the establishment of public access defibrillation programs in schools; to provide support for CPR and AED training programs, to foster community partnerships to promote public access to defibrillation in schools, to establish a database for information on sudden cardiac arrest in youth; and to provide assistance to communities wishing to develop screening programs for at risk youth.

II. BACKGROUND AND NEED FOR LEGISLATION

Cardiac arrest takes a tremendous toll on the American public, killing over 220,000 people annually. Defibrillation is the only effective treatment for sudden cardiac arrest. However, as many as 50,000 lives a year could be saved with increased access to automated emergency defibrillation.

Ninety percent of cardiac arrest victims who are treated with a defibrillator within one minute of arrest can be saved, but every minute after the initial event that a patient goes without treatment decreases a patient's chance of survival by 10 percent. However, few communities have programs to make emergency defibrillation widely accessible to cardiac arrest victims.

Automated external defibrillators (AEDs) have a 97 percent success rate in terminating ventricular fibrillation, yet fewer than half of the nation's ambulance services, 10–15 percent of emergency service fire units, and less than 1 percent of police vehicles are equipped with AEDs.

In order to save 50,000 lives nationally each year through widespread use of defibrillators, public access defibrillator programs need only achieve a survival rate for out-of-hospital cardiac arrests of 25 percent. In fact, communities that have implemented public access programs have achieved average survival rates for out-of-hospital cardiac arrest that are even higher than 25 percent. A study of Seattle's defibrillator program revealed that the survival rate from ventricular fibrillation would have been only 17 percent if AEDs had not been available. Instead, the authors of the study observed a 30 percent survival rate. Another study, conducted in casinos in Las Vegas, Nevada, has shown that the implementation of a successful public access defibrillation program has achieved survival rates as high as 74 percent if patients received defibrillation within 3 minutes and 49 percent for those receiving defibrillation after more than three minutes. When American Airlines installed AEDs aboard its aircrafts, the survival rate for patients receiving defibrillation rose to 40 percent. Other successful programs include the "First Responder Defibrillator Program," in Boston, Massachusetts. Under this program, Boston Emergency Medical Services provides free CPR and AED training to any company that purchases a defibrillator. Since the program was launched, 5,000 people have been trained, AEDs have been placed in over 90 locations throughout the city, and the cardiac arrest survival rate has increased by 50 percent. In another successful program, the Rochester, Minnesota police became the first police department in the country equipped with AEDs. Since then, cardiac arrest survival rates in Rochester have increased by over 40 percent.

The Community Access to Emergency Defibrillation (Community AED) Act provides for public health initiatives like these in order to increase use of emergency defibrillation and to expand public access to lifesaving AEDs in communities across America.

Organizations supporting the Community AED Act include the American Heart Association; American Red Cross; AdvaMed; American College of Cardiology; American College of Emergency Physicians; Building Owners and Managers Association (BOMA) International; Cardiac Science; Citizen CPR Foundation; Compliant Corporation; Congressional Fire Services Institute; Emergency Nurses Association; Medical Device Manufacturers Association; Medical Research Laboratories, Inc.; Medtronic/Physio-Control; MeetingMed; National Center for Early Defibrillation; National Emergency Medical Services Academy; National Fire Protection Association; National Volunteer Fire Council; North American Society of Pacing and Electrophysiology (NASPE); Philips Medical Systems; Survivalink; The Institute for Critical Care Medicine; The National SAFE KIDS Campaign; TRI-PAC; and WomenHeart: The National Coalition for Women with Heart Disease.

III. LEGISLATIVE HISTORY AND COMMITTEE ACTION

S. 1275 was introduced on July 31, 2001 by Senator Frist for himself and Senator Kennedy and was cosponsored by Senators Jeffords, Tim Hutchinson, Dodd, Collins, Bingaman, Feingold, Murray, Edwards, and Corzine. S. 1275 was referred to the Committee on Health, Education, Labor, and Pensions. On August 1, 2001, the Senate Committee on Health, Education, Labor, and Pensions held an executive session to consider S. 1275. S. 1275 was ordered reported favorably by a unanimous voice vote.

Section 3 of S. 1275 includes a provision to amend the Public Health Service Act by adding section 313A. This section was originally introduced by Senator Feingold for himself and Senator Collins on June 14, 2001 as S. 1041 and entitled the “Automatic Defibrillation in Adam’s Memory Act”.

IV. COMMITTEE VIEWS

The committee recognizes that increased public access to emergency defibrillation is vital in order to decrease American deaths from sudden cardiac arrest.

The committee recognizes the need for a comprehensive federal program to improve programs authorized in this legislation. The committee intends for this legislation to build on other, less comprehensive, Congressional efforts to expand public access to emergency defibrillation and public training in usage of automated external defibrillators. Past congressional efforts have included increasing rural access to emergency devices and recommendations for federal buildings that were included in Title IV of Public Law 106–505, passed in 2000 as part of the “Public Health Improvement Act”.

The committee wishes to stress that it views cardiac arrest as a national problem and intends for the initiatives in the Act to be national in scope. Although the committee specifies a preference for States, political subdivisions of a State, Indian tribe, or tribal organization that has a particularly low local survival rate for cardiac arrests, or a particularly low local response rate for cardiac arrest victims or demonstrates in its application the greatest commitment to establishing and maintaining a public access defibrillation program, the committee intends for the Act to provide for improved public access to emergency defibrillation throughout the nation.

Furthermore, it is the intent of the committee that the “Good Samaritan” protections regarding emergency use of automated external defibrillators outlined in Section 404 of Public Law No. 106–505 will apply to all sections of S. 1275.

In addition, the committee wishes to clarify its views regarding the following sections of the Act.

SECTIONS 312 AND 313

Section 312 instructs the Secretary of Health and Human Services to award grants to States, political subdivisions of States, Indian tribes, and tribal organizations to develop and implement public access defibrillation programs. The committee intends for the programs authorized in sections 312 and 313 to be coordinated with any existing programs intended to increase public access to emergency defibrillation already conducted by grantees. The com-

mittee intends for the programs authorized in section 312 to be comprehensive, to include all requirements outlined in section 312 and to focus on access to emergency defibrillation in all parts of the country in rural, urban and suburban settings. The committee also intends that nationally recognized curricula developed by the American Heart Association, the American Red Cross and other organizations be used to the extent practicable.

The committee also recognizes the need for public access defibrillation programs that have been tailored to meet specific community needs and has included demonstration projects in section 313 in order to meet needs for such programs in unique community settings and to maximize community access. The committee intends for these projects to meet all requirements outlined in section 313. These specific needs are not intended to be limited to locational settings, but may also include other community needs necessitating a unique approach to public access to emergency defibrillation.

The committee wishes to emphasize that communities receiving grants authorized under section 313 must meet the same requirements for equipment maintenance, public information, and data collection required in section 312.

The committee also wishes to emphasize the importance of evaluation of the success of the programs authorized in these sections. Thus, the committee expects that the Department of Health and Human Services will design and implement a rigorous program (as described in sections 312(d)(2)(F) and 313(c)(2)(C)) to evaluate the effectiveness of the program authorized under this section.

SECTION 313A

The committee wishes to recognize the successes of Project ADAM (Automatic Defibrillators in Adam's Memory) in saving the lives of pediatric cardiac arrest victims. To recognize these efforts, which honor the memory of the late Adam Lemel who was a victim of cardiac arrest, the grants authorized under section IV of this legislation shall be called "ADAM Grants."

The committee expects that the Department of Health and Human Services will design and implement a rigorous program to evaluate the effectiveness of the program authorized under this section and will describe its findings in the report authorized in section 313A(d).

V. COST ESTIMATE

CONGRESSIONAL BUDGET OFFICE—COST ESTIMATE

S. 1275—Community Access to Emergency Defibrillation Act of 2001

Summary: S. 1275 would amend the Public Health Service Act to authorize the Secretary of Health and Human Services (HHS) to provide grants and conduct demonstration projects to promote more public access to defibrillators, so victims of cardiac arrest could be treated more quickly.

S. 1275 would authorize \$55 million in each of fiscal years 2002 through 2007 for grants and demonstration projects. Assuming the appropriation of the authorized amounts, CBO estimates that im-

plementing S. 1275 would cost \$23 million in 2002 and \$281 million over the 2002–2007 period. Enacting S. 1275 would not affect direct spending or receipts; therefore pay-as-you-go procedures would not apply.

S. 1275 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA). However, the bill would provide funding to public entities for programs related to public access to defibrillators.

Estimated cost to the Federal Government: The estimated budgetary impact of S. 1275 is shown in the following table. For this estimate, CBO assumes that the bill will be enacted this fall and that the authorized amounts will be appropriated each year. The costs of this legislation would fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2002	2003	2004	2005	2006	2007
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Estimated Authorization Level	55	55	55	55	55	55
Estimated Outlays	23	46	50	54	54	54

Basis of estimate: S. 1275 would authorize the appropriation of \$50 million in each of fiscal years 2002 through 2007 for grants to state, local, and tribal governments to establish and operate programs to provide public access to defibrillators.

The bill also would authorize the appropriation of \$5 million in each of fiscal years 2002 through 2007 for grants to develop and implement innovative, comprehensive, community-based demonstration projects to promote public access to defibrillators.

Finally, S. 1275 would authorize the use of \$800,000 in funds already authorized to be appropriated to the Department of Health and Human Services in each of fiscal years 2002 through 2006 to establish a national information clearinghouse that provides information to increase public access to defibrillators in schools.

Based on spending patterns for similar grant programs, CBO estimates that HHS would spend \$23 million in 2002 and \$281 million over the 2002–2007 period for these grants, assuming that the authorized amounts are appropriated.

Pay-as-you-go considerations: None.

Estimated impact on state, local, and tribal governments: Through federal grant assistance, S. 1275 would help state, local, and tribal governments to purchase automated external defibrillators and to provide information and training on their use. To be eligible for the grants, governments must apply to the Secretary of Health and Human Services and provide a comprehensive plan for encouraging the use of the defibrillators. The bill contains no intergovernmental mandates as defined in UMRA, and the grants authorized by the bill have no matching requirements.

Estimated impact on the private sector: This bill contains no private-sector mandates as defined in UMRA.

Estimate prepared by: Federal Costs: Niall Brennan. Impact on State, Local, and Tribal Governments: Leo Lex. Impact on the Private Sector: Jennifer Bowman.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

VI. APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 103–1, the Congressional Accountability Act, requires a description of the application of this bill to the legislative branch. S. 1275 would amend the Public Health Service Act to provide grants to States, political subdivisions of States, Indian tribes, and tribal organizations to increase access to AEDs, and grants to health care organizations to establish a clearinghouse to provide information to increase access to AEDs in schools. This requirement would not apply to the legislative branch.

VII. REGULATORY IMPACT STATEMENT

The committee has determined that there will be minimal increases in the regulatory burden imposed by this bill. The committee intends for the programs authorized in this bill to decrease the impact and burden of sudden cardiac arrest across the Nation.

VIII. SECTION-BY-SECTION ANALYSIS

Section 1. Short Title

Section 1 provides that this Act may be cited as the “Community Access to Emergency Defibrillation Act of 2001”.

Section 2. Findings

Section 2 provides information that attests to the importance and need for the programs authorized in this legislation. The findings are facts about the frequency of sudden cardiac arrest and the importance and utility of public access defibrillation programs in decreasing the number of deaths due to cardiac arrest each year.

Section III. Public Access Defibrillation Programs and Projects

Section 3 amends Part B of Title III of the Public Health Service Act by adding Sections 312, 313 and 313A after Section 311.

Section 312 authorizes \$50 million for each of fiscal years 2002 through 2007 for the Secretary to award grants to States, political subdivisions of States, Indian tribes, and tribal organizations to develop and implement public access defibrillation programs. These programs shall include training of local emergency medical services personnel, personnel in places with defibrillators and members of the public in CPR and automated external defibrillation, purchasing and placement of automated external defibrillators in public places where cardiac arrests are likely to occur, informing local emergency medical services personnel about the location of defibrillators in their community, and ensuring proper maintenance and testing of defibrillators in the community. These programs are also meant to include provisions to encourage private companies in the community to purchase automated external defibrillators and train employees in CPR and emergency defibrillation and to collect data to evaluate the effectiveness of the program in increasing the out-of-hospital cardiac arrest survival rate in the community.

Section 313 authorizes \$5 million for each of fiscal years 2002 through 2007 for the Secretary to award grants to political subdivisions of States, Indian tribes, and tribal organizations to develop

and implement innovative, comprehensive, community-based public access defibrillation demonstration projects. These projects shall provide cardiopulmonary resuscitation and automated emergency defibrillation to cardiac arrest victims in unique settings, provide training to community members in cardiopulmonary resuscitation and automated external defibrillation, and develop innovative approaches to maximize community access to automated external defibrillation.

Section 313A authorizes \$800,000 for each of fiscal years 2002 through 2006 for the Secretary to award a grant to a health care organization to establish a national information clearinghouse that provides information to increase public access to defibrillation in school programs. This clearinghouse shall provide information regarding public access defibrillation program implementation and development, develop program materials for the establishment of public access defibrillation programs in schools, provide support for CPR and AED training programs, foster community partnerships to promote public access to defibrillation in schools, establish a database for information on sudden cardiac arrest in youth, and provide assistance to communities wishing to develop screening programs for at risk youth.

IX. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

PART B—FEDERAL—STATE COOPERATION

IN GENERAL

SEC. 311. [243] (a) * * *

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SEC. 312. PUBLIC ACCESS DEFIBRILLATION PROGRAMS.

(a) *IN GENERAL.*—*The Secretary shall award grants to States, political subdivisions of States, Indian tribes, and tribal organizations to develop and implement public access defibrillation programs—*

(1) *by training and equipping local emergency medical services personnel, including firefighters, police officers, paramedics, emergency medical technicians, and other first responders, to administer immediate care, including cardiopulmonary resuscitation and automated external defibrillation, to cardiac arrest victims;*

(2) *by purchasing automated external defibrillators, placing the defibrillators in public places where cardiac arrests are likely to occur, and training personnel in such places to administer cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims;*

(3) by setting procedures for proper maintenance and testing of such devices, according to the guidelines of the manufacturers of the devices;

(4) by providing training to members of the public in cardiopulmonary resuscitation and automated external defibrillation;

(5) by integrating the emergency medical services system with the public access defibrillation programs so that emergency medical services personnel, including dispatchers, are informed about the location of automated external defibrillators in their community; and

(6) by encouraging private companies, including small businesses, to purchase automated external defibrillators and provide training for their employees to administer cardiopulmonary resuscitation and external automated defibrillation to cardiac arrest victims in their community.

(b) PREFERENCE.—In awarding grants under subsection (a), the Secretary shall give a preference to a State, political subdivision of a State, Indian tribe, or tribal organization that—

(1) has a particularly low local survival rate for cardiac arrests, or a particularly low local response rate for cardiac arrest victims; or

(2) demonstrates in its application the greatest commitment to establishing and maintaining a public access defibrillation program.

(c) USE OF FUNDS.—A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under subsection (a) may use funds received through such grant to—

(1) purchase automated external defibrillators that have been approved, or cleared for marketing, by the Food and Drug Administration;

(2) provide automated external defibrillation and basic life support training in automated external defibrillator usage through nationally recognized courses;

(3) provide information to community members about the public access defibrillation program to be funded with the grant;

(4) provide information to the local emergency medical services system regarding the placement of automated external defibrillators in public places;

(5) produce such materials as may be necessary to encourage private companies, including small businesses, to purchase automated external defibrillators; and

(6) carry out other activities that the Secretary determines are necessary or useful to pursue the purposes of this section.

(d) APPLICATION.—

(1) IN GENERAL.—To be eligible to receive a grant under subsection (a), a State, political subdivision of a State, Indian tribe, or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

(2) CONTENTS.—An application submitted under paragraph (1) shall—

(A) describe the comprehensive public access defibrillation program to be funded with the grant and demonstrate how such program would make automated external defibrillation accessible and available to cardiac arrest victims in the community;

(B) contain procedures for implementing appropriate nationally recognized training courses in performing cardiopulmonary resuscitation and the use of automated external defibrillators;

(C) contain procedures for ensuring direct involvement of a licensed medical professional and coordination with the local emergency medical services system in the oversight of training and notification of incidents of the use of the automated external defibrillators;

(D) contain procedures for proper maintenance and testing of the automated external defibrillators, according to the labeling of the manufacturer;

(E) contain procedures for ensuring notification of local emergency medical services system personnel, including dispatchers, of the location and type of devices used in the public access defibrillation program; and

(F) provide for the collection of data regarding the effectiveness of the public access defibrillation program to be funded with the grant in affecting the out-of-hospital cardiac arrest survival rate.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$50,000,000 for each of fiscal years 2002 through 2007. Not more than 10 percent of amounts received under a grant awarded under this section may be used for administrative expenses.

SEC. 313. PUBLIC ACCESS DEFIBRILLATION DEMONSTRATION PROJECTS.

(a) **IN GENERAL.**—The Secretary shall award grants to political subdivisions of States, Indian tribes, and tribal organizations to develop and implement innovative, comprehensive, community-based public access defibrillation demonstration projects that—

(1) provide cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims in unique settings;

(2) provide training to community members in cardiopulmonary resuscitation and automated external defibrillation; and

(3) maximize community access to automated external defibrillators.

(b) **USE OF FUNDS.**—A recipient of a grant under subsection (a) shall use the funds provided through the grant to—

(1) purchase automated external defibrillators that have been approved, or cleared for marketing, by the Food and Drug Administration;

(2) provide basic life training in automated external defibrillator usage through nationally recognized courses;

(3) provide information to community members about the public access defibrillation demonstration project to be funded with the grant;

(4) provide information to the local emergency medical services system regarding the placement of automated external defibrillators in the unique settings; and

(5) carry out other activities that the Secretary determines are necessary or useful to pursue the purposes of this section.

(c) APPLICATION.—

(1) IN GENERAL.—To be eligible to receive a grant under subsection (a), a political subdivision of a State, Indian tribe, or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

(2) CONTENTS.—An application submitted under paragraph (1) may—

(A) describe the innovative, comprehensive, community-based public access defibrillation demonstration project to be funded with the grant;

(B) explain how such public access defibrillation demonstration project represents innovation in providing public access to automated external defibrillation; and

(C) provide for the collection of data regarding the effectiveness of the demonstration project to be funded with the grant in—

(i) providing emergency cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims in the setting served by the demonstration project; and

(ii) affecting the cardiac arrest survival rate in the setting served by the demonstration project.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2002 through 2007. Not more than 10 percent of amounts received under a grant awarded under this section may be used for administrative expenses.

SEC. 313A. GRANTS FOR ACCESS TO DEFIBRILLATION.

(a) PROGRAM AUTHORIZED.—The Secretary of Health and Human Services shall award a grant to a health care organization to establish a national information clearinghouse that provides information to increase public access to defibrillation in schools.

(b) DUTIES.—The health care organization that receives a grant under this section shall promote public access to defibrillation in schools by—

(1) providing timely information to entities regarding public access defibrillation program implementation and development;

(2) developing and providing comprehensive program materials to establish a public access defibrillation program in schools;

(3) providing support to CPR and AED training programs;

(4) fostering new and existing community partnerships with and among public and private organizations (such as local educational agencies, non-profit organizations, public health organizations, emergency medical service providers, fire and police departments, and parent-teacher associations) to promote public access to defibrillation in schools;

(5) establishing a data base to gather information in a central location regarding sudden cardiac arrest in the pediatric

population and identifying or conducting further research into the problem; and

(6) providing assistance to communities that wish to develop screening programs for at risk youth.

(c) APPLICATION.—A health care organization desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonable require.

(d) REPORT.—Not later than 5 years after the date on which the health care organization receives a grant under this section, such organization shall submit to the Secretary of Health and Human Services a report that describes activities carried out with funds received under this section. Not later than 3 months after the date on which such report is received by the Secretary of Health and Human Services, the Secretary shall prepare and submit to the appropriate committees of Congress an evaluation that reviews such report and evaluates the success of such clearinghouse.

(e) AUTHORIZATION OF APPROPRIATIONS.—From funds authorized to be appropriated for fiscal years 2002 through 2006 for activities and programs under the Department of Health and Human Services, \$800,000 of such funds may be appropriated to carry out the programs described in this section for each of the fiscal years 2002 through 2006.

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