



2015 Federal Bills Table

(114th Congress of the United States)

Research current through March 12, 2015

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	HOUSE	
HR 262	<p><i>States' Medical Marijuana Property Rights Protection Act</i></p> <p>Official Title: To amend the Controlled Substances Act so as to exempt real property from civil forfeiture due to medical-marijuana-related conduct that is authorized by State law.</p> <p>Introduced by: Barbara Lee (D-CA-13)</p> <p>Exempts real property from civil forfeiture under the Controlled Substances Act due to medical marijuana-related conduct that is authorized by state law.</p>	<p>2/2/15 – Referred to the House Subcommittee on Crime, Terrorism, Homeland Security and Investigations</p> <p>1/9/15 – Referred to the House Committees on the Judiciary, and on Energy and Commerce</p>
HR 471	<p><i>Ensuring Patient Access and Effective Drug Enforcement Act of 2015</i></p> <p>Official Title: To improve enforcement efforts related to prescription drug diversion and abuse, and for other purposes.</p> <p>Introduced by: Tom Marino (R-PA-10) (5 Co-sponsors)</p> <p>Amends the Controlled Substances Act to define: (1) "factors as may be relevant to and consistent with the public health and safety," for purposes of the Attorney General's determination of whether registering an applicant to manufacture or distribute a controlled substance in Schedule I or II is in the public interest, as factors that are relevant to and consistent with the findings of such Act; and (2) "imminent danger to the public health or safety," for purposes of the suspension of such a registration, to mean that in the absence of an immediate suspension order, controlled substances will continue to be intentionally diverted outside of legitimate distribution channels or distributed or dispensed outside the usual course of professional practices or in a manner that poses a present or foreseeable risk of serious adverse health consequences or death; Requires an order to show cause as to why such a registration should not be denied, revoked, or suspended to: (1) contain a statement of the basis for the denial, revocation, or suspension, including specific citations to any laws or regulations alleged to be violated; (2) direct the applicant or registrant to appear before the Attorney General at a specific place and time within 30 days after receipt of the order; and (3) notify the applicant or registrant of the opportunity to submit a corrective action plan on or before such appearance;</p>	<p>2/19/15 - Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.</p> <p>2/12/15 – Ordered to be Reported - House Committee on Energy and Commerce</p> <p>2/04/15 – Ordered to be Reported - House Subcommittee on Health</p> <p>1/22/15 – Referred to the Senate Committees on Energy and Commerce; and Judiciary</p>

	Requires the Attorney General, upon review of any such plan, to determine whether denial, revocation, or suspension proceedings should be discontinued or deferred for purposes of modifications to such plan; Makes such requirements inapplicable to the issuance of an immediate suspension order; and Directs the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs and the Director of the Centers for Disease Control and Prevention, to submit a report identifying: (1) obstacles to legitimate patient access to controlled substances; (2) issues with diversion of controlled substances; and (3) how collaboration between federal, state, local, and tribal law enforcement agencies and the pharmaceutical industry can benefit patients and prevent diversion and abuse of controlled substances.	
HR 613	<p><i>Servicemember Assistance for Lawful Understanding, Treatment, and Education Act or the “SALUTE Act.”</i></p> <p>Official Title: To amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize veterans’ treatment courts and encourage services for veterans.</p> <p>Introduced by: Patrick Meehan (R-PA-07) (14 Co-sponsors)</p> <p>Authorizes the U.S. Attorney General to award grants for developing, implementing, or enhancing veterans’ treatment courts or expanding operational mental health or drug courts to serve veterans to ensure that such courts effectively integrate substance abuse treatment, mental health treatment, sanctions and incentives, and transitional services, in a judicially supervised court setting with jurisdiction over non-violent offenders who are veterans; and orders the GAO to conduct a study to assess the effectiveness and impact of the veterans’ treatment court grant program.</p>	1/28/15 – Referred to the House Judiciary Committee
HR 667	<p><i>Veterans Equal Access Act.</i></p> <p>Official Title: To authorize Department of Veterans Affairs health care providers to provide recommendations and opinions to veterans regarding participation in State marijuana programs.</p> <p>Introduced by: Earl Blumenauer (D-OR-03) (14 Co-sponsors)</p> <p>Requires the Secretary of Veterans Affairs to authorize physicians and other health care providers employed by the Department of Veterans Affairs to provide recommendations</p>	<p>2/13/15 – Referred to the House Health Subcommittee</p> <p>2/3/15 – Referred to the House Veterans’ Affairs Committee</p>

	and opinions to veterans who are residents of states with state marijuana programs regarding the participation of veterans in such marijuana programs.	
HR 759	<p><i>Recidivism Risk Reduction Act</i></p> <p>Official Title: To enhance public safety by improving the effectiveness and efficiency of the Federal prison system with offender risk and needs assessment, individual risk reduction incentives and rewards, and risk and recidivism reduction.</p> <p>Introduced by Jason Chaffetz (R-UT-03) (3 Co-sponsors)</p> <p>Enhances public safety by improving the effectiveness and efficiency of the federal prison system; Reduce the recidivism rates of Federal offenders; Establishes offender risk and needs assessments as the cornerstone of a more effective and efficient federal prison system; Implements a validated post-sentencing risk and needs assessment system that relies on dynamic risk factors (like substance abuse) to provide Federal prison officials with a roadmap to address the individual criminogenic needs of federal offenders, manage limited resources, and enhance public safety; Enhances existing recidivism reduction programs and prison jobs by incentivizing federal prisoners to reduce their individual risk of recidivism by participating and successfully completing such programs, and by satisfactorily holding such jobs over time; Rewards federal prisoners who actually reduce their individual risk of recidivism by providing them with the ability to earn and accrue time credits, and to transfer into prerelease custody when they are assessed as low risk and have earned sufficient time credits; Expands the implementation of evidence-based intervention and treatment programs designed to reduce recidivism so all federal prisoners have access to them during their entire terms of incarceration; Performs regular outcome evaluations of programs and interventions to assure that they are evidence-based and to suggest changes, deletions, and expansions based on the results; and Assists the U.S. Department of Justice to address the underlying cost structure of the federal prison system and ensures that DOJ can continue to run prisons safely and securely without compromising the scope or quality of DOJ's other critical law enforcement missions.</p>	2/5/15 – Referred to the House Judiciary Committee

<p>HR 953 (Companion to S 524)</p>	<p><i>Comprehensive Addiction and Recovery Act of 2015</i></p> <p>Official Title: To authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.</p> <p>Introduced by Jim Sensenbrenner (R-WI-05) (7 Co-sponsors)</p> <p>Convenes a “Pain Management Best Practices Inter-Agency Task Force;” Provides grants to eligible entities to expand educational efforts to prevent abuse of opioids, heroin, and other substances of abuse, understand addiction as a chronic disease, and promote treatment and recovery; Provides community-based coalition enhancement grants; Provides grants to eligible entities to create a demonstration law enforcement program to prevent opioid and heroin overdose death; Such law enforcement grants must be used to develop, implement, or expand a treatment alternative to incarceration program to (1) make naloxone available to be carried and administered by law enforcement officers; (2) train and provide resources for law enforcement officers on carrying and administering naloxone for the prevention of opioid and heroin overdose death; and (3) establish processes, protocols, and mechanisms for referral to treatment; Provides grants to eligible entities to expand or make available disposal sites for unwanted prescription medications; Provides grants to state and local entities, nonprofit organizations, and Indian tribes or tribal organizations that have a high rate, or have had a rapid increase, in the use of heroin or other opioids, to permit such entities to expand activities, including an expansion in the availability of medication assisted treatment, with respect to the treatment of addiction in the specific geographical areas of such entities where there is a rate or rapid increase in the use of heroin or other opioids; Provides grants to eligible entities to implement medication assisted treatment programs through criminal justice agencies; Provides grants to eligible entities to help them (1) provide substance use recovery support services to young people in high school and enrolled in institutions of higher education; (2) build communities of support for young people in recovery through a spectrum of activities such as counseling and health and wellness-oriented social activities; and (3) start initiatives designed to help young people achieve and sustain recovery from substance use disorders; Provides grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services; Provides grants to eligible entities to design, implement, and expand</p>	<p>2/12/2015 - Referred to the House Committees on the Judiciary; Energy and Commerce; and Education and the Workforce for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.</p>
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	<p>educational programs for offenders in prisons, jails, and juvenile facilities, through the Correctional Education Demonstration Grant Program; Provides joint grants to a state substance abuse agency and a state criminal justice agency to address the use of opioids and heroin among pregnant and parenting female offenders in the state to promote public safety, public health, family permanence, and well-being as well as to families and veterans; and Provides grants to states, and combinations thereof, to prepare a comprehensive plan for, and implementation of, an integrated opioid abuse response initiative.</p>	
HR 1013	<p><i>Regulate Marijuana Like Alcohol Act</i></p> <p>Official Title: To decriminalize marijuana at the federal level to leave to the states a power to regulate marijuana that is similar to the power they have to regulate alcohol, and for other purposes.</p> <p>Introduced by: Jared Polis (D-CO-2) (13 Co-sponsors)</p> <p>Removes marijuana in any form from all schedules under the Controlled Substances Act; Amends the Federal Alcohol Administration Act to (1) make it unlawful to import or sell marijuana; (2) manufacture or cultivate marijuana; or (3) resell marijuana unless a permit is issued by the Secretary of the U.S. Treasury; and Lists the requirements for obtaining a permit to import, sell, or resell marijuana, among other things.</p>	<p>3/9/15 – Referred to the House Conservation and Forestry Subcommittee</p> <p>2/20/15 – Referred to the Committees on the Judiciary; Energy and Commerce; Ways and Means; Natural Resources; and Agriculture</p>
HR 1014	<p><i>Marijuana Tax Revenue Act of 2015</i></p> <p>To amend the Internal Revenue Code of 1986 to provide for the taxation of marijuana, and for other purposes.</p> <p>Introduced by: Earl Blumenauer (D-OR-3) (7 Co-sponsors)</p> <p>Imposes a tax on the sale of marijuana by the producer or importer of such marijuana; Sets forth who is exempt from the taxation of marijuana; Lists special rules for the Act; and Defines terms.</p>	<p>2/20/15 – Referred to the House Ways and Means Committee</p>
SENATE		
S 36	<p><i>Protecting Our Youth from Dangerous Synthetic Drugs Act of 2015</i></p> <p>Official Title: A bill to address the continued threat posed by dangerous synthetic drugs by amending the Controlled Substances Act relating to controlled substance analogues.</p>	<p>1/6/15 – Read twice and referred to the Senate Judiciary Committee</p>

	<p>Introduced by Dianne Feinstein (D-CA) (10 Co-sponsors)</p> <p>Amends the Controlled Substances Act to define a controlled substance analogue as (1) a substance whose chemical structure is substantially similar to the chemical structure of a controlled substance in schedule I or II (a) which has a stimulant, depressant or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance in schedule I or II; or (b) with respect to a particular person, which such person represents or intends to have a stimulant, depressant or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance in schedule I or II; or (2) a substance designated as a controlled substance analogue by the Controlled Substance Analogue Committee . . . and the Attorney General, in consultation with the Secretary of HHS.</p> <p>The Committee will be (1) headed by the Administrator of the DEA; and (2) comprised of scientific experts in the fields of chemistry and pharmacology from (a) the DEA; (b) NIDA; (c) CDC; and (d) any other federal agency determined by the Attorney General, in consultation with the Secretary of HHS.</p>	
S 122	<p><i>Safe and Affordable Drugs from Canada Act of 2015</i></p> <p>Official Title: A bill to amend the Federal Food, Drug, and Cosmetic Act to allow for the personal importation of safe and affordable drugs from approved pharmacies in Canada.</p> <p>Introduced by: John McCain (R-AZ) (3 Co-sponsors)</p> <p>Amends the Federal Food, Drug, and Cosmetic Act (FFDCA) to require HHS to promulgate regulations within 180 days permitting individuals to import a prescription drug purchased from an approved Canadian pharmacy that: (1) is dispensed by a pharmacist licensed in Canada; (2) is purchased for personal use in quantities not greater than a 90-day supply; (3) is filled using a valid prescription issued by a physician licensed to practice in the United States; and (4) has the same active ingredient or ingredients, route of administration, dosage form, and strength as a prescription drug approved under the FFDCA; Sets forth exceptions, including for controlled substances and biological products; and Establishes a certification process for</p>	1/8/15 – Read twice and referred to the Senate Health, Education, Labor, and Pensions Committee

	approving Canadian pharmacies; Requires HHS to publish a list of approved Canadian pharmacies.	
S 392	<p><i>Stop Drugs at the Border Act of 2015</i></p> <p>Official Title: A bill to combat heroin and methamphetamine trafficking across the southern border of the United States, and for other purposes.</p> <p>Introduced by: Joe Donnelly (D-IN) (1 Co-sponsor)</p> <p>Ensures regular updates of the National Southwest Border Counter-narcotics Strategy to address any increased heroin and methamphetamine trafficking along the U.S./Mexico border; and Requires the head of the U.S. Customs and Border Patrol to submit a report to Congress on the resources it needs as a result of any increase.</p>	2/5/15 – Read twice and referred to the Senate Judiciary Committee
S 449	<p><i>A Bill to Reduce Recidivism and Increase Public Safety</i></p> <p>Official Title: A bill to reduce recidivism and increase public safety.</p> <p>Introduced by: Rob Portman (R-OH) (No Co-sponsors)</p> <p>Subject to the availability of appropriations, selects a number of federal judicial districts to conduct federal reentry demonstration projects using the best practices identified in an evaluation conducted under the bill; Among other things, assists participating prisoners in preparing for and adjusting to reentry into the community and includes (1) regular drug testing for participants with a history of substance abuse; and (2) substance abuse treatment, which may include addiction treatment medication, if appropriate, medical treatment, including mental health treatment, occupational, vocational and educational training, life skills instruction, recovery support, conflict resolution training, and other programming to promote effective reintegration into the community; Establishes a recidivism reduction and recovery enhancement pilot program, premised on high-intensity supervision and the use of swift, predictable, and graduated sanctions for noncompliance with program rules, in federal judicial districts; and Requires a report on the program that includes keeping track of the rates of substance abuse among program participants.</p>	2/11/15 – Read twice and referred to the Senate Judiciary Committee.
S 467	<p><i>CORRECTIONS Act (Corrections Oversight, Recidivism Reduction, and Eliminating Costs for Taxpayers In Our National System Act of 2015)</i></p>	2/11/15 – Read twice and referred to the Senate Judiciary Committee

	<p>Official Title: A bill to reduce recidivism and increase public safety, and for other purposes.</p> <p>Introduced by: John Cornyn (R-TX) (7 Co-sponsors)</p> <p>Makes available to all prisoners recidivism reduction programs and evaluates the effectiveness of such programs; Includes in such programs include “recovery programming,” which is a course of instruction or activities that has been demonstrated to reduce drug or alcohol abuse or dependence among participants, or to promote recovery among individuals who have previously abused alcohol or drugs, to include appropriate medication-assisted treatment; Promotes pre and post-release programs as well as reentry programs; and Includes numerous tools to promote recovery and prevent drug and alcohol abuse and dependence, including the “full utilization of residential drug treatment,” among other things.</p>	
S 480	<p><i>National All Schedules Prescription Electronic Reporting (NASPER) Reauthorization Act of 2015</i></p> <p>Official Title: A bill to amend and reauthorize the controlled substance monitoring program under section 3990 of the Public Health Service Act</p> <p>Introduced by: Jean Shaheen (D-NH) (10 Co-sponsors)</p> <p>Reauthorizes the law which provides grants to state-based prescription monitoring programs (PMPs) to expand, improve, and maintain their systems; improves the ability of law enforcement, public health officials and state regulators to investigate prescribing and dispensing practices; supports existing state PMPs to help monitor prescription drugs, provide information to healthcare providers, and offer educational outreach.</p>	2/12/15 – Referred to the Senate Health, Education, Labor, and Pensions Committee
S 483	<p><i>Ensuring Patient Access and Effective Drug Enforcement Act of 2015</i></p> <p>Official Title: A bill to improve enforcement efforts related to prescription drug diversion and abuse, and for other purposes.</p> <p>Introduced by: Orrin Hatch (R-UT) (1 Co-sponsor)</p> <p>Amends the Controlled Substances Act to define: (1) "factors as may be relevant to and consistent with the public health and safety," for purposes of the Attorney General's determination of whether registering an applicant to manufacture or distribute a</p>	2/12/15 – Read twice and referred to the Senate Judiciary Committee.

	<p>controlled substance in Schedule I or II is in the public interest, as factors that are relevant to and consistent with the findings of such Act; and (2) "imminent danger to the public health or safety," for purposes of the suspension of such a registration, to mean that in the absence of an immediate suspension order, controlled substances will continue to be intentionally diverted outside of legitimate distribution channels or distributed or dispensed outside the usual course of professional practices or in a manner that poses a present or foreseeable risk of serious adverse health consequences or death; Requires an order to show cause as to why such a registration should not be denied, revoked, or suspended to: (1) contain a statement of the basis for the denial, revocation, or suspension, including specific citations to any laws or regulations alleged to be violated; (2) direct the applicant or registrant to appear before the Attorney General at a specific place and time within 30 days after receipt of the order; and (3) notify the applicant or registrant of the opportunity to submit a corrective action plan on or before such appearance; Requires the Attorney General, upon review of any such plan, to determine whether denial, revocation, or suspension proceedings should be discontinued or deferred for purposes of modifications to such plan; Makes such requirements inapplicable to the issuance of an immediate suspension order; and Directs the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs and the Director of the Centers for Disease Control and Prevention, to submit a report identifying: (1) obstacles to legitimate patient access to controlled substances; (2) issues with diversion of controlled substances; and (3) how collaboration between federal, state, local, and tribal law enforcement agencies and the pharmaceutical industry can benefit patients and prevent diversion and abuse of controlled substances.</p>	
<p>S 524 (Companion to HR 953)</p>	<p><i>Comprehensive Addiction and Recovery Act of 2015</i></p> <p>Official Title: A bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.</p> <p>Introduced by: Sheldon Whitehouse (D-RI) (11 Co-sponsors)</p> <p>Convenes a "Pain Management Best Practices Inter-Agency Task Force;" Provides grants to eligible entities to expand educational efforts to prevent abuse of opioids, heroin, and other substances of abuse, understand addiction as a chronic disease, and promote treatment and recovery; Provides</p>	<p>2/12/15 – Read twice and referred to the Senate Judiciary Committee</p>

	<p>community-based coalition enhancement grants; Provides grants to eligible entities to create a demonstration law enforcement program to prevent opioid and heroin overdose death; Such law enforcement grants must be used to develop, implement, or expand a treatment alternative to incarceration program to (1) make naloxone available to be carried and administered by law enforcement officers; (2) train and provide resources for law enforcement officers on carrying and administering naloxone for the prevention of opioid and heroin overdose death; and (3) establish processes, protocols, and mechanisms for referral to treatment; Provides grants to eligible entities to expand or make available disposal sites for unwanted prescription medications; Provides grants to state and local entities, nonprofit organizations, and Indian tribes or tribal organizations that have a high rate, or have had a rapid increase, in the use of heroin or other opioids, to permit such entities to expand activities, including an expansion in the availability of medication assisted treatment, with respect to the treatment of addiction in the specific geographical areas of such entities where there is a rate or rapid increase in the use of heroin or other opioids; Provides grants to eligible entities to implement medication assisted treatment programs through criminal justice agencies; Provides grants to eligible entities to help them (1) provide substance use recovery support services to young people in high school and enrolled in institutions of higher education; (2) build communities of support for young people in recovery through a spectrum of activities such as counseling and health and wellness-oriented social activities; and (3) start initiatives designed to help young people achieve and sustain recovery from substance use disorders; Provides grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services; Provides grants to eligible entities to design, implement, and expand educational programs for offenders in prisons, jails, and juvenile facilities, through the Correctional Education Demonstration Grant Program; Provides joint grants to a state substance abuse agency and a state criminal justice agency to address the use of opioids and heroin among pregnant and parenting female offenders in the state to promote public safety, public health, family permanence, and well-being as well as to families and veterans; and Provides grants to states, and combinations thereof, to prepare a comprehensive plan for, and implementation of, an integrated opioid abuse response initiative.</p>	
S 636	<i>Increasing the Safety of Prescription Drug Use Act of 2015</i>	3/3/15 – Read twice and referred to the

	<p>Official Title: A bill to reduce prescription drug misuse and abuse.</p> <p>Introduced by: Tom Udall (D-NM) (1 Co-sponsor)</p> <p>Amends existing law and ensures that states create PDMPs that (1) are interoperable with those in other states, federal agencies and across appropriate state agencies, including health agencies, as determined by the Secretary; (2) are interoperable with electronic health records and e-prescribing, where appropriate; and (3) provide automatic, real-time or daily information about a patient when a practitioner requests information about such patient, among other things.</p> <p>Awards five-year grants to eligible entities to facilitate training in order to increase the capacity of health care providers to conduct patient screening and brief interventions to prevent the abuse of prescription drugs and other controlled substances. Also awards grants to states to develop continuing education criteria and review processes that allow state health profession boards or state agencies to certify appropriate education and training for informed and safe prescribing of opioids and other drugs on Schedules II and III under the Controlled Substances Act (21 U.S.C. 812).</p>	Senate Health, Education, Labor, and Pensions Committee
S 683	<p><i>Compassionate Access Research Expansion and Respect States (CAREERS) Act</i></p> <p>Official Title: A bill to extend the principles of federalism to state drug policy, provide access to medical marijuana, and enable research into the medicinal properties of marijuana.</p> <p>Introduced by: Cory Booker (D-NJ) (3 Co-sponsors)</p> <p>Amends the Controlled Substances Act by downgrading marijuana from a Schedule I to a Schedule II substance; Eases some restrictions on transporting marijuana between states thereby expanding access to medical marijuana to patients in states that do not allow medical marijuana; Loosens restrictions on banks to allow them to do business with entities in the marijuana industry; Directs NIDA to broader access to marijuana for research; and Allows doctors in the VA to recommend marijuana for veterans who live in states that allow it.</p>	3/10/15 – Read twice and referred to the Senate Judiciary Committee
S 707	<i>Opioid Overdose Reduction Act</i>	3/11/15 – Read twice and referred to the

	<p>Official Title: A bill to provide certain protections from civil liability with respect to the emergency administrations of opioid overdose drugs</p> <p>Introduced by: Edward Markey (D-MA) (2 Co-sponsors)</p> <p>Exempts from liability: (1) Individuals who work or volunteer at an opioid overdose program from any harm caused by the emergency administration of an opioid overdose drug that they provide as a part of an opioid overdose program; (2) Healthcare professionals from any harm caused by the emergency administration of an opioid overdose drug that they prescribe or provide to any person provided that person receives education in the proper administration of the opioid overdose drug and steps to be taken after administration of the drug; and (3) Individuals, including first responders, who administer an opioid overdose drug to a person who is or reasonably appears to have suffered an overdose provided they either are doing so pursuant to a prescription or they obtained the overdose drug from an overdose program or a healthcare professional and received education in the proper administration of the overdose drug, including steps to be taken after administration of the drug.</p>	<p>Senate Judiciary Committee</p>
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