

Legislative Summary & Policy Preview 2025



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Dear WSHA Members,

The 2025 state legislative session was a difficult one, with lawmakers facing a massive budget shortfall for the first time in nearly two decades. Lawmakers, influenced by the governor, decided balancing the state budget would take a combination of cuts and new taxes. Although WSHA successfully mitigated many impacts, hospitals and health systems took about \$250 million per year in payment cuts and new taxes this session when fully implemented. Most of these cuts and new taxes fall on urban hospitals.

WSHA's highest priority bill this session was SB 5083, which we opposed, as it cut all hospital reimbursement rates for 750,000 people with health care coverage through the Public Employees Benefits Board (PEBB) or the School Employees Benefits Board (SEBB). The bill limited reimbursement to the lesser of currently contracted rates or 200% of Medicare rates beginning in January 2027. We were able to negotiate removal of an automatic step-down to 190% of Medicare rates and a mandate that hospitals contract with PEBB and SEBB plans, as well as an exemption for independent rural hospitals. These negotiations reduced the financial impact of the bill from \$170 million to \$100 million per year.

Starting in 2026, hospitals will also face reimbursement cuts in the Medicaid program through a budget provision that reduces Medicaid MCO payments by 1%. We do not yet know what the impact to hospitals will be, but we expect it to be more than \$30 million per year.

New taxes will impact hospitals and health care as well. SB 5814 creates new sales taxes on services. WSHA was the only group to successfully negotiate an exemption to a new sales tax on temporary staffing, saving hospitals an estimated \$80 million per year. Starting in 2026, HB 2081 adds a .5% B&O surcharge on taxable revenue over \$250 million per year and increased the B&O rate on professional services revenue, including health care providers. Despite our significant objections, the Legislature passed the B&O surcharge on hospitals. Currently, the new surcharge is set to sunset in 2029.

Despite the financial challenges, this session had notable successes. We are pleased to report we were able to work with others to stop SB 5796 (implementing a payroll tax that would have cost hospitals around \$160 million per year), and we worked to prevent a raid to the hospital Safety Net Assessment Program (SNAP) as well as proposed cuts to facility fees. We also helped stop HB 1851, the mergers and affiliation legislation, and we opposed a new structure to corporate practice of medicine that would have significantly disrupted patient care.

For a bright spot, HB 1186, WSHA's bill expanding the amount of prepackaged medications allowed to be distributed from hospital emergency departments and other outpatient health care entities, passed the Legislature with strong support.

Looking ahead, WSHA's Government Affairs team will focus on empowering members to build legislative relationships, advocating during new law implementation by the state and planning for the next legislative session. We want to offer our sincerest thanks to our members who testified before lawmakers, participated in WSHA Advocacy Day and analyzed the impact of bills on hospital operations. Your efforts are instrumental to our legislative successes!

In your service,



Chelene Whiteaker
WSHA Senior Vice President, Government Affairs

Results of WSHA's 2025 Legislative Agenda

Prior to each legislative session, WSHA's Public Policy Committee and Board of Directors identify the state policy and budget issues in our legislative agenda most important to our hospitals, patients and communities.

The following reflects our work on our legislative agenda and critical policy and budget issues that emerged during the 2025 legislative session.

GOAL: Ensure patients have health coverage and access throughout the care continuum before, during and after hospitalization.

- **Expanding the amount of prepackaged medications that can be distributed from hospital emergency departments.** HB 1186 passed, allowing patients better access to medications that come from the manufacturer in unalterable packaging, like creams and inhalers, when they are unable to reach a pharmacy in a timely manner. *(Outcome: Enacted)*
- **Reaching a good compromise on the patient notification bill.** SB 5579, backed by health insurance carriers, originally would have prevented hospitals and providers from notifying patients of contract negotiations between providers and insurance carriers (out of concern it would cause patient anxiety). We reached a compromise to create a uniform 45-day notification period prior to a contract termination, standardize language and establish enforcement by the Department of Health and the Office of the Insurance Commissioner. *(Outcome: Enacted)*
- **Removing medical debt from consumer credit reports.** WSHA successfully amended SB 5480 to remove patient and contract notice requirements that would have been difficult for hospitals to operationalize. As passed, the bill prohibits reporting medical debt to consumer credit agencies or bureaus, exempts medical debt from inclusion in consumer credit reports and makes medical debt void and unenforceable if reported. *(Outcome: Enacted)*

GOAL: Ensure hospitals are stable institutions serving their communities, long into the future.

- **Preventing a payroll tax.** Our advocacy efforts helped hospitals avoid a payroll tax paid by the hospital for employees earning more than the Social Security threshold of \$176,100 per year, saving hospitals from a \$160 million per year tax burden. *(Outcome: Stopped)*
- **Preventing raids to the Hospital Safety Net Assessment.** Govs. Inslee and Ferguson both proposed the state keep more of the taxes hospitals pay under the SNAP program. We successfully advocated against this, which would have cost hospitals \$50 million per year. *(Outcome: Stopped)*
- **Preventing facility fee cuts.** Gov. Ferguson's budget would have reduced off-campus outpatient facility fees in the Medicaid program. We successfully advocated against this, saving hospitals an estimated \$58 million per year. *(Outcome: Stopped)*



- **Creating the Medicaid Access Program.** HB 1392 passed, which, if it receives federal approval and is implemented, will bring Medicaid professional fee payment levels up to near Medicare levels. Unfortunately, this program is very unlikely to receive federal approval if Congress passes pending legislation to prohibit this type of program. *(Outcome: Enacted)*
- **Opposing unemployment benefits for striking workers.** WSHA joined a coalition led by the Association of Washington Business to oppose this legislation. The law provides six weeks of unemployment benefits to striking workers, following a waiting period. Our coalition successfully negotiated the unemployment insurance benefit from an unlimited time period to six weeks. A sunset provision was also negotiated, which allows the act to expire after 2035. *(Outcome: Enacted)*

GOAL: Maintain flexibility for hospital operations while mitigating new burdensome and costly regulations.

- **Allowing hospital staff flexibility in taking meal and rest breaks.** We worked with the nursing unions to craft HB 1879, clarifying that hospital staff can combine one or more meal and rest breaks into a longer break, employees can waive rest break timing requirements, and hospitals can offer blanket meal and rest break waivers to staff as long as they follow guidelines in the bill. This flexibility could reduce costly unintended meal and rest break violations and provide increased staff satisfaction. *(Outcome: Enacted)*
- **Opposing the health care transaction oversight bill.** We successfully opposed HB 1881, which mandated a one-size-fits-all approach to health care transactions and placed massive time, cost and administrative burdens on health care providers and hospitals. *(Outcome: Stopped)*
- **Opposing the corporate practice of medicine bill.** We successfully opposed SB 5387, which would have significantly disrupted patient care by preventing non-licensed hospital staff and administrators from having influence over many aspects of hospital operations, like billing and discharge planning. *(Outcome: Stopped)*
- **Modifying the hospital price transparency bill.** The original version of SB 5493 would have created a duplicative and burdensome compliance review process and allowed patients to contest collection activity based on their perception of noncompliance. WSHA successfully negotiated a compromise with the sponsor that preserves and protects at the state level the existing federal price transparency requirements and avoids burdensome new reporting requirements. *(Outcome: Enacted)*
- **Successfully amending the All Payer Claims Database (APCD) bill.** WSHA did not support HB 1382, which expanded access and use of claims payment information from the APCD for payment policy analysis and procurement by state agencies and outside organizations. WSHA successfully amended the bill to allow hospitals, providers, hospital and provider associations, and carriers to also request information from the APCD to determine value, quality and access and validate analyses of external organizations. *(Outcome: Enacted)*
- **Better addressing workplace violence.** HB 1162 passed, requiring health care settings to conduct a timely investigation of every incident of workplace violence and an annual review to update workplace violence prevention plans. WSHA successfully worked to ensure the bill was workable for hospitals. *(Outcome: Enacted)*
- **Preventing the creation of hospital administration licensing requirements.** HB 1567 would have required health care administrators be licensed by the Department of Health and pass a test developed and administered by DOH. WSHA advocated against this bill, and it did not advance. *(Outcome: Stopped)*
- **Creating new health care entity reporting requirements.** HB 1686 would have required entities that own or control more than one health care entity to submit substantial ownership, affiliation, financial and service information on behalf of itself and its subsidiaries and affiliates. Some of this information duplicated current reporting requirements. WSHA engaged in lengthy negotiations with proponents and sponsors of the bill, which now only requires developing a plan and recommendations on creating a complete and interactive registry of Washington's health care landscape. *(Outcome: Enacted)*
- **Prohibiting health care non-disclosure agreements.** We successfully opposed HB 1507, which would have prohibited health care providers from entering into nondisclosure or nondisparagement agreements with patients, particularly in the case of a lawsuit settlement. *(Outcome: Stopped)*

WSHA's 2025 Priority Bills

This table displays the final disposition of bills that directly impacted hospitals and health systems in the 2025 legislative session.



BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
WSHA Goal: Ensure patients have health coverage and access throughout the care continuum before, during and after hospitalization.			
HB 1130	Concerning utilization of developmental disabilities waivers.	Supported, passed	✓
HB 1186 (WSHA bill)	Expanding the duration of prepackaged medications that can be dispensed or delivered from hospitals and health care entities.	Supported, passed	✓
HB 2015/ SB 5395 (WSHA bill)	Making improvements to transparency and accountability in the prior authorization determination process.	Supported, did not pass	✗
SB 5124 (WSHA bill)	Establishing network adequacy standards for skilled nursing facilities and rehabilitation hospitals.	Supported, did not pass	✗
SB 5480	Protecting consumers by removing barriers created by medical debt.	Supported, passed	✓
SB 5568	Updating and modernizing the Washington state health plan.	Supported, passed	✓
SB 5579	Prohibiting health carriers, facilities, and providers from making any public statements of any potential or planned contract terminations unless it satisfies a legal obligation.	Supported, passed	✓
WSHA Goal: Ensure hospitals are stable institutions serving their communities, long into the future.			
HB 1392	Creating the Medicaid access program to increase professional fees for services provided to Medicaid patients.	Supported, passed	✓
HB 1560/ SB 5638	Funding health care access by imposing an excise tax on the hospital's compensation paid to certain highly compensated hospital employees.	Opposed, did not pass	✓
SB 5041	Concerning unemployment insurance benefits for striking or lockout workers.	Opposed, passed	✗
SB 5083	Ensuring access to primary care, behavioral health, and affordable hospital services. (PEBB/SEBB rate cut bill)	Opposed, passed	✗


BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
SB 5335	Establishing the rural nursing education program.	Supported, did not pass	
SB 5683	Concerning health carrier transparency of payment timeliness of claims submitted by health care providers and health care facilities.	Supported, did not pass	
WSHA Goal: Maintain flexibility for hospital operations while mitigating new burdensome and costly regulations.			
HB 1155	Prohibiting noncompetition agreements and clarifying nonsolicitation agreements.	Opposed, did not pass	
HB 1162	Concerning workplace violence in health care settings. (WSHA worked closely with the Washington State Nurses Association on this bill)	Supported, passed	
HB 1382	Modernizing the All Payers Claims Database.	Negotiated to neutral, passed	
HB 1496/ SB 5254	Strengthening patients' rights regarding their health care information. (Limiting medical records' fees bill)	Opposed, did not pass	
HB 1507	Limiting health care nondisclosure agreements.	Opposed, did not pass	
HB 1567	Concerning licensure of health care administrators.	Opposed, did not pass	
HB 1675/ SB 5387	Concerning the corporate practice of medicine.	Opposed, did not pass	
HB 1686	Creating a health care entity registry.	Supported, passed	
HB 1784	Concerning certified medical assistants.	Concerns, did not pass	
HB 1879 (WSHA bill)	Concerning meal and rest breaks for hospital workers.	Supported, passed	
HB 1881/ SB 5704	Concerning material changes to the operations and governance structure of participants in the health care marketplace. (Mergers and affiliations bill.)	Opposed, did not pass	
HB 2045	Investing in Washington families by restructuring the business and occupation tax on high grossing businesses and financial institutions.	Opposed, did not pass	

BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
HB 2081	Modifying business and occupation tax surcharges, rates, and the advanced computing surcharge cap, clarifying the business and occupation tax deduction for certain investments, and creating a temporary business and occupation tax surcharge on large companies.	Opposed, passed	
SB 5239	Concerning the retention of hospital medical records.	Supported, passed	
SB 5299	Concerning virtual direct supervision of diagnostic radiologic technologists, therapeutic radiologic technologists, and magnetic resonance imaging technologists by licensed physicians.	Supported, did not pass	
SB 5493	Concerning hospital price transparency.	Negotiated to support, passed	
SB 5796	Enacting an excise tax on large employers based on the amount of payroll expenses above the social security wage threshold to fund programs and services to benefit Washingtonians.	Opposed, did not pass	
SB 5814	Modernizing the excise taxes on select services and nicotine products and requiring certain large businesses to make a one-time prepayment of state sales tax collection.	Opposed, passed	

OTHER IMPORTANT BILLS

This table displays the final disposition of other important bills that we monitored with members and partners.

BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
Bills that passed			
HB 1142	Standardizing basic training and certification requirements for long-term care workers who provide in-home care for their family members, including spouses or domestic partners.	Supported, passed	
HB 1215	Removing references to pregnancy from the model directive form under the natural death act.	Neutral, passed	NEUTRAL
HB 1287	Addressing the disclosure of health information for care coordination.	Supported, passed	

BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
HB 1432	Improving access to appropriate mental health and substance use disorder services.	Supported, passed	
HB 1706	Aligning the implementation of application programming interfaces for prior authorization with federal guidelines.	Neutral, passed	NEUTRAL
HB 1813	Concerning the procurement of medical assistance services, including the realignment of behavioral health crisis services for Medicaid enrollees.	Neutral, passed	NEUTRAL
SB 5079	Addressing the burden of unintentional overpayments on older adults and adults with disabilities served by the Department of Social and Health Services.	Supported, passed	
SB 5122	Enacting the uniform antitrust premerger notification act.	Supported, passed	
SB 5463	Concerning the duties of industrial insurance self-insured employers and third-party administrators.	Opposed, passed	
SB 5475	Concerning appointed counsel for individuals detained under the involuntary treatment act.	Supported, passed	
SB 5525	Concerning employment loss due to businesses closing or mass layoffs.	Neutral, passed	NEUTRAL
SB 5764	Repealing the expiration date for the ambulance transport fund.	Supported, passed	
Bills that did not pass			
HB 1168	Increasing transparency in artificial intelligence.	Neutral, did not pass	NEUTRAL
HB 1313	Addressing mass layoffs, relocations, and terminations.	Neutral, did not pass	NEUTRAL
HB 1344	Increasing access to respite care for those with intellectual or developmental disabilities and their caregivers.	Supported, did not pass	
SB 5211/ HB 1200	Authorizing payment for parental caregivers of minor children with developmental disabilities.	Supported, did not pass	



WSHA's 2025 Budget Priorities

The final 2025-2027 biennial budget funds \$77.9 billion for the state general fund (GFS) and \$150.4 billion (total) in state services. Facing a large four-year deficit, lawmakers — with input from Gov. Ferguson — chose a combination of cuts and new taxes to balance the budget. WSHA focused on reducing the largest cuts and taxes on hospitals to minimize negative patient impacts.

WSHA advocated for avoiding new cuts and taxes, securing a Medicaid provider rate increase (known as the Medicaid Access Program), continuing rural labor and delivery funding, enacting the Rural Nurse Education Program (RNEP) and extending Gov. Inslee's complex discharge pilot/sustainability alignment.

While there were cuts and taxes that significantly impacted hospitals, we're pleased to have successfully mitigated many of them. We prevented further caps on reimbursements for patients on PEBB/SEBB coverage and a mandate for hospitals to contract with PEBB/SEBB carriers, reduced the impact of a sales tax expansion, avoided a payroll tax, avoided cuts to facility fees and stopped a raid on the hospital Safety Net Assessment Program.

We assisted in passing the Medicaid Access Program (increasing Medicaid provider professional payments), garnered support for RNEP, and continued the rural labor and delivery funding. However, funding for complex discharge patients was cut.

The following includes a selection of major health care budget items funded in the 2025–2027 budget.

Top hospital and health system budget items *(in general order of priority)*

Hospital Specific Budget Items

- **(\$50 million GFS/total)** cut from PEBB/SEBB payments to hospitals by capping payments at the lesser of contracted rates or 200% of Medicare beginning in January 2027. This only includes six months of the biennium. Ultimately, this will result in \$100 million in cuts per year for the impacted hospitals. WSHA negotiated removal of a mandate to contract with PEBB/SEBB plans and an automatic step-down to 190% of Medicare rates in 2029, as well as an exemption for independent rural hospitals.
- **(\$1.5 million GFS/\$5 million total)** cut to eliminate reimbursement for hospital ancillary services (labs, therapy, etc.) for patients on administrative day stays. This reverses legislation passed in 2023.
- **\$111,000 GFS/\$36.7 million total** to fund the Medicaid Access Program, a directed payment program to increase professional payment rates to equivalent Medicare levels. Assessments are levied on MCOs and commercial carriers. WSHA is pleased this was funded, though there is significant uncertainty that the program will be approved by the federal Centers for Medicare and Medicaid Services (CMS). Once approved by CMS, increases for professional services would start in 2028.
- **\$84,000 GFS/total** to continue funding for a cohort of eight students in the Rural Nursing Education Program.

Budget Items with a Significant Health Care Impact

WSHA was pleased to see two health care coverage programs that we supported receive funding — the Apple Health Expansion and Washington Health Benefits Exchange subsidies. We were disappointed to see the 1% rate cut to Medicaid MCOs for both physical and behavioral health benefits.

- **\$142.3 million GFS/total** to continue funding at current levels through the 2025–2027 biennium for a Medicaid-like program for enrollees that do not qualify for Medicaid or exchange subsidies due to immigration status but meet income requirements.
- **\$30 million GFS/total** to continue the Cascade Care premium payment subsidy program through CY 2026 for individuals enrolled in the Health Benefits Exchange.
- **(\$32.1 million GFS/\$106.2 million total)** to reduce the Medicaid managed care organization capitation rates for physical health services by 1%, effective Jan. 1, 2026.
- **(\$10.4 million GFS/\$33.5 million total)** Reduces Medicaid laboratory fee schedule rates for fee-for-service and managed care to 80% of Medicare fee schedule from the current 89% of Medicare fee schedule.





Behavioral Health

Behavioral health had mixed results in the budget. WSHA is disappointed with the significant cuts to long-term civil commitment beds but was pleased to see funding for community behavioral supports and 23-hour crisis relief center start-up costs.

- **(\$33.4 million GFS/\$32.5 million total)** cut from long-term civil commitment beds for individuals on 90/180-day holds in community settings.
- **(\$9.2 million GFS/\$27.7 million total)** to reduce behavioral health capitation rates for Medicaid MCOs are reduced by 1%, effective Jan. 1, 2026.
- **\$72.4 million GFS /\$143.3 million total** to fund community behavioral health supports.
- **\$15.4 million GFS/total** to fund 23-hour crisis relief center start-up costs, costs for non-Medicaid enrollees and operational costs.

Complex Discharge

In the last several budgets, WSHA made significant progress on funding programs to assist with the complex discharge population. Unfortunately, several of these programs and long-term care capacity faced cuts in this biennial budget.

- **(\$5.3 million GFS/\$10.6 million total)** increases in DSHS case management ratios for hospital discharge, residential and residential service waiver caseloads.
- **(\$57.1 million GFS/total)** in significant increases in annual licensing fees for nursing facilities, adult family homes and assisted living facilities.
- **(\$10 million GFS/\$20.1 million total)** to reduce specialized behavioral supports in adult family homes.
- **(\$3 million GFS/\$6 million total)** to reduce capacity in enhanced service facilities.





The Road Ahead: 2026 Policy Preview

As we look ahead to 2026, WSHA will continue to advocate for legislation that supports access to care and oppose new cuts and taxes. Returning issues will likely include The Keep Our Care Act (HB 1881), the health care entity reporting bill (HB 1686), corporate practice of medicine (SB 5387) and the cardiac and stroke registry (HB 1545). WSHA is likely to focus on proactive issues including prior authorization reform and increasing post-acute care network adequacy requirements for insurers.

The 2026 budget could present challenges. One is legislation that mirrors the hospital reference-based pricing in the PEBB/SEBB bill (SB 5083) in other markets, such as the individual health insurance market. Another is new work from the Health Care Cost Transparency Board aimed at price setting and payment reductions for hospitals.

The largest unknowns in health care at this time are the proposed congressional budget cuts to Medicaid. If they are enacted, our state will face significant impacts and hospitals will see more uncompensated care. WSHA will plan and advocate accordingly should cuts happen.

In the interim, we will actively engage in the implementation of new laws, back candidates who support hospitals through the Hospitals for a Healthy Future PAC and prepare and advocate for our 2026 legislative agenda.

We are also planning our annual Hospital Advocacy Day, which is another important opportunity for hospital leaders, board members and clinicians to stand up and stand together on the issues we are advocating for in Olympia. We look forward to another year of working on your behalf and collaborating to improve the health of our communities.

Advocacy Day 2025

More than 80 hospital leaders joined us for nearly 100 meetings with legislators during this year's Advocacy Day, using their time to emphasize the importance of PEBB/SEBB legislation, improving the prior authorization process and other key priorities.



HOSPITALS for a
HEALTHY FUTURE
PAC

Advocacy Involves Relationships, Input and Political Action Committees

The Hospitals for a Healthy Future PAC (HHFPAC) and the American Hospital Association Political Action Committee help us build relationships and unify our political voices with state and federal lawmakers. The HHFPAC helps hospital and health system leaders elect health care champions and engage with policymakers on important issues.

The political process holds high stakes for hospitals and the patients they serve. This includes issues related to access to care, impacts of regulation, payment rates, health quality reporting, patient safety, health equity and much more. PAC contributions help us cultivate and elect lawmakers who are health care champions and keep hospital and patient issues at the forefront of the political debate in Olympia and Washington, D.C.

The 2025 Hospitals for a Healthy Future Campaign

In 2024, our ambitious campaign raised more than \$236,000 from member contributions, and in 2024 we hope to meet our fundraising goal of \$275,000! Washington hospitals and health systems cannot be left behind as other interest groups out-raise us by significant margins. We need everyone's help reaching our goal and maintaining our political influence. Donate today.



To make your online donation to the Hospitals for a Healthy Future campaign or for more information about last year's efforts and how funds are spent, visit wshaweb.com/hhfpac. Password: HHFPAC.

Thank You for Testifying in Olympia

Our heartfelt thanks to everyone who testified in Olympia this year. Your voice and insight on health care is critical to good legislative decision-making. WSHA and legislators value the time you spend on improving health care policy.

Isaac Ballou, Olympic Medical Center
Cathy Bambrick, Astria Toppenish Hospital
Chris Bredeson, EvergreenHealth
Rena Cardenas, MultiCare Health System
Greg Carter, Providence St. Luke's Rehabilitation Medical Center
Tamara Cesena, Skagit Regional Health
Florence Chang, MultiCare Health System
Elise Cutter, Island Health
Suzanne Daly, MultiCare Health System
Adam Dittimore, EvergreenHealth
Matt Forge, Pullman Regional Hospital
Brian Gibbons, Astria Health
Mike Glenn, Jefferson Healthcare
Deena Hannen, MultiCare Health System
David Hargreaves, MultiCare Yakima Memorial Hospital



Andrea Howell, Pullman Regional Hospital
Andrew Jones, Confluence Health
Merry-Ann Keane, Ocean Beach Health
Chris Knapp, MultiCare Health System
Shayna Lemke, Jefferson Healthcare
Terri McDaniel, MultiCare Health System
Angie Naylor, MultiCare Health System
Ettore Palazzo, EvergreenHealth
Renee Rassilyer-Bomers, Providence Health & Services
Martha Raymond, MultiCare Health System
Janet Schade, Forks Community Hospital
Catrina Schwartz, Coulee Medical Center
Arooj Simmonds, Providence Swedish
Kelly Thompson, Forks Community Hospital
Ashley Thurow, Providence Health & Services
Alex Town, Samaritan Healthcare



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