

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

A N A C T

RELATING TO FOOD AND DRUGS -- PRESCRIPTION DRUG AFFORDABILITY BOARD
- GROUP PURCHASING BOARD FOR RX WE CAN AFFORD

Introduced By: Senators Coyne, and McCaffrey

Date Introduced: March 04, 2021

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 21 of the General Laws entitled "FOOD AND DRUGS" is hereby
2 amended by adding thereto the following chapter:

3 CHAPTER 38

4 PRESCRIPTION DRUG AFFORDABILITY BOARD - GROUP PURCHASING BOARD FOR

5 RX WE CAN AFFORD

6 **21-38-1. Definitions.**

7 The following words have the meanings indicated:

8 (1) "Biologic" means a drug that is produced or distributed in accordance with a biologics
9 license application approved under 42 C.F.R. § 447.502.

10 (2) "Biosimilar" means a drug that is produced or distributed in accordance with a biologics
11 license application approved under 42 U.S.C. § 262(k)(3).

12 (3) "Board" means the prescription drug affordability board.

13 (4)(i) "Brand name drug" means a drug that is produced or distributed in accordance with
14 an original new drug application approved under 21 U.S.C. § 355(c).

15 (ii) "Brand name drug" does not include an authorized generic as defined by 42 C.F.R. §
16 447.502.

17 (5) "Generic drug" means:

18 (i) A retail drug that is marketed or distributed in accordance with an abbreviated new drug

- 1 application, approved under 21 U.S.C. § 355(j);
- 2 (ii) An authorized generic as defined by 42 C.F.R. § 447.502; or
- 3 (iii) A drug that entered the market before 1962 that was not originally marketed under a
- 4 new drug application.
- 5 (6) "Manufacturer" means an entity that:
- 6 (i)(A) Engages in the manufacture of a prescription drug product; or
- 7 (B) Enters into a lease with another manufacturer to market and distribute a prescription
- 8 drug product under the entity's own name; and
- 9 (ii) Sets or changes the wholesale acquisition cost of the prescription drug product it
- 10 manufactures or markets.
- 11 (7) "Prescription drug product" means a brand name drug, a generic drug, a biologic, or a
- 12 biosimilar.
- 13 (8) "Stakeholder council" means the prescription drug affordability stakeholder council.

14 **21-38-2. Prescription drug affordability board established -- Purpose.**

- 15 (a)(1) There is hereby established a prescription drug affordability board.
- 16 (2)(i) The board is a body politic and corporate and is an instrumentality of the state.
- 17 (ii) The board is an independent unit of state government.
- 18 (iii) The exercise by the board of its authority under this chapter is an essential
- 19 governmental function.
- 20 (b) The purpose of the board is to protect state residents, state and local governments,
- 21 commercial health plans, health care providers, pharmacies licensed in the state, and other
- 22 stakeholders within the health care system from the high costs of prescription drug products.

23 **21-38-3. Membership.**

- 24 (a)(1) The board shall consist of the following members, who shall have expertise in health
- 25 care economics or clinical medicine:
- 26 (i) One member appointed by the governor for an initial term of one year;
- 27 (ii) One member appointed by the president of the senate for an initial term of two (2)
- 28 years;
- 29 (iii) One member appointed by the speaker of the house of representatives for an initial
- 30 term of three (3) years;
- 31 (iv) One member appointed by the attorney general for an initial term of two (2) years; and
- 32 (v) One member appointed jointly by the president of the senate and the speaker of the
- 33 house of representatives, who shall serve as chair of the board, for an initial term of three (3) years.
- 34 (2) The board shall have the following alternate members, who shall have expertise in

1 health care economics or clinical medicine and who shall be designated by the board chair to
2 participate in deliberations of the board when a member is recused:

3 (i) One alternate member appointed by the governor for an initial term of three (3) years;

4 (ii) One alternate member appointed by the president of the senate for an initial term of two
5 (2) years; and

6 (iii) One alternate member appointed by the speaker of the house of representatives for an
7 initial term of one year.

8 (3) A member or an alternate member may not be an employee of, a board member of, or
9 a consultant to a manufacturer, pharmacy benefits manager, health insurance carrier, health
10 maintenance organization, managed care organization, or wholesale distributor or related trade
11 association.

12 (4) Any conflict of interest, including whether the individual has an association, including
13 a financial or personal association, that has the potential to bias or has the appearance of biasing an
14 individual's decision in matters related to the board or the conduct of the board's activities, shall be
15 considered and disclosed when appointing members and alternate members to the board.

16 (5) To the extent practicable and consistent with federal and state law, the membership of
17 the board shall reflect the racial, ethnic, and gender diversity of the state.

18 (b) The term of a member or an alternate member shall be three (3) years after the initial
19 period of appointments. The terms of the members and alternate members shall be staggered as
20 required by the provisions of this section.

21 (c)(1) The chair shall hire an executive director, general counsel, and staff for the board.

22 (2) The chair shall develop a five (5) year budget and staffing plan and submit it to the
23 board for approval.

24 (3) Staff of the board shall receive a salary as provided in the budget of the board.

25 (d) A member of the board:

26 (1) May receive compensation as a member of the board in accordance with the state
27 budget; and

28 (2) Is entitled to reimbursement for reasonable expenses incurred.

29 (e)(1)(i) Notwithstanding the provisions of subsections (e)(1)(i) and (e)(1)(iv) of this
30 section, the board shall meet in open session at least once every six (6) weeks.

31 (ii) At the chair's discretion, the chair may cancel or postpone a meeting.

32 (iii) Except where otherwise specified, the board is subject to all of the provisions of
33 chapter 46 of title 42 (the "open meetings act"). This includes, but is not limited to, the following:

34 (A) The study required by § 21-38-7;

1 (B) Deliberations on whether to subject a prescription drug product to a cost review under
2 § 21-38-8;

3 (C) Any vote on whether to impose an upper payment limit on purchases and payor
4 reimbursements of prescription drug products in the state; and

5 (D) Any decision by the board.

6 (iv) Notwithstanding chapter 46 of title 42, (the "open meetings act"), the board may meet
7 in closed session to discuss trade secrets or confidential and proprietary data and information.

8 (2) The board shall provide public notice of each board meeting at least two (2) weeks in
9 advance of the meeting.

10 (3)(i) Materials for each board meeting shall be made available to the public at least one
11 week in advance of the meeting.

12 (ii) Materials containing trade secrets or confidential and proprietary data or information
13 that is not otherwise available to the public may not be made available to the public in accordance
14 with § 38-2-2(4).

15 (4) The board shall provide an opportunity for public comment at each open meeting of the
16 board.

17 (5) The board shall provide the public with the opportunity to provide written comments
18 on pending decisions of the board.

19 (6) The board may allow expert testimony at board meetings, including when the board
20 meets in closed session.

21 (7) To the extent practicable, the board shall access pricing information for prescription
22 drug products by:

23 (i) Entering into a memorandum of understanding with another state to which
24 manufacturers already report pricing information; and

25 (ii) Accessing other available pricing information.

26 (8) A majority of the members of the board shall constitute a quorum.

27 (9)(i) Members of the board shall recuse themselves from decisions related to a prescription
28 drug product if the member, or an immediate family member of the member, has received or could
29 receive any of the following:

30 (A) A direct financial benefit of any amount deriving from the result or finding of a study
31 or determination by or for the board; or

32 (B) A financial benefit from any person that owns, manufactures, or provides prescription
33 drug products, services, or items to be studied by the board that in the aggregate exceeds five
34 thousand dollars (\$5,000) per year.

1 (ii) For the purposes of this section, a financial benefit includes honoraria, fees, stock, the
2 value of the member's or immediate family member's stock holdings, and any direct financial
3 benefit deriving from the finding of a review conducted under this chapter.

4 (f) In addition to the powers set forth elsewhere in this chapter, the board may:

5 (1) Adopt rules and regulations to carry out the provisions of this chapter; and

6 (2) Enter into a contract with a qualified, independent third party for any service necessary
7 to carry out the powers and duties of the board.

8 (g) Unless permission is granted by the board, a third party hired by the board in accordance
9 with subsection (f)(2) of this section may not release, publish, or otherwise use any information to
10 which the third party has access under its contract.

11 **21-38-4. Prescription drug affordability stakeholder council established.**

12 (a) There is hereby established a prescription drug affordability stakeholder council.

13 (b) The purpose of the stakeholder council is to provide stakeholder input to assist the board
14 in making decisions as required under this chapter.

15 (c)(1) The stakeholder council shall consist of twenty-seven (27) members appointed in
16 accordance with this subsection.

17 (2) The speaker of the house of representatives shall appoint:

18 (i) One representative of generic drug corporations to an initial term of one year;

19 (ii) One representative of nonprofit insurance carriers to an initial term of two (2) years;

20 (iii) One representative of a statewide health care advocacy coalition to an initial term of
21 three (3) years;

22 (iv) One representative of a statewide advocacy organization for seniors to an initial term
23 of one year;

24 (v) One representative of a statewide organization for diverse communities to an initial
25 term of two (2) years;

26 (vi) One representative of a labor union to an initial term of three (3) years;

27 (vii) One health services researcher specializing in prescription drugs to an initial term of
28 one year;

29 (viii) One public member at the discretion of the speaker of the house of representatives to
30 an initial term of two (2) years; and

31 (ix) One representative from a chain pharmacy to an initial term of three (3) years.

32 (3) The president of the senate shall appoint:

33 (i) One representative of brand name drug corporations to an initial term of one year;

34 (ii) One representative of physicians to an initial term of two (2) years;

- 1 (iii) One representative of nurses to an initial term of three (3) years;
2 (iv) One representative of hospitals to an initial term of one year;
3 (v) One representative of dentists to an initial term of two (2) years;
4 (vi) One representative of managed care organizations to an initial term of three (3) years;
5 (vii) One representative of the department of administration's office of management and
6 budget to an initial term of one year;
7 (viii) One clinical researcher to an initial term of two (2) years; and
8 (ix) One public member at the discretion of the president of the senate to an initial term of
9 three (3) years.
- 10 (4) The governor shall appoint:
11 (i) One representative of brand name drug corporations to an initial term of three (3) years;
12 (ii) One representative of generic drug corporations to an initial term of two (2) years;
13 (iii) One representative of biotechnology companies to an initial term of one year;
14 (iv) One representative of for-profit health insurance carriers to an initial term of three (3)
15 years;
16 (v) One representative of employers to an initial term of two (2) years;
17 (vi) One representative of pharmacy benefits managers to an initial term of one year;
18 (vii) One representative of pharmacists to an initial term of three (3) years;
19 (viii) One pharmacologist to an initial term of two (2) years; and
20 (ix) One public member at the discretion of the governor to an initial term of one year.
- 21 (5) Collectively, the members of the stakeholder council shall have knowledge of the
22 following:
23 (i) The pharmaceutical business model;
24 (ii) Supply chain business models;
25 (iii) The practice of medicine or clinical training;
26 (iv) Consumer or patient perspectives;
27 (v) Health care costs trends and drivers;
28 (vi) Clinical and health services research; and
29 (vii) The state's health care marketplace.
- 30 (6) To the extent practicable and consistent with federal and state law, the membership of
31 the stakeholder council shall reflect the racial, ethnic, and gender diversity of the state.
- 32 (7) From among the membership of the stakeholder council, the board chair shall appoint
33 two (2) members to be co-chairs of the stakeholder council.
- 34 (d) The term of a member shall be three (3) years after the initial period of appointments.

1 The initial members of the stakeholder council shall serve staggered terms as required by the
2 provisions of this section.

3 (e) A member of the stakeholder council:

4 (1) May not receive compensation as a member of the stakeholder council; but

5 (2) Is entitled to reimbursement for expenses.

6 **21-38-5. Disclosure of conflict of interest.**

7 (a)(1) A conflict of interest shall be disclosed:

8 (i) By the board when hiring board staff;

9 (ii) By the appointing authority when appointing members and alternate members to the
10 board and members to the stakeholder council; and

11 (iii) By the board, when a member of the board is recused in any final decision resulting
12 from a review of a prescription drug product.

13 (2) A conflict of interest shall be disclosed:

14 (i) In advance of the first open meeting after the conflict is identified; or

15 (ii) Within five (5) days after the conflict is identified.

16 (b)(1) A conflict of interest disclosed under subsection (a) of this section shall be posted
17 on the website of the board unless the chair of the board recuses the member from any final decision
18 resulting from a review of a prescription drug product.

19 (2) A posting under this section shall include the type, nature, and magnitude of the
20 interests of the member involved.

21 **21-38-6. Acceptance of gifts of donations.**

22 Members and alternate members of the board, board staff, and third-party contractors may
23 not accept any gift or donation of services or property that indicates a potential conflict of interest
24 or has the appearance of biasing the work of the board.

25 **21-38-7. Study of aspects of pharmaceutical distribution and payment -- Report.**

26 On or before December 31, 2022, the board, in consultation with the stakeholder council,
27 shall:

28 (1) Study:

29 (i) The entire pharmaceutical distribution and payment system in the state; and

30 (ii) Policy options being used in other states and countries to lower the list price of
31 pharmaceuticals, including:

32 (A) Setting upper payment limits;

33 (B) Using a reverse auction marketplace; and

34 (C) Implementing a bulk purchasing process; and

1 (2) Report its findings and recommendations, including findings for each option studied
2 under subsection (1)(ii) of this section and any legislation required to implement the
3 recommendations, to the senate finance committee and the house health and human services
4 committee.

5 **21-38-8. Identifying prescription drug products that create affordability challenges**
6 **for state health care system and patients.**

7 (a) On or before December 31, 2022, the board shall:

8 (1) Collect and review publicly available information regarding prescription drug product
9 manufacturers, health insurance carriers, health maintenance organizations, managed care
10 organizations, wholesale distributors, and pharmacy benefits managers; and

11 (2)(i) Identify states that require reporting on the cost of prescription drug products; and

12 (ii) Initiate a process of entering into memoranda of understanding with the states identified
13 under subsection (a)(2)(i) of this section to aid in the collection of transparency data for prescription
14 drug products.

15 (b) Based on the information collected under subsection (a)(1) of this section and obtained
16 through memoranda of understanding under subsection (a)(2) of this section, the board, in
17 consultation with the stakeholder council, shall adopt rules and regulations to:

18 (1) Establish methods for collecting additional data necessary to carry out its duties under
19 this chapter; and

20 (2) Identify circumstances under which the cost of a prescription drug product may create
21 or has created affordability challenges for the state health care system and patients.

22 (c) The board shall use the information collected under subsection (a)(1) of this section and
23 obtained through memoranda of understanding under subsection (a)(2) of this section to identify
24 prescription drug products that are:

25 (1) Brand name drugs or biologics that, as adjusted annually for inflation in accordance
26 with the consumer price index, have:

27 (i) A launch wholesale acquisition cost of thirty thousand dollars (\$30,000) or more per
28 year or course of treatment; or

29 (ii) A wholesale acquisition cost increase of three thousand (\$3,000) or more in any twelve
30 (12) month period, or course of treatment if less than twelve (12) months;

31 (2) Biosimilar drugs that have a launch wholesale acquisition cost that is not at least fifteen
32 percent (15%) lower than the referenced brand biologic at the time the biosimilars are launched;

33 (3) Generic drugs that, as adjusted annually for inflation in accordance with the consumer
34 price index, have a wholesale acquisition cost:

- 1 (i) Of one hundred dollars (\$100) or more for:
- 2 (A) A thirty (30) day supply lasting a patient for a period of thirty (30) consecutive days
3 based on the recommended dosage approved for labeling by the United States Food and Drug
4 Administration;
- 5 (B) A supply lasting a patient for fewer than thirty (30) days based on the recommended
6 dosage approved for labeling by the United States Food and Drug Administration; or
- 7 (C) One unit of the drug if the labeling approved by the United States Food and Drug
8 Administration does not recommend a finite dosage; and
- 9 (ii) That increased by two hundred percent (200%) or more during the immediately
10 preceding twelve (12) month period, as determined by the difference between the resulting
11 wholesale acquisition cost and the average of the wholesale acquisition cost reported over the
12 immediately preceding twelve (12) months; and
- 13 (4) Other prescription drug products that may create affordability challenges for the state
14 health care system and patients, in consultation with the stakeholder council.

15 **21-38-9. Cost review of prescription drug products identified in § 21-38-8.**

16 (a)(1) After identifying prescription drug products as required by § 21-38-8, the board shall
17 determine whether to conduct a cost review as described in subsection (b) of this section for each
18 identified prescription drug product by:

- 19 (i) Seeking stakeholder council input about the prescription drug product; and
20 (ii) Considering the average cost share of the prescription drug product.

21 (2)(i) To the extent there is no publicly available information to conduct a cost review as
22 described in subsection (b) of this section, the board shall request the information from:

- 23 (A) The manufacturer of the prescription drug product; and
24 (B) As appropriate, a wholesale distributor, pharmacy benefits manager, health insurance
25 carrier, health maintenance organization, or managed care organization with relevant information
26 on setting the cost of the prescription drug product in the state.

27 (ii) The information to conduct a cost review may include any document and research
28 related to the manufacturer's selection of the introductory price or price increase of the prescription
29 drug product, including life cycle management, net average price in the state, market competition
30 and context, projected revenue, and the estimated value or cost-effectiveness of the prescription
31 drug product.

32 (iii) Failure of a manufacturer, wholesale distributor, pharmacy benefits manager, health
33 insurance carrier, health maintenance organization, or managed care organization to provide the
34 board with the information requested under this subsection shall not affect the authority of the board

1 to conduct a review as described in subsection (b) of this section.

2 (b)(1) If the board conducts a review of the cost of a prescription drug product, the review
3 shall determine whether use of the prescription drug product that is fully consistent with the labeling
4 approved by the United States Food and Drug Administration or standard medical practice has led
5 or will lead to affordability challenges for the state health care system or high out-of-pocket costs
6 for patients.

7 (2) To the extent practicable, in determining whether a prescription drug product identified
8 under § 21-38-8 has led or will lead to an affordability challenge, the board shall consider the
9 following factors:

10 (i) The wholesale acquisition cost and any other relevant prescription drug cost index for
11 the prescription drug product sold in the state;

12 (ii) The average monetary price concession, discount, or rebate the manufacturer provides
13 to health plans in the state or is expected to provide to health plans in the state as reported by
14 manufacturers and health plans, expressed as a percent of the wholesale acquisition cost for the
15 prescription drug product under review;

16 (iii) The total amount of the price concession, discount, or rebate the manufacturer provides
17 to each pharmacy benefits manager operating in the state for the prescription drug product under
18 review, as reported by manufacturers and pharmacy benefits managers, expressed as a percent of
19 the wholesale acquisition costs;

20 (iv) The price at which therapeutic alternatives have been sold in the state;

21 (v) The average monetary concession, discount, or rebate the manufacturer provides or is
22 expected to provide to health plan payors and pharmacy benefits managers in the state for
23 therapeutic alternatives;

24 (vi) The costs to health plans based on patient access consistent with United States Food
25 and Drug Administration labeled indications;

26 (vii) The impact on patient access resulting from the cost of the prescription drug product
27 relative to insurance benefit design;

28 (viii) The current or expected dollar value of drug-specific patient access programs that are
29 supported by the manufacturer;

30 (ix) The relative financial impacts to health, medical, or social services costs as can be
31 quantified and compared to baseline effects of existing therapeutic alternatives;

32 (x) The average patient copay or other cost-sharing for the prescription drug product in the
33 state; and

34 (xi) Any other factors as determined by the board's rules and regulations.

1 (3) If the board is unable to determine whether a prescription drug product will produce or
2 has produced challenges to the affordability of the drug for the state health care system, using the
3 factors listed in subsection (2) of this subsection, the board may consider the following factors:

4 (i) The manufacturer's research and development costs, as indicated on the manufacturer's
5 federal tax filing or information filed with the Federal Securities and Exchange Commission for
6 the most recent tax year in proportion to the manufacturer's sales in the state;

7 (ii) The portion of direct-to-consumer marketing costs eligible for favorable federal tax
8 treatment in the most recent tax year that are specific to the prescription drug product under review
9 and that are multiplied by the ratio of total manufacturer in-state sales to total manufacturer sales
10 in the United States for the product under review;

11 (iii) Gross and net manufacturer, pharmacy benefits manager, and wholesale distributor
12 revenues for the prescription drug product under review for the most recent tax year;

13 (iv) Any additional factors proposed by the manufacturer and appropriate health insurance
14 carriers, health maintenance organizations, managed care organizations, wholesale distributors, and
15 pharmacy benefits managers that the board considers relevant; and

16 (v) Any additional factors as established by the board in its rules and regulations.

17 (c) On or before December 31, 2022, and each December 31 thereafter, the board shall
18 submit to the senate finance committee and the house health and human services committee, a
19 report that includes:

20 (1) Price trends for prescription drug products;

21 (2) The number of prescription drug products that were subject to board review and the
22 results of the review; and

23 (3) Any recommendations the board may have on further legislation needed to make
24 prescription drug products more affordable in the state.

25 **21-38-10. Trade secrets -- Confidential and propriety information.**

26 (a) Only board members and staff may access trade secrets and confidential and proprietary
27 data and information obtained under this chapter that is not otherwise publicly available.

28 (b) The provisions of chapter 41 of title 6, (the "uniform trade secrets act"), shall apply to
29 any trade secrets and confidential and proprietary data and information obtained under this chapter
30 that is not otherwise publicly available.

31 **21-38-11. Enforcement.**

32 The office of the attorney general may pursue any available remedy under state law when
33 enforcing this chapter.

34 **21-38-12. Setting upper payment limits for prescription drug products.**

1 (a) If, under § 21-38-7 the board finds that it is in the best interest of the state to establish
2 a process for setting upper payment limits for prescription drug products that it determines have
3 led or will lead to an affordability challenge, the board, in conjunction with the stakeholder council,
4 shall draft a plan of action for implementing the process that includes the criteria the board shall
5 use to set upper payment limits.

6 (b) The criteria for setting upper payment limits shall include consideration of:

7 (1) The cost of administering the prescription drug product;

8 (2) The cost of delivering the prescription drug product to consumers; and

9 (3) Other relevant administrative costs related to the prescription drug product.

10 (c) The process for setting upper payment limits shall:

11 (1) Prohibit the application of an upper payment limit for a prescription drug product that
12 is on the federal Food and Drug Administration prescription drug shortage list; and

13 (2) Require the board to:

14 (i) Monitor the availability of any prescription drug product for which it sets an upper
15 payment limit; and

16 (ii) If there becomes a shortage of the prescription drug product in the state, reconsider or
17 suspend the upper payment limit.

18 (d)(1) If a plan of action is drafted under subsection (a) of this section, the board shall
19 submit the plan of action to the governor and the attorney general for approval. They shall have
20 forty-five (45) days to approve the plan of action.

21 (2) The board may not set upper payment limits unless the plan is approved, in accordance
22 with this subsection, by the governor and the attorney general.

23 **21-38-13. Appeal of board decision.**

24 (a) A person aggrieved by a decision of the board may request an appeal of the decision
25 within thirty (30) days after the finding of the board.

26 (b) The board shall hear the appeal and make a final decision within sixty (60) days after
27 the appeal is requested.

28 (c) Any person aggrieved by a final decision of the board may petition for judicial review
29 as provided by chapter 35 of title 42 (the "administrative procedures act").

30 **21-38-14. Report -- Contents.**

31 On or before December 1, 2025, the board, in consultation with the stakeholder council,
32 shall report to the senate finance committee and the house health and human services committee
33 on:

34 (1) The legality, obstacles, and benefits of setting upper payment limits on all purchases

1 and payor reimbursements of prescription drug products in the state; and

2 (2) Recommendations regarding whether the general assembly should pass legislation to
3 expand the authority of the board to set upper payment limits to all purchases and payor
4 reimbursements of prescription drug products in the state.

5 **21-38-15. Severability.**

6 If any provision of this chapter or the application thereof to any person or circumstances is
7 held invalid, such invalidity shall not affect other provisions or applications of the chapter, which
8 can be given effect without the invalid provision or application, and to this end the provisions of
9 this chapter are declared to be severable.

10 SECTION 2. This act shall take effect on January 1, 2022.

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LC002037
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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO FOOD AND DRUGS -- PRESCRIPTION DRUG AFFORDABILITY BOARD
- GROUP PURCHASING BOARD FOR RX WE CAN AFFORD

- 1 This act would create a prescription drug affordability board composed of representatives
- 2 of affected stakeholders designated to investigate and comprehensively evaluate drug prices for
- 3 Rhode Islanders and possible ways to reduce them to make them more affordable.
- 4 This act would take effect on January 1, 2022.

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