

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Rules

BILL: CS/HB 363

INTRODUCER: Health & Human Services Committee and Representatives Chaney and Salzman

SUBJECT: Dental Therapy

DATE: February 28, 2026 REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. <u>Smith</u>	<u>Kruse</u>	<u>RC</u>	<u>Pre-meeting</u>

I. Summary:

CS/HB 363 creates a new licensed and regulated profession, dental therapy. Under the bill, dental therapists are mid-level dental care providers who provide services under the supervision of a licensed dentist. The bill establishes a framework for the licensure and regulation of dental therapists, including eligibility, scope of practice, practice requirements, and disciplinary authority.

The bill provides that a dental therapist may only provide dental therapy services under the supervision of a Florida-licensed dentist and pursuant to the terms of a written collaborative management agreement with the supervising dentist. The bill allows dental therapists to provide a broad scope of services under the general supervision of a dentist in all practice settings to the extent authorized under the written collaborative management agreement.

To be eligible for licensure, a person must have graduated from a dental therapy school or college accredited by the American Dental Association Commission on Dental Accreditation (CODA), pass the ADEX exam within three attempts, and pass a written exam on Florida Laws and Rules relating to dental therapy.

The bill requires dental therapists to complete at least 24 hours and up to 36 hours of continuing education biennially in order to maintain licensure, pursuant to Board of Dentistry (Board) rule. The bill creates a new Council on Dental Therapy to make recommendations to the Board.

The bill requires the Department of Health (DOH), in consultation with the Board and the Agency for Health Care Administration (AHCA), to submit a progress report to the President of the Senate and the Speaker of the House of Representatives by July 1, 2029, and a final report four years after the first dental therapy license is issued in order to monitor the development of this new licensed profession and its impact on dental care in Florida.

The bill also expands the conditions under which Florida Medicaid is allowed to provide reimbursement for dental services provided in a mobile dental unit.

The bill will have a negative fiscal impact on the DOH and an indeterminate impact to the Florida Medicaid program. See Section V of this analysis.

The bill provides an effective date of July 1, 2026.

II. Present Situation:

Regulation of Dental Practice in Florida

The Board of Dentistry (“the Board”) regulates dental practice in Florida, including dentists, dental hygienists, and dental assistants, under the Dental Practice Act.¹ A dentist is licensed to examine, diagnose, treat, and care for conditions within the human oral cavity and its adjacent tissues and structures.² A dental hygienist provides education, preventive, and delegated therapeutic dental services.³ A dental assistant is not licensed and provides a narrow scope of services authorized and supervised by a licensed dentist.⁴

Any person wishing to practice dentistry in this state must apply to the DOH and meet specified requirements. Section 466.006, F.S., requires dentistry licensure applicants to sit for a national exam, a state exam, and a practicum exam. To qualify to take the Florida dental licensure examination, an applicant must be 18 years of age or older, be a graduate of a dental school accredited by the American Dental Association Commission on Dental Accreditation (CODA) or be a student in the final year of a program at an accredited institution, and have successfully completed the National Board of Dental Examiners (NBDE) dental examination.

Dentists must maintain professional liability insurance or provide proof of professional responsibility. If the dentist obtains professional liability insurance, the coverage must be at least \$100,000 per claim, with a minimum annual aggregate of at least \$300,000.⁵ Alternatively, a dentist may maintain an unexpired, irrevocable letter of credit in the amount of \$100,000 per claim, with a minimum aggregate availability of credit of at least \$300,000.⁶ The professional liability insurance must provide coverage for the actions of any dental hygienist supervised by the dentist.⁷

Levels of Supervision under the Dental Practice Act

Dental care teams generally include dentists and allied professionals including dental hygienists and dental assistants who are trained to provide specific oral health care services under the supervision of a dentist. There are three levels of supervision performed by a dentist based on the service being provided:

- “Direct supervision” means supervision whereby a dentist diagnoses the condition to be treated, a dentist authorizes the procedure to be performed, a dentist remains on the premises

¹ Section 466.004, F.S.

² Section 466.003(3), F.S.

³ Section 466.003(4)-(5), F.S.

⁴ Section 466.003(6), F.S.

⁵ Rule 64B5-17.011(1), F.A.C.

⁶ Rule 64B5-17.011(2), F.A.C.

⁷ Rule 64B5-17.011(4), F.A.C.

while the procedures are performed, and a dentist approves the work performed before dismissal of the patient.⁸

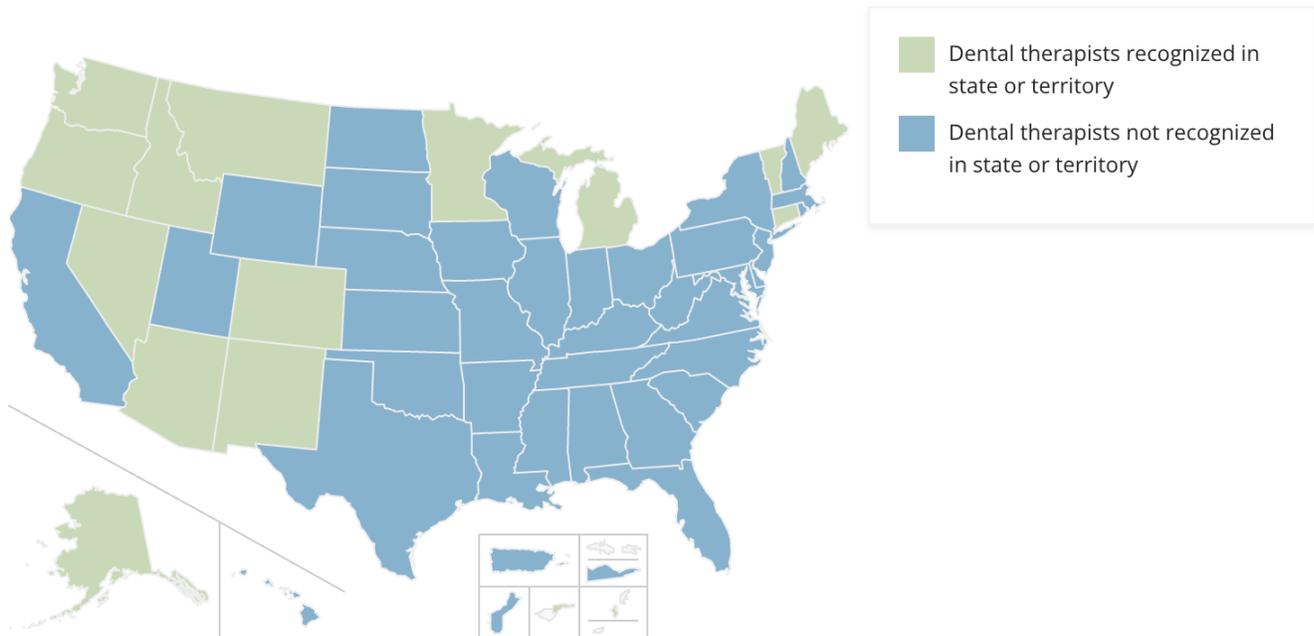
- “Indirect supervision” means supervision whereby a dentist authorizes the procedure and a dentist is on the premises while the procedures are performed.⁹
- “General supervision” means supervision whereby a dentist authorizes the procedures which are being carried out but need not be present when the authorized procedures are being performed. The authorized procedures may also be performed at a place other than the dentist’s usual place of practice. The issuance of a written work authorization to a commercial dental laboratory by a dentist does not constitute general supervision.¹⁰

Dental Therapy

As licensed and regulated in some U.S. states, dental therapists are mid-level dental providers, similar to physician assistants in medicine. Dental therapists may provide preventive and routine restorative care, such as filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.¹¹

Dental Therapy in Other States

Currently, 15 states authorize the practice of dental therapy. (See chart below.) Licensure, scope of practice, supervision, and practice setting requirements for dental therapists vary significantly between those states.¹² Florida does not currently license dental therapists.



⁸ Section 466.003(9), F.S.

⁹ Section 466.003(10), F.S.

¹⁰ Section 466.003(11), F.S.

¹¹ The Pew Charitable Trusts, “What Are Dental Therapists?” (Oct. 9, 2019), available at: <https://www.pew.org/en/research-and-analysis/articles/2019/10/09/what-are-dental-therapists> (last visited Mar. 1, 2026).

¹² *Id.*

*National Conference of State Legislatures: Dental Therapists*¹³

There are currently three fully-operational dental therapy education programs in the U.S. that are accredited by the Commission on Dental Accreditation (CODA), and they are located in Minnesota, Alaska, and Washington state.¹⁴ Schools in Oregon, Michigan, Wisconsin, and Vermont are in the process of developing dental therapy education programs.¹⁵

Professional Regulation and the Florida Sunrise Act

Section 11.62, F.S., “The Sunrise Act,” sets forth legislative policy and minimum requirements for legislative review of bills proposing regulation of an unregulated occupation. In general, the Sunrise Act states that the regulation of an occupation or profession should not occur unless it is:

- Necessary to protect the public health, safety, or welfare from significant and discernible harm or damage;
- Exercised only to the extent necessary to prevent the harm; and
- Limited so as not to unnecessarily restrict entry into the practice of the occupation or profession or adversely affect public access to the professional services.

The Sunrise Act directs the Legislature to consider the following factors when determining whether to regulate a profession:

- Whether the unregulated practice of the profession or occupation will substantially harm or endanger the public health, safety, or welfare;
- Whether the potential for harm is recognizable and not remote;
- Whether the practice of the profession or occupation requires specialized skill or training;
- Whether the skill or training is readily measurable or quantifiable so that an examination, or training requirements, would reasonably assure initial and continuing professional or occupational ability;
- Whether the regulation will place an unreasonable burden on job creation or job retention in the state; or
- Whether unreasonable restrictions on the ability of individuals who seek to practice or who are practicing a given profession or occupation to find employment;
- Whether the public is or can be effectively protected by other means; and
- Whether the overall cost-effectiveness and economic impact of the proposed regulation, including indirect costs to consumers, will be favorable.

The Sunrise Act also requires the proponents of the legislation to provide detailed information regarding the need and potential impact of the regulation. The Sunrise Questionnaire is used for

¹³ National Conference of State Legislatures, “Dental Therapists,” Scope of Practice Policy, available at: <https://www.ncsl.org/scope-of-practice-policy/practitioners/oral-health-professionals/dental-therapy> (last visited Mar. 1, 2026).

¹⁴ Commission on Dental Accreditation (CODA), American Dental Association, “Search for Dental Programs” (filtered to Program Type: Dental Therapy), available at: <https://coda.ada.org/find-a-program/search-dental-programs> (last visited Mar. 1, 2026).

¹⁵ Oral Health Workforce Research Center (OHWRRC), Center for Health Workforce Studies, University at Albany, State University of New York, “Authorization Status of Dental Therapists By State” (last updated Apr. 2024), available at: <https://oralhealthworkforce.org/infographics/authorization-status-of-dental-therapists-by-state/> (last visited Mar. 1, 2026).

that purpose. The Sunrise Act requires the governmental agency that will be responsible for its implementation to also assess the cost of implementation, the technical sufficiency of the proposal, and whether alternatives to regulation exist.

In determining whether to recommend regulation, the legislative committee reviewing the proposal is directed to assess whether the proposed regulation is:

- Justified based on the statutory criteria and the information provided by both the proponents of regulation and the agency responsible for its implementation;
- The least restrictive and most cost-effective regulatory scheme necessary to protect the public; and
- Technically sufficient and consistent with the regulation of other professions under existing law.

Summary of the Florida Sunrise Act Questionnaire Responses

The Sunrise Questionnaire for dental therapy was completed on behalf of several national and Florida-based organizations seeking to advance the practice act for dental therapy. They include: The National Partnership for Dental Therapy, the National Coalition of Dentists for Health Equity, the American Dental Therapy Association, and Floridians for Dental Access.¹⁶

The submitted questionnaire indicates that the licensure and regulation of dental therapists is being sought to address oral health access challenges. Per the questionnaire, ch. 466, F.S., regulating the practice of dentistry in Florida, prohibits anyone, other than dentists, from performing certain procedures that would be within the scope of practice for a dental therapist, thus prohibiting the practice of dental therapy. The bill would authorize a dental therapist to practice dental therapy in Florida without violating the dental practice act. This would allow a mid-level practitioner to provide some dental services that currently may be provided only by a dentist.

The public is already protected from the unlicensed practice of dental procedures by the existing dental practice act. Even so, the bill's proponents purport that by licensing dental therapists, the bill will exclude unqualified practitioners from providing services, in addition to giving official recognition to the field's scope of practice, extending professional opportunities for dental care professionals, and expanding access to dental care.¹⁷

Health Access Licenses

A health access license allows dentists licensed out-of-state, who meet certain criteria, to practice in a health access setting without the supervision of a Florida licensed dentist.¹⁸ A health access setting is a program or institution of the Department of Children and Families, the DOH, the Department of Juvenile Justice, a nonprofit health center, a Head Start center, a federally-

¹⁶ *Sunrise Questionnaire* (Jan. 22, 2024) (on file with Senate Committee on Health Policy).

¹⁷ *Id.*

¹⁸ Section 466.0067, F.S.

qualified health center (FQHC) or FQHC look-alike, a school-based prevention program, or a clinic operated by an accredited dental school or accredited dental hygiene program.¹⁹

A holder of a health access dental license must apply for renewal of the license each biennium and provide a signed statement that she or he has complied with all continuing education requirements of an active dentist. The health access dental license will be renewed if the applicant:

- Submits documentation from the employer in the health access setting that the licensee has at all times pertinent remained an employee;
- Has not been convicted or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
- Has paid the appropriate renewal fee;
- Has not failed the Florida examination requirements since initially receiving the health access dental license or since the last renewal; and
- Has not been reported to the National Practitioner Data Bank, unless the applicant successfully appealed to have his or her name removed from the data bank.

A health access dental license will be revoked upon the termination of the licensee's employment from a qualifying health access setting, final agency action determining that a licensee has violated disciplinary grounds as provided in s. 466.028, F.S., or failure of the Florida dental licensure examination.

It is considered the unlicensed practice of dentistry if the holder of a health access dental license fails to limit his or her practice to a health access setting.²⁰

III. Effect of Proposed Changes:

Section 1 amends s. 409.906, F.S.; to expand the circumstances under which Florida Medicaid may reimburse for dental services provided in a mobile dental unit by allowing reimbursement when the mobile unit is owned by, operated by, or has a contractual relationship with a health access setting (or a similar program serving underserved populations).

Section 2 amends s. 466.001, F.S.; to expand the legislative purpose and intent of ch. 466, F.S., to expressly include dental therapists alongside dentists and dental hygienists, and to clarify that provisions relating to the practice of dentistry, dental therapy, and dental hygiene must be liberally construed to carry out the chapter's purpose and intent.

Section 3 amends s. 466.002, F.S.; to exempt students and certain instructors in Florida schools of dental therapy, alongside schools of dentistry and dental hygiene or dental assistant educational programs, from chapter 466 while performing their assigned work or duties.

Section 4 amends s. 466.003, F.S.; to incorporate "dental therapists" and "dental therapy" within the definitions for ch. 466, F.S. The bill specifies that "dental therapy" means the rendering of

¹⁹ Section 466.003(14), F.S. Such institutions or programs must report violations of the Dental Practice Act or standards of care to the Board of Dentistry.

²⁰ Section 466.00672(2), F.S.

services pursuant to s. 466.0227, F.S., as created in Section 14 of the bill, and any related extraoral services or procedures required in the performance of such services.

Section 5 amends s. 466.004, F.S., to revise provisions relating to the Board of Dentistry and to create an advisory structure for dental therapy by establishing a Council on Dental Therapy to advise the Board on matters relating to dental therapy regulation. The bill requires the Chair of the Board to appoint members 28 months after the first dental therapy license is granted and provides membership composition and meeting requirements. The bill requires the Board to consider rule and policy recommendations of the Council at the Board's next regularly scheduled meeting.

Section 6 amends s. 466.006, F.S., to conform provisions to changes made by the bill, including full-time practice as a faculty member employed by a dental therapy school.

Section 7 amends s. 466.009, F.S., to establish reexamination provisions for dental therapy applicants. For an applicant who fails only one part or procedure of the examination, he or she may be required to retake only that part or procedure to pass the examination. For an applicant who fails more than one part or procedure, he or she must retake the entire examination.

Section 8 amends s. 466.011, F.S., to require the Board to certify applicants who meet qualifications for licensure as dental therapists.

Section 9 creates s. 466.0136, F.S., to require licensed dental therapists to complete biennial continuing education (at least 24 hours and up to 36 hours, as established by Board rule), to allow two hours of dual-credit continuing education for individuals also licensed as dental hygienists, and to authorize the Board to excuse compliance due to unusual circumstance, emergency, or hardship.

Section 10 amends s. 466.016, F.S., to require a practitioner of dental therapy to post and display his or her license in each office where he or she practices.

Section 11 amends s. 466.017, F.S., to require the Board to revise existing rules to account for dental therapists and to address anesthesia administration and supervision issues. The bill authorizes a dental therapist to become certified to administer local anesthesia under general supervision if he or she completes the same training required for a dental hygienist to administer local anesthesia under direct supervision²¹ and presents evidence of current certification in basic or advanced cardiac life support.

This section also authorizes a dental therapist who is authorized by his or her supervising dentist to operate an X-ray machine, expose dental X-ray films, and interpret or read such films. The bill requires dental therapists to report adverse incidents to the Board within 48 hours after any adverse incident related to or resulting from the administration of local anesthesia. A complete written report must be filed with the Board within 30 days of death or other incident.

²¹ Section 466.017(5), F.S.

Section 12 amends s. 466.018, F.S., to provide that a dentist of record remains primarily responsible for the dental treatment of a patient, regardless of whether the treatment is provided by a dental therapist, and to require that the name or initials of a dental therapist who renders treatment be placed in the patient record.

Section 13 creates s. 466.0225, F.S., to establish dental therapist licensure eligibility and requirements. To be eligible for licensure as a dental therapist, a person must apply to the DOH and meet the following requirements:

- Be at least 18 years of age;
- Have graduated from a dental therapy school or college accredited by CODA or by any other dental therapy accrediting entity that may eventually be recognized by the U.S. Department of Education;
- Successfully complete a dental therapy practical or clinical exam produced by the American Board of Dental Examiners (ADEX) within three attempts;
- Not have been disciplined by the Board with the exception of minor violations or citations;
- Not have been convicted, or pled nolo contendere to, a misdemeanor or felony related to the practice of dental therapy; and
- Pass a written exam on Florida laws and rules regulating the practice of dental therapy.

Section 14 creates s. 466.0227, F.S., to establish the scope of practice and supervision requirements for dental therapists by:

- Requiring a written collaborative management agreement with a supervising Florida-licensed dentist;
- Authorizing performance of specified dental therapy services under general supervision, as permitted by the agreement;
- Requiring the agreement to address items such as practice settings and populations served, scope limitations, supervision criteria, emergency planning, recordkeeping, quality assurance, referral/clinical resources beyond the therapist's capabilities, and protocols for limited circumstances where services may be provided before the dentist examines the patient; and
- Authorizing the Board to expand the dental therapist scope of practice by rule beyond the scope provided by the bill.

The bill specifies that supervision may be conducted via telehealth. The collaborative management agreement must include a plan to manage medical emergencies in each practice setting where the dental therapist provides care.

Under the bill, the scope of practice authorizes a dental therapist to perform the following services:

- Oral exams and treatment planning – Check the mouth for signs of dental disease and create a personalized care plan.
- Identifying and referring health issues – Recognize oral or general health problems that need a dentist, physician, or other provider, and arrange referrals.
- Detailed charting – Record a complete map of the teeth and mouth.
- Patient education – Teach patients about oral health, disease prevention, nutrition, and diet.
- X-rays – Take and interpret dental radiographs.

- Dental prophylaxis – Professional cleaning, including scaling below the gumline and polishing.
- Medication administration – Give non-narcotic pain relievers, anti-inflammatory drugs, and antibiotics by mouth or topically, as prescribed by a licensed health care provider.
- Preventive treatments – Apply fluoride varnish, sealants, antimicrobial agents, or other cavity-preventing materials.
- Pulp testing – Check the health of tooth pulp with vitality tests.
- Desensitizing treatments – Apply medications or resins to reduce tooth sensitivity.
- Mouth guards – Make sports guards and soft bite guards.
- Periodontal dressings – Place or replace dressings used after gum treatments.
- Local anesthesia and nitrous oxide – Administer numbing injections and laughing gas.
- Primary tooth extraction – Remove baby teeth that have fully erupted.
- Certain permanent tooth extractions – Remove very loose, diseased permanent teeth when allowed by agreement, but not impacted, unerupted, fractured, or sectioned teeth.
- Emergency palliative treatment for dental pain – Provide procedures within this scope of practice for urgent pain relief.
- Tooth fillings – Prepare and place direct restorations (fillings) in both baby and adult teeth.
- Temporary crowns – Make and place single-tooth temporary crowns.
- Crowns on baby teeth – Prepare and place pre-made crowns on primary teeth.
- Direct and indirect pulp capping (permanent teeth) – Place materials over exposed pulp (“direct”) or nearly exposed (“indirect”) pulp to protect it.
- Pulp capping (baby teeth) – Place protective material near pulp in primary teeth.
- Stitches – Place and remove sutures inside the mouth.
- Denture adjustments – Make minor repairs or adjustments to removable dentures.
- Space maintainers – Place and remove devices that hold space for future teeth.
- Pulpotomy (baby teeth) – Partially remove infected pulp tissue in primary teeth and seal the chamber.
- Tooth reimplantation – Reinsert and stabilize a tooth that has been knocked out.
- Recementing crowns – Reattach a loose permanent crown.
- Additional services, treatments, or procedures as the Board deems appropriate by rule.

Section 15 amends s. 466.026, F.S., to provide criminal penalties relating to dental therapy, including making the unlicensed practice of dental therapy a felony offense and prohibiting fraudulent use of the “dental therapist” title or the initials “D.T.”

Section 16 amends s. 466.028, F.S., to revise grounds for denial of a license or disciplinary action by the Board to include the practice of dental therapy.

Section 17 amends s. 466.0285, F.S., to prohibit persons other than licensed dentists from employing a dental therapist in the operation of a dental office and from controlling the use of dental equipment or materials in specified circumstances, and to require that certain lease or rental arrangements include a provision ensuring the dentist maintains complete care, custody, and control of the equipment or practice.

Section 18 amends s. 921.0022, F.S., to conform the Criminal Punishment Code offense severity ranking chart to reflect the bill’s new or revised criminal penalties.

Section 19 requires the DOH, in consultation with the Board and the AHCA, to submit a progress report by July 1, 2029, and a final report four years after the first dental therapy license is issued, to monitor implementation and impacts on dental care in Florida.

Section 20 of the bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None identified.

B. Public Records/Open Meetings Issues:

None identified.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

Current law requires that all costs for regulating a health care profession and practitioners be borne by licensees and licensure applicants.²² A separate fee bill, which must pass by a supermajority vote, is required to establish or raise a licensure fee.²³ As of this writing, a fee bill has not been filed for the costs associated with regulating the practice of dental therapy. Therefore, if this bill were to become law, fees paid by other types of health care practitioners would fund the costs of licensing and regulating dental therapists.

E. Other Constitutional Issues:

Section 6 of Article III of the State Constitution requires every law to “embrace but one subject and matter properly connected therewith, and the subject shall be briefly expressed in the title.” The subject as expressed in the title circumscribes the one subject to which the act must relate. CS/HB 363 is titled “An act relating to dental therapy.” However, Section 1 of the bill amends s. 409.906, F.S., to expand conditions under which Florida Medicaid is allowed to provide reimbursement for dental services provided in a mobile dental unit. Such services are not restricted solely to dental therapists; therefore, this section of the bill affects the Medicaid program’s overall dental benefit, outside of services specific to dental therapy. It is unclear whether a court would find that this section of the bill is “properly connected therewith” an Act relating to dental therapy.

²² Section 456.025, F.S.

²³ Fla. Const. Art. VII, Sec. 19.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The DOH will incur a negative fiscal impact related to the licensure and regulation of a new profession.²⁴ The DOH anticipates the need for one additional full-time employee (FTE) in order to accommodate the increase in workload.

The DOH estimates that the cost of licensing and regulating dental therapists to be approximately \$240,634 (\$123,105 recurring/\$117,240 non-recurring) in the following categories:

- Expense category: \$26,062 (recurring)/\$5,937 (non-recurring)
- Contracted Services category: \$18,340 (recurring)/\$111,240 (non-recurring)
- Other Personal Services (OPS) category: \$1,000 (recurring)
- Salaries and Benefits: \$77,703 (recurring)
- Human Resources: \$352 (non-recurring)

The DOH estimates that the costs associated with regulating dental therapists can be absorbed within current resources based on an estimate in which only 702 persons become licensed as dental therapists.²⁵

According to the DOH, as of the end of State Fiscal Year 2024-2025, the Board had a total negative cash balance of (\$3,340,779). Current law requires all practitioner regulatory boards ensure that licensure fees are adequate to cover all anticipated costs to maintain a reasonable cash balance and establishes measures to be taken by the DOH if a board is operating with a negative cash balance. Specifically, current law authorizes the DOH to set licensure fees on behalf of a board if the board has failed to act sufficiently to remedy the negative cash balance. The DOH may advance funds to a board in such circumstances for up to two years. The board in question must pay interest on any such funds.

The bill will have an indeterminate negative fiscal impact to the Florida Medicaid program. The bill expands the ownership criteria for mobile dental units that can receive reimbursement under the program. This increase in access to care will increase utilization and costs within Medicaid's dental component. The exact fiscal impact cannot be determined at this time because the number of mobile units that will meet the new criteria

²⁴ Department of Health, *Legislative Bill Analysis: House Bill 363* (Nov. 12, 2025) (on file with Senate Committee on Health Policy).

²⁵ *Id.*

and the number of Medicaid recipients they serve is unknown. When sufficient experience data has been collected, any increases in costs would be built into future prepaid dental managed care capitation rates and addressed at a future Social Service Estimate Conference.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 409.906, 466.001, 466.002, 466.003, 466.004, 466.006, 466.009, 466.011, 466.016, 466.017, 466.018, 466.026, 466.028, 466.0285, and 921.0022.

This bill creates the following sections of the Florida Statutes: 466.0136, 466.0225, and 466.0227.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.