

Behavioral Health consultation and referral service

Annual report

Engrossed Second Substitute Senate Bill 5432; Section 1009(4)(5); Chapter 325;
Laws of 2019

December 30, 2020



Behavioral Health consultation and referral service



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Executive summary

This report satisfies the legislative reporting requirement in Engrossed Second Substitute Senate Bill (E2SSB) 5432 (2019), section 1009 (codified in RCW 71.24.061, sections 3 through 6).

Limited access to specialized behavioral health services for children and their families, along with the success of the Partnership Access Line (PAL), prompted the Washington State Legislature to fund two pilot programs to look at ways to use the PAL model as a means for addressing other behavioral health needs. These programs include:

- The University of Washington's PAL for Moms, which aims to assist providers in the diagnosis and treatment of maternal behavioral health disorders.
- Washington's Mental Health Referral Service for Children and Teens, which aims to support families seeking mental health services for their children.

The two-year pilots provide information on the community need for similar types of services and what value they add to improving behavioral health outcomes for children in Washington.

This report outlines the results of these pilot programs from January 1, 2019, through June 30, 2020, highlighting three key components.

- Two components focus on consultation services between primary care providers and practitioners with behavioral health expertise.
- The third component is the mental health referral line for parents seeking behavioral health services for a child or teen.

Common data points between the three components include the number of calls received, who is initiating the calls, and the time it takes to respond to each call.

- There is a pattern of gradual growth in the number of calls to the consultation lines, as well as use of the practice guidelines available on the PAL/Seattle Children's Hospital website.
- The percentage of children with Apple Health (Medicaid) to non-Apple Health discussed remains about equal and consistent over time.
- The age groups related to the largest number of consultation calls are the 13 year and over age group followed by 6-12 year age group.
- Each month, new health care providers access the PAL consultation lines, and they call again as the need arises.

There are patterns or key themes, as well as common barriers to care.

From the Legislature's general fund appropriations for July 2019 through June 2020, HCA's budgets for the three programs totaled \$1,941,443. As part of its efforts to implement Substitute House Bill 2728 (2020), HCA will begin sharing the costs of these programs in July 2021 with health carriers and other entities that cover individuals the programs serve.

Behavioral Health consultation and referral service
December 30, 2020



Background

In 2008 the Partnership Access Line (PAL) service began through Seattle Children's Hospital to provide elective consultations to community physicians treating children with complex mental health and behavioral symptoms. The goals of PAL include providing support to primary care physicians to reduce wait times, and increase access to evidence based mental health care for children given the shortage of child psychiatrists. The consultation line (along with the practice guidelines developed) continues to increase the numbers of children able to access timely, evidence-based mental health treatment in regionally appropriate primary care settings.

Limited access to specialized behavioral health services available to children and their families, along with the success of PAL, prompted the Washington Legislature to look at ways to use the PAL model as a means for addressing other behavioral health needs. This resulted in the creation of the two pilot programs outlined in this report – the University of Washington PAL for Moms, and Washington's Mental Health Referral Service for Children and Teens.

Legislative reporting requirements

Engrossed Second Substitute Senate Bill (E2SSB) 5432 (2019), section 1009 (codified in RCW 71.24.061, sections 3 through 6), states:

- (3) To the extent that funds are specifically appropriated for this purpose, the health care authority in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle Children's hospital shall:
 - (a) Implement a program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of children with mental and behavioral health disorders and track outcomes of this program;
 - (b) Beginning January 1, 2019, implement a two-year pilot program called the partnership access line for moms and kids to:
 - (i) Support obstetricians, pediatricians, primary care providers, mental health professionals, and other health care professionals providing care to pregnant women and new mothers through same-day telephone consultations in the assessment and provision of appropriate diagnosis and treatment of depression in pregnant women and new mothers; and
 - (ii) Facilitate referrals to children's mental health services and other resources for parents and guardians with concerns related to the mental health of the parent or guardian's child. Facilitation activities include assessing the level of services needed by the child; within seven days of receiving a call from a parent or guardian, identifying mental health professionals who are in-network with the child's health care coverage who are accepting new



patients and taking appointments; coordinating contact between the parent or guardian and the mental health professional; and providing post referral reviews to determine if the child has outstanding needs. In conducting its referral activities, the program shall collaborate with existing databases and resources to identify in-network mental health professionals.

- (c) The program activities described in (a) and (b)(i) of this subsection shall be designed to promote more accurate diagnoses and treatment through timely case consultation between primary care providers and child psychiatric specialists, and focused educational learning collaboratives with primary care providers.
- (4) The health care authority, in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle Children's hospital, shall report on the following:
- (a) The number of individuals who have accessed the resources described in subsection (3) of this section;
 - (b) The number of providers, by type, who have accessed the resources described in subsection (3) of this section;
 - (c) Demographic information, as available, for the individuals described in (a) of this subsection. Demographic information may not include any personally identifiable information and must be limited to the individual's age, gender, and city and county of residence;
 - (d) A description of resources provided;
 - (e) Average time frames from receipt of call to referral for services or resources provided; and
 - (f) Systemic barriers to services, as determined and defined by the health care authority, the University of Washington department of psychiatry and behavioral sciences, and Seattle Children's hospital.
- (5) Beginning December 30, 2019, and annually thereafter, the health care authority must submit, in compliance with RCW 43.01.036, a report to the governor and appropriate committees of the legislature with findings and recommendations for improving services and service delivery from subsection (4) of this section.
- (6) The health care authority shall enforce requirements in managed care contracts to ensure care coordination and network adequacy issues are addressed in order to remove barriers to access to mental health services identified in the report described in subsection (4) of this section.



Partnership Access Line

Program description

Since 2008, Seattle Children’s Partnership Access Line (PAL) supports primary care providers (doctors, nurse practitioners, and physician assistants) with questions about pediatric mental health care such as diagnostic clarification, medication adjustment or treatment planning. Child and adolescent psychiatrists are available to consult during business hours.

Seattle Children’s PAL Consultant team (the PAL team) publishes the *Primary Care Principles for Child Mental Health* guide yearly. This guide breaks down current evidence about mental health treatments for children into simplified points for primary care physicians. Free print and web-based¹ copies are available.

In addition to publishing the *Primary Care Principles for Child Mental Health*, representatives from Seattle Children’s Hospital and the University of Washington conduct mental health conferences at various locations across the state. Community providers can earn continuing medical education (CME) credits by attending any of the mental health conferences free of charge. Since the COVID-19 pandemic started, trainings have moved to live webinars and are available statewide.

HCA’s budget for the PAL program from July 2019 through June 2020 was \$768,900.

Service data

Table 1.1 describes the types of providers using the access line and indicates new providers who accessed PAL for the first time from July 1, 2019, through June 30, 2020. Utilization of the PAL line continues to increase. Annual efforts to solicit feedback from the primary care providers indicate an appreciation for the resource and a tendency to use the access line for consultation and support in treating more complex children and supporting their families, and with medication management.

Table 1.1 Providers by type that called the Partnership Access Line, July 2019–June 2020

Provider type	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
Doctors	71	83	88	111	98	97	115
Nurse practitioners	15	16	19	29	26	28	25
Physicians’ assistants	5	3	4	7	5	3	4
RNs (and masters level)	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total unique provider calls/month	91	102	111	147	129	128	144
# of first-time PAL callers	18	11	14	23	17	14	23

¹ Seattle Children’s Primary Care Principles for Child Mental Health, from www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/wa/wa-pal-care-guide.pdf, accessed on September 18, 2020.



Table 1.1 Providers by type that called the Partnership Access Line, July 2019–June 2020

(Continued)	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	TOTAL
Doctors	110	101	96	90	91	Unduplicated provider counts by type not reported across months
Nurse practitioners	31	23	15	23	12	
Physicians' assistants	7	4	6	1	7	
RNs (and masters level)	0	0	0	0	0	
Other	0	1	0	0	0	
Total unique provider calls/month	148	129	117	114	110	
# of first-time PAL callers	23	18	14	10	7	192

Source: Seattle Children's, July 2020.

Table 1.2 breaks down the phone calls based on client information, including insurance coverage and age. It is an almost equal split between Apple Health coverage and private insurance. Children are broken down into three groups based on age for reporting purposes. The thirteen-year-old and older group has the highest number of consultations. The line is used primarily by primary care physicians and advanced nurse practitioners.

The PAL team understands the importance of providing consistent information regardless of who is working any given day. To ensure consistency between PAL team consultants, a reliability assessment regularly occurs among the PAL team. The most recent was for the review period of April 1, 2020, through June 30, 2020. For each employed PAL Psychiatrist/Consultant, a blind review of call logs from phone consults was conducted by other team members.

Fifty call logs were reviewed in six areas. For each measure the answer choices were: 1) yes consistent with care guidelines, 2) no not consistent with care guidelines, and 3) not applicable for the specific measure. The results showed all "yes" or "not applicable" responses for all six measures.

Table 1.2 Partnership Access Line client profile, July 2019–June 2020

Services	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
Calls from providers							
# Calls about Apple Health clients	54	63	66	94	78	83	93
# Calls about non-Apple Health clients or non-patient specific	55	63	70	95	86	89	106
Total calls	109	126	136	189	164	172	199
Calls by client age							
Age 0 -5	*	*	*	*	13	*	15
Age 6 - 12	36	53	39	89	80	69	80
Age 13+	65	64	90	89	71	93	104
Total calls	*	*	*	*	164	*	199
Consultations							
# Telemedicine consultations				*			
# Face-to-face consultations				*			
Total consults:				*			



Table 1.2 Partnership Access Line client profile, July 2019–June 2020

(Continued)	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	TOTAL
Calls from providers						
# Calls about Apple Health clients	94	88	84	70	63	930
# Calls about non-Apple Health clients or non-patient specific	109	79	79	79	71	981
Total calls	203	167	163	149	134	1,911
Calls By client age						
Age 0 -5	14	14	*	17	14	142
Age 6 - 12	108	66	78	73	51	822
Age 13+	81	87	75	59	69	947
Total calls	203	167	*	149	134	1,911
Consultations						
# Telemedicine consultations				*	*	
# Face-to-face consultations				*	12	
Total consultations:				*	*	

Source: Seattle Children’s, July 2020. Asterisk (*) means suppressed client counts that are: (1) less than 11; or (2) that could enable the derivation of other client counts that are less than 11.

Of the 1,911 calls this reporting period, 1,804 (94.4 percent) were answered live by the PAL support team. The average length of a call was 15 minutes, and 100 percent of requests for face-to-face appointments with the consultant and child were completed as requested, with one exception during March as a result of COVID-19 closures.

Partnership Access Line for Moms pilot program

Program description

The UW Partnership Access Line for Moms (PAL for Moms, or the Perinatal Psychiatry Consultation Line for Providers) is a free telephone consultation service for health care providers caring for patients with behavioral health problems who are pregnant, postpartum, or planning pregnancy. Any health care provider in Washington State can receive consultation, recommendations, and referrals to community resources from a UW psychiatrist with expertise in perinatal behavioral health.

Psychiatrists provide consultation on any behavioral health-related question for patients who are pregnant, in the first year postpartum, who are planning pregnancy, or who have pregnancy-related complications (e.g. pregnancy loss, infertility). Topics may include:

- Depression, anxiety, or other psychiatric disorders;
- Adjustment to pregnancy loss, complications, or difficult life events;
- Risks of psychiatric medications; non-medication treatments; and
- Consulting about women on psychotropic medications who are wanting to, or thinking about, getting pregnant.



Prior to the initiation of the pilot, as mandated in the legislation, the program operated two hours per day Monday through Friday and was called the Perinatal Psychiatry Consultation Line. This service was funded by a time-limited startup grant from an anonymous donor. With the initiation of the current pilot, the name of the program changed to PAL for Moms, and services expanded to four hours per day then transitioned to fulltime during business hours as of July 1, 2019. Topics discussed include medication management and therapy needs during pregnancy, pre-pregnancy, and post-partum treatment.

HCA’s budget for the PAL for Moms program from July 2019 through June 2020 was \$392,703.

Service data

There are 80,000 births annually in Washington State, and at least 13,000 (16.3 percent) of these women have a behavioral health problem. Only 20 percent of the women needing care receive some type of care. Seventeen of the 39 Washington counties have no practicing psychiatrists and few behavioral health providers in general who are trained and willing to treat pregnant and parenting women.² To date, PAL for Moms has provided consultation regarding patients in 20 counties.

Table 2.1 describes the types of providers accessing the PAL for Moms program and indicates new providers who were using the service for the first time from July 2019 through June 2020. The hours of operation during this period were 8 hours per day, Monday through Friday. The percentage of live calls answered ranges monthly from 62 percent in April 2020 to 86 percent in August 2019. The time it took to return calls that were not answered live ranged from 1 minute to 2 hours 49 minutes. In some cases, callers requested a consultation for a future time or date. The average call duration ranged from 9 to 14 minutes. Immediate and annual efforts to solicit feedback from callers indicate appreciation for the resource. Most calls involve complex clinical situations and medication questions.

Table 2.1 Phone Calls to the Partnership Access Line for Moms by provider type, July 2019–June 2020

Provider type	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
Doctors	10	10	13	9	4	13	10
Nurse practitioners	7	10	4	12	9	14	10
Physician assistants	2	0	0	2	0	0	0
RNs	1	0	0	1	1	0	1
Midwives	3	3	4	1	0	3	1
Social workers	0	0	0	0	0	0	0
Other	1	1	0	4	2	3	0
Unknown or not applicable	0	1	2	1	2	0	3
Total calls	24	25	23	30	18	33	25
Total unique provider calls/month	24	23	18	26	15	29	21
First time callers	12	9	11	20	7	21	10

² “PAL for Moms Inter-rater Reliability Report, April–June 2020”, page 4, from UW Medicine Department of Psychiatry and Behavioral Sciences, submitted to the HCA in June 2020.



Table 2.1 Phone Calls to the Partnership Access Line for Moms by provider type, July 2019–June 2020

(Continued)	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	TOTAL
Doctors	22	8	11	17	12	139
Nurse practitioners	10	11	20	15	9	131
Physician assistants	0	0	0	0	1	5
RNs	0	2	0	0	0	6
Midwives	1	7	3	4	1	31
Social workers	0	2	0	1	1	4
Other	1	1	2	1	0	16
Unknown or not applicable	2	5	2	5	8	31
Total calls	36	36	38	43	32	363
Total unique provider calls/month	31	28	32	37	29	Unduplicated provider counts by type not reported across months
First time callers	17	15	14	18	11	165

Source: University of Washington, July 2020.

The time it took to return calls that were not answered live ranged from 1 minute to 2 hours 49 minutes. In some cases, callers requested a consultation for a future time or date. The average call duration ranged from 9 to 14 minutes. Immediate and annual efforts to solicit feedback from callers indicate appreciation for the resource. Most calls involve complex clinical situations and medication questions.

Table 2.2 breaks down the phone calls based on client insurance coverage. No clear trends emerged regarding utilization based on insurance. Information about the reason for the consultation is also recorded. The “other” category includes situations where the provider did not know the patient’s insurance, the provider refused to share the patient’s insurance information, or the provider’s question was not about a specific patient.

Table 2.2 Client PAL for Moms client profile by insurance

July 2019 – June 2020	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
Apple Health coverage	11	*	*	*	*	11	*
Non-Apple Health coverage	12	13	*	11	*	14	12
Unknown or not applicable	*	*	*	*	*	*	*
Total monthly calls	*	25	23	30	18	*	25

(Continued)	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	TOTAL
Apple Health coverage	*	*	17	21	12	130
Non-Apple Health coverage	21	19	16	16	*	157
Unknown or not applicable	*	*	*	*	14	76
Total monthly calls	36	36	*	*	*	363

Source: University of Washington, July 2019. Asterisk (*) means suppressed client counts that are: (1) less than 11; or (2) that could enable the derivation of other client counts that are less than 11.



To ensure consistency between PAL for Moms team consultants, there is a monthly case review and discussion meeting and a quarterly reliability assessment. The most recent quarterly reliability assessment was for the review period of April 1, 2020, through June 30, 2020. For each PAL for Mom psychiatrist, a blind peer review of the written consultation notes sent to callers was conducted. Forty cases from eight different providers were reviewed in six areas. For each area, the answer choices were: 1) yes, consistent with care guidelines; 2) no, not consistent with care guidelines, and 3) not applicable for the specific measure. The results showed “yes” or “not applicable” responses for 238 of the 240 peer ratings. In conclusion, consulting psychiatrists agreed that the consultation recommendations were consistent with care guidelines.

Systemic barriers to services

PAL for Moms is the first contract with the Health Care Authority (HCA) to attempt to collect data on system barriers to care. No specific questions have been designed, and it is important to note the barriers are defined by the health care provider calling for consultation. This information is requested routinely as part of every call. The onset of the COVID pandemic increased barriers for many women, some of whom had behavioral health appointments scheduled only to have them cancelled as a result of providers limiting their appointments. Social support also became more limited for many women.

The top five identified barriers to perinatal behavioral health service include:

1. Financial barriers
2. Transportation
3. Access to behavioral health providers
4. Housing access
5. Childcare access

Mental Health Referral Service for Children and Teens

Program description

Washington’s Mental Health Referral Service for Children and Teens connects patients and families with evidence-supported outpatient mental health services in their community. This telephone-based referral service is currently funded by HCA, operated by Seattle Children’s Hospital, and is free to families.

The referral service provides mental health referrals for children and teens 17 and younger from across Washington. Families access the service by calling (833) 303-5437, Monday through Friday, from 8 a.m. to 5 p.m., Pacific Time, to connect with a referral specialist. The referral specialist asks for information about the child’s mental health needs, location, and health insurance plan. If the



referral specialist determines the family’s needs can be met with education on mental health treatments and navigation within an identified insurance panel, the information is given during the initial call and this is considered a “rapid service”. Most families receive detailed referral letters which include specific information regarding providers who are currently accepting new patients paneled with their insurance and available at the family’s preferred times for care in their communities.

After the initial call, a referral specialist will call and email the family with information on at least two providers or agencies that meet their needs and have openings. A few weeks after providing the referrals, a referral specialist will contact the family to see if they were able to make an appointment, and ask if additional resources are needed. If no appointment has been made, staff will try to address any barriers or link the family to another provider.

HCA’s budget for the referral service program from July 2019 through June 2020 was \$779-840.

Service data

The mental health referral service officially started in April 2019, although a few calls were received prior to April and addressed by the team at Seattle Children’s.

There have been 1,864 calls from July 2019 through June 2020 to the referral service line, with 71 percent being about non-Apple Health covered children, and the majority of calls have been for children 6 years through 12 years with teens 13 and over a close second. See Table 3.1.

Table 3.1 PAL mental health referral service client profile

July 2019 – June 2020	Totals
Client insurance type	
# Calls about Apple Health clients	531
# Calls about non-Apple Health clients	1,333
Total Calls	1,864
Referrals by client age	
Age 0 – 5 yrs.	135
Age 6 – 12 yrs.	891
Age 13 +	838
Average number of days from call to referral	
Apple Health clients	11
Non-Apple Health	15

Source: Seattle Children’s, August 2020.

Typically family members and adolescents are calling the referral service line when seeking behavioral services, including evaluation and treatment. Based on information gathered during the call, services and preferred modality (method) of treatment were categorized as described in Table 3.2. Individual counseling was the most common service request, followed by psychotropic medication management. It is clear from Table 3.2 that callers were frequently seeking referral for several services during the call. Cognitive therapy, behavioral therapy, and parent management training were the three most common modalities of treatment offered to children and their families.



Table 3.2 PAL mental health referral service resources and treatment modalities

July 2019 – June 2020	Total
Resources sought / service type	
Diagnostic evaluation	171
Family therapy	68
Group therapy	17
Individual therapy	1,571
Neuropsychological evaluation	30
Parent training	202
Psychiatrist evaluation	230
Psychologist evaluation	89
Psychotropic medication management	277
Substance abuse evaluation	Suppressed
Unsure	Suppressed
Other	Suppressed
Therapies/treatment modalities	
Addiction treatment	Suppressed
Applied behavioral analysis	25
Behavioral therapy	372
Cognitive behavioral therapy	1,094
Dialectical behavioral therapy	152
Eating disorder treatment	21
Exposure and response prevention therapy	46
Habit reversal/cognitive behavioral therapy	17
Infant/parent dyad therapy	Suppressed
Insight oriented therapy	Suppressed
Neurofeedback	Suppressed
Parent management training	261
Telemental health	18
Trauma – focused CBT	119

Source: Seattle Children’s, August 2020. Suppressed client counts that are less than 11.

Systemic barriers to services

Several weeks after providing the referrals to a family, the resource specialists follow up with the family to see if they were able to get an appointment and determine if they continued to have unmet needs. During this contact, the specialists explore the types of obstacles the family encountered in initiating or continuing with services.

Table 3.3 mental health referral service barriers to services

Barrier description	Total
Availability of provider	21
Provider not a good fit	12
Transportation issues	Suppressed
Insurance issues	13
Schedule/time/other family priorities	185
Changed mind about seeking services	25
Other	139

Source: Seattle Children’s, August 2020.



The responses were grouped into seven categories. The report does not reflect follow-up calls for families who initiated requests in late May and June of 2019. The most common reason given for not initiating services or completing follow-up was scheduling, time, and other family priorities. Table 3.3 shows the self-reported barriers faced by the family seeking the referrals. During 2020, about 26 percent of the callers identified COVID-19 as a barrier to obtaining services while also being seen as a reason more services became available through telemedicine.

Conclusion

PAL has been in existence since 2008. There is a pattern of gradual growth in the number of calls to the services, as well as use of the practice guidelines available on the PAL/Seattle Children's Hospital website.³ The percentage of Apple Health patients to non-Apple Health patients in the core PAL service remains about equal and consistent over time. The age group with the largest number of consultation calls are the 13 year and older.

The pilot programs of the UW Partnership Access Line for Moms (PAL for Moms) and the Mental Health Referral Service for Children and Teens line through Seattle Children's began in the first half of 2019. The referral service showed a steady growth in utilization, receiving 224 calls during June 2020. The mental health referral program's turnaround time is improving as more providers are added to their database, although non-Apple Health referrals continue to take much more time. COVID-19 has impacted all three programs. All three programs continue with quality assurance and follow up activities reaching out to their customer bases and making sure there is consistency among consultants. Satisfaction of families and providers using these services remains very high. Ongoing outreach, community training and word of mouth are the primary ways the programs are growing. The addition of data collection related to specific counties is expected to assist the programs target their efforts more effectively to reach the rural areas with less resources.

From the Legislature's general fund appropriations for July 2019 through June 2020, HCA's budgets for the PAL, PAL for Moms, and Mental Health Referral Service for Children and Teens programs totaled \$1,941,443. As part of its efforts to implement Substitute House Bill 2728 (2020), HCA will begin sharing the costs of these programs in July 2021 with health carriers and other entities that cover individuals the programs serve.⁴

³ Seattle Children's Primary Care Principles for Child Mental Health, from www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/wa/wa-pal-care-guide.pdf, accessed on September 18, 2020.

⁴ Substitute House Bill 2728, Chapter 291, Laws of 2020, Sec. 4, from <http://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/2728-SL.pdf?q=20201029112450>, accessed on October 29, 2020.

