

## **Health Impact Review Request Form**

Date of request:	02/09/2019					
Requester:	Senator Keiser					
	Note: Health impact reviews may only be requested by the Governor or a legislator.					
Staff Contact:	Name:	Jennife	er Minich			
	Phone:	(360) 7	86-7664	E-mail:	jennifer.minich@leg.wa.gov	
What is the subject of	the Heal	th Impa	ct Review?			
⊠ Bill	Number:		5258	Title:	Preventing the sexual harassment and sexual assault of certain isolated workers	
☐ Bill Draft	Draft Number:					
☐ Decision Package	lf p	possible,	please attacl	n a copy of th	e relevant portion/aspect of what you are	
☐ Budget Proposal	requesting to be reviewed.					
☐ Other:						
Should the Health Imp	oact Revie	ew analy	ze the entire	proposal o	r only a portion?	
⊠ Entire		•		_ Porti	on	
If only a portion, please	describe	what po	rtion(s) the re	<del></del>		
Requested completio			/11/2019	oion or loop t	than a 60 day turnarayad during the interin	
,	•		•		than a 60-day turnaround during the interim, review completed in time for a committee	

Please consider completing the optional section on the back of this form, which will give the Board a sense of why this review has been requested.

Email: HIR@doh.wa.gov • Web site: sboh.wa.gov

## ~ Optional ~

Please consider completing this optional section, which will give the Board a sense of why this review has been requested.

**NOTE:** When conducting a health impact review, the Washington State Board of Health will consider various ways that a proposal might exacerbate or ameliorate health disparities. Completing this section will give the Board a head start by helping it understand the reasons why a review is being requested.

Briefly describe how you think the proposal might impact health disparities and whether you believe the impact will be in a positive or negative direction.
Are there specific organizations or community groups you would like the Board to contact as part of this review if time allows?

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