WASHINGTON STATE **BOARDOFHEALTH** Health Impact Review Request Form

| Date of request: | 03 /5 /2021 | | | | | |
|--|--|-----------------|--------------------------------------|------------|--|--|
| Requester: | Representative Pollet | | | | | |
| | Note: Health impact reviews may only be requested by the Governor or a legislator. | | | | | |
| Staff Contract | Nome | | | | | |
| Staff Contact: | Name: | Kira McCoy | | | | |
| | Phone: | (303) 9 | 947-6583 | E-mail: | <u>Kira.McCoy@leg.wa.gov</u> | |
| What is the subject of the Health Impact Review? | | | | | | |
| 🖂 Bill | Number: | Number: HB 1550 | | Title: | Concerning methods to prevent nicotine addiction | |
| 🗌 Bill Draft | Draft Number: | | | _ | | |
| Decision Package | lf possible, please attach a c | | | copy of th | ne relevant portion/aspect of what you are | |
| Budget Proposal | requesting to be reviewed. | | | | | |
| Other: | | | | | | |
| | | | | | n an ha a nartian 2 | |
| - | nould the Health Impact Review analyze the entire proposal or only a portion? | | | | | |
| Entire | e describe what portion(s) the review si | | | _ | Portion | |
| π only a portion, please | e describe | wnat po | ortion(s) the revie | w snould a | analyze. | |
| | | | | | | |
| | a ten-day | turnarou | | | than a 60-day turnaround during the interim, review completed in time for a committee | |
| Hoping for this as soon as possible, so that the analysis can be used in testimony before Finance committee. | | | | | | |
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| | | | e optional sectio review has been | | back of this form, which will give d. | |
| | Washington State Board of Health | | | | | |
| PO Box 47 | 990 • Olympia, WA 98504-7990 • Phone: 360-236-4110 • Fax: 360-236-4088 Email: HIR@dob.wa.gov. • Web site: sbob.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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