

## **Health Impact Review Request Form**

Date of request:	12 / 11 / 2019				
Requester:	Representative Macri				
	Note: Health impact reviews may only be requested by the Governor or a legislator.				
Staff Contact:	Name:	Penny	Lipsou		
	Phone:	(360) 7	786-7826	E-mail:	Penny.Lipsou@wa.leg.gov
What is the subject of	the Heal	th Impa	ct Review?		
⊠ Bill	Number:	_	HB 1697	Title:	Concerning health coverage for young adults
☐ Bill Draft	Draft Nu	mber:			
☐ Decision Package	If possible, please attach a copy of the relevant portion/aspect of what you are				
☐ Budget Proposal	red	questing	to be reviewe	d.	
☐ Other:					
Should the Health Imp	oact Revie	ew anal	yze the entire	proposal o	r only a portion?
<b>⊠</b> Entire				☐ Porti	on
If only a portion, please	describe	what po	ortion(s) the rev	iew should a	analyze.
Requested completion	n date:	01	/ 17 / 20		
, .	•		•		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.

## ~ 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?

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