

## **Health Impact Review Request Form**

Date of request:	st: 5 / 19 / 2014				
Requester:	Representative Santos				
•	Note: Health impact reviews may only be requested by the Governor or a legislator.				
Staff Contact:	Name:				
	Phone:		E-mail:		
What is the subject of	the Health Impa	ct Review?			
-		Amendment			
Bill	Number:	#910 to E2SSB 6552	Title:	6552-S2.E AMH SANT MCLA 002	
☐ Bill Draft	Draft Number:		-		
☐ Decision Package	If possible	, please attach a	copy of th	ne relevant portion/aspect of what you are	
☐ Budget Proposal	requesting	to be reviewed.			
<b>⊘</b> Other: Proposed amendment to bill					
Should the Health Imp	oact Review analy	yze the entire p	oposal o	r only a portion?	
<b>⊠</b> Entire	☐ Portion				
If only a portion, please				analyze.	
The request is to review	the entire amendn	nent, not the entir	e bill.		
Requested completion	n date:	/ /			
•		ınd during sessio	n or less t	than a 60-day turnaround during the interim,	
				review completed in time for a committee	
				os to establish an exact completion date for this	
review, but this is a longer term project with a flexible deadline.					

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?
Public school districts