

Health Impact Review Request Form

| Date of request: | 2/12/2015 | | | | |
|--|--|-------------------|-------------|--|--|
| Requester: | Senator Ranker | | | | |
| | Note: Health impact reviews may only be requested by the Governor or a legislator. | | | | |
| 0. "0 | Name | | | | |
| Staff Contact: | Name: | | | | |
| | Phone: | | E-mail: | | |
| What is the subject of | the Health Impa | ct Review? | | | |
| ⊠ Bill | Number: | SB 5346 | Title: | Providing first responders with contact information for subscribers of life alert services during an emergency | |
| ☐ Bill Draft | Draft Number: | Original | | | |
| ☐ Decision Package | If possible | , please attach a | copy of th | e relevant portion/aspect of what you are | |
| ☐ Budget Proposal | requesting | to be reviewed. | | | |
| ☐ Other: | | | | | |
| Should the Health Imp | aget Poviow analy | uzo tha antira nr | onosal o | r only a partian? | |
| Should the Health line | Jact Neview aliai | yze the entire pr | • | • | |
| | | | | | |
| ii only a portion, piease | e describe wriat po | nuon(s) the revie | w sriouiu e | analyze. | |
| | | | | | |
| Requested completion | n date: 2 / | 16 / 2015 | | | |
| | | | | han a 60-day turnaround during the interim, review completed in time for a committee | |
| This request only requir therefore had a very sho | | | npact revie | ew conducted of SB 6554 (2013-2014) and | |

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.

Washington State Board of Health

PO Box 47990 • Olympia, WA 98504-7990 • Phone: 360-236-4110 • Fax: 360-236-4088

Email: <u>HIR@doh.wa.gov</u> • Web site: <u>sboh.wa.gov</u>

~ 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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