

## **Health Impact Review Request Form**

Date of request:	1 / 12 / 20	16			
Requester:	Representative Farrell  Note: Health impact reviews may only be requested by the Governor or a legislator.				
Staff Contact:	Name:	Nigel Herbig			
	Phone:		E-mail:	Nigel.Herbig@leg.wa.gov	
	<del>-</del>				
What is the subject of	the Health	h Impact Review?		B 18 14 14	
⊠ Bill	Number:	HB 2307	Title:	Providing reasonable accommodations in the workplace for pregnant women	
☐ Bill Draft	Draft Num	nber:	<del>_</del>		
			_		
☐ Decision Package	If p	ossible, please attach a	a copy of th	ne relevant portion/aspect of what you are	
<ul><li>☐ Decision Package</li><li>☐ Budget Proposal</li></ul>		ossible, please attach a uesting to be reviewed		ie relevant portion/aspect of what you are	
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☐ Budget Proposal	req	uesting to be reviewed			
☐ Budget Proposal ☐ Other: Should the Health Imp	req	uesting to be reviewed	proposal o	r only a portion?	
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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: <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.

	u think the proposal might impact health disparities and whether you believe the
mpact will be in a positi	ve or negative direction.
Are there specific organ eview if time allows?	izations or community groups you would like the Board to contact as part of this

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