

Health Impact Review Request Form

Date of request:	1 / 19 / 2016				
Requester:	Representative Tina Orwall 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	f the Health Impa	ct Review?			
🛛 Bill	Number:	HB 2313	Title:	Concerning the age of individuals at which sale or distribution of tobacco and vapor products may be made.	
Bill Draft	Draft Number:		_	`	
Decision Package	lf possible	, please attach	a copy of tl	he relevant portion/aspect of what you are	
Budget Proposal	requesting to be reviewed.				
Other:					
Should the Health Imp	pact Review anal	yze the entire j	proposal o	or only a portion?	
. Entire					
	- f only a portion, please describe what portion(s) the review should analyze.				
Requested completion	n date: 1	/ 20 / 2016			
				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.

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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