

Health Impact Review Request Form

Date of request:	01/26/2017				
Requester:	Representative Stonier				
·	Note: Health impact reviews may only be requested by the Governor or a legislator.				
Ctaff Cantagt	Name				
Staff Contact:	Name:	Sarah Kohout			
	Phone:	360-786-7872	E-mail:	Sarah.Kohout@leg.wa.gov	
What is the subject of	the Heal	th Impact Review?			
⊠ Bill	Number:	HB 1508	Title:	Promoting student health and readiness through meal and nutrition programs.	
☐ Bill Draft	Draft Number:				
☐ Decision Package	If possible, please attach a copy of the relevant portion/aspect of what you are				
☐ Budget Proposal	requesting to be reviewed.				
☐ Other:					
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·	act Revie	ew analyze the entire pr	•	•	
Entire	Portion e describe what portion(s) the review should analyze.				
ιτ only a poπlon, please	aescribe	wnat portion(s) the revie	w snoula a	analyze.	
Requested completion	n date:	02/01/2017			
				han a 60-day turnaround during the interim, review completed in time for a committee	
1 7 1		0 1		us Health Impact Reviews of HB 1295	
(2015-2016) and HB	2964 (20	15-2016) and therefore	has a sh	ort turn-around time.	

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 impact will be in a positiv	nink the proposal might impact health disparities and whether you believe the or negative direction.
Are there specific organiz review if time allows?	tions or community groups you would like the Board to contact as part of this