

Health Impact Review Request Form

Date of request:	02/02/2017				
Requester:	Representative Stambaugh				
	Note: Health impact reviews may only be requested by the Governor or a legislator.				
Staff Contact:	Name:	Shelbi Hogenson			
	Phone:	360-786-7948	E-mail:	Shelbi.Hogenson@leg.wa.gov	
What is the subject of	the Heal	th Impact Review?			
⊠ Bill	Number:	НВ 1743	Title:	Addressing confinement in juvenile rehabilitation facilities for juveniles convicted in adult court	
☐ 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:					
Should the Health Imp	oact Revie	ew analyze the entire p	roposal o	r only a portion?	
	☐ Portion				
If only a portion, please	describe	what portion(s) the revie	w should a	analyze.	
Requested completion	n date:	02/07/2017			
				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.

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 thin impact will be in a positive or	nk the proposal might impact health disparities and whether you believe the r negative direction.
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Are there specific organization review if time allows?	ons or community groups you would like the Board to contact as part of this

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