

Health Impact Review Request Form

Date of request:	01 / 10 / 2018					
Requester:	Governor Inslee					
	Note: Health impact reviews may only be requested by the Governor or a legislator.					
Staff Contact:	Name:	Jason McGill		_		
	Phone:	(360) 902-0448	E-mail:	Jason.mcgill@gov.wa.gov		
What is the subject of	f the Heal	Ith Impact Review?				
⊠ Bill	Number	SB 6150	Title:	Concerning opioid use disorder treatment, prevention, and related services.		
☐ 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 Im	nact Revi	iew analyze the entire	nronosal o	r only a portion?		
⊠ Entire	pact Review analyze the entire proposal or only a portion?					
_	please describe what portion(s) the review should analyze.					
Requested completion	n date:	01 / 19 / 2018				
				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.

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