

Health Impact Review Request Form

| Date of request: | 01 / 12 / 2018 | | | | | |
|---------------------------|--|---------|-------------------|--------------|--|--|
| Requester: | Senator Billig | | | | | |
| | Note: Health impact reviews may only be requested by the Governor or a legislator. | | | | | |
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| Staff Contact: | Name: Noelle Connolly | | | | | |
| | Phone: | 360-78 | 86-7604 | E-mail: | noelle.connolly@leg.wa.gov | |
| What is the subject of | the Heal | th Impa | ct Review? | | | |
| ⊠ Bill | Number: | : | SB 5155 | Title: | Concerning suspension and expulsion of kindergarten and early elementary school students | |
| ☐ Bill Draft | Draft Nu | mber: | | _ | | |
| ☐ 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 Revi | ew anal | yze the entire | | | |
| □ Entire | ☐ Portion | | | | | |
| If only a portion, please | describe | what po | ortion(s) the rev | iew should i | analyze. | |
| | | | | | | |
| | | | | | | |
| Requested completion | n date: | 02 | 2/19/2018 | | | |
| | | | | | than a 60-day turnaround during the interim, review completed in time for a committee | |
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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: HIR@doh.wa.gov • Web site: sboh.wa.gov

~ 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. |
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| 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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