

Health Impact Review Request Form

| Date of request: | 01 /22 / 2018 | | | | | |
|---------------------------|--|---------------------------|---------------------------|-------------|---|--|
| Requester: | Represen | Representative Ortiz-Self | | | | |
| - | Note: Health impact reviews may only be requested by the Governor or a legislator. | | | | | |
| | | | | | | |
| Staff Contact: | Name: Israel Rios | | | | | |
| | Phone: | 360-786 | 5-7972 | E-mail: | israel.rios@leg.wa.gov | |
| What is the subject of | the Healt | th Impac | t Review? | | | |
| ⊠ Bill | Number: | | HB 2767 | Title: | Concerning suspension and expulsion of students including kindergarten and early elementary school students | |
| ☐ 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: | | | | | | |
| a. | | | | _ | | |
| Should the Health Imp | act Revie | ew analy | ze the entire p | | | |
| ⊠ Entire | ☐ Portion | | | | | |
| If only a portion, please | describe | what poi | tion(s) the revie | ew should a | analyze. | |
| | | | | | | |
| | | | | | | |
| Requested completion | date: | 02 | / 19 / 2018 | | | |
| If requesting less than a | ten-day t | | | | han a 60-day turnaround during the interim, review completed in time for a committee | |
| HB 2767 is a companion | n bill to S | SB 5155 | (sponsored by | Senator Bi | llig). | |

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

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~ 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 th impact will be in a positive | ink the proposal might impact health disparities and whether you believe the or negative direction. |
|--|---|
| | |
| Are there specific organization review if time allows? | tions or community groups you would like the Board to contact as part of this |
| | |
| | |

Email: HIR@doh.wa.gov • Web site: www.sboh.wa.gov