

Health Impact Review Request Form

Date of request:	01 /22 / 2018					
Requester:	Senator I	Miloscia	loscia			
-	Note: Health impact reviews may only be requested by the Governor or a legislator.					
Staff Contact:	Name:					
	Phone:	360-780	6-7658	E-mail:	trixie.harmon@leg.wa.gov	
What is the subject of	the Healt	th Impac	ct Review?			
⊠ Bill	Number:		SB 5025	Title:	Concerning the age of individuals at which sale or distribution of tobacco and vapor products may be made	
☐ Bill Draft	Draft Nur	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:						
01 114 - 11141 1	D				and a most of 0	
Should the Health Imp	act Revie	ew anaiy	ze the entire pr	<u> </u>		
Entire	Portion describe what portion(s) the review should analyze.					
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Requested completion	n date:	02	/ 01 / 2018			
					han a 60-day turnaround during the interim, review completed in time for a committee	
<u> </u>	ne Health I	mpact Re	view completed o	n SB 5025	during the 2017 Legislative Session.	

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.

~ Optional ~

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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

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