

## **Health Impact Review Request Form**

| Date of request:          | 01 / 11 / 2019  |          |                 |               |   |  |
|---------------------------|---|----------|-----------------|---------------|---|--|
| Requester:                | Senator Honeyford<br>Note: Health impact reviews may only be requested by the Governor or a legislator. |          |                 |               |   |  |
| -                         |   |          |                 |               |   |  |
| Staff Contact:            | Name: Penelop<br>Phone: (360) 78  |          | pe McWain       |               |   |  |
|                           |   |          | 86-7684         | E-mail:       | Penny.McWain@leg.wa.gov                                 |  |
| What is the subject of    | the Heal  | th Impa  | ct Review?      |               |   |  |
| 🖂 Bill                    | Number:   |          | SB 5140         | Title:        | Concerning uniform standard time of<br>Washington state |  |
| 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 analy | /ze the entire  | proposal o    | r only a portion?                                       |  |
| 🛛 Entire                  |   |          |                 | 🗌 Porti       | Portion   |  |
| If only a portion, please | describe  | what po  | rtion(s) the re | view should a | analyze.  |  |
|                           |   |          |                 |               |   |  |
|                           |   |          |                 |               |   |  |
| Requested completion      | n date:   | 01       | / 18 / 2019     |               |   |  |

If requesting less than a ten-day turnaround during session or less than a 60-day turnaround during the interim, please explain the reasons for the request (for example, needing a review completed in time for a committee hearing).

The bill is prefiled and is expected to be heard early in 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.

## Washington State Board of Health

PO Box 47990 • Olympia, WA 98504-7990 • Phone: 360-236-4110 • Fax: 360-236-4088 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 think the proposal might impact health disparities and whether you believe the impact will be in a positive or negative direction.

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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