

## **Health Impact Review Request Form**

Date of request:	01 / 16 / 2	2019			
Requester:	Represer	ntative R	Riccelli		
	Note: He	ealth imp	pact reviews may	only be re	equested by the Governor or a legislator.
Staff Contact:	Name:	Kylie 1	Peterson		
	Phone:	(360) 7	786-7888	E-mail:	Kylie.Peterson@leg.wa.gov
What is the subject of	the Heal	th Impa	ct Review?		
⊠ Bill	Number	:	HB 1196	Title:	Allowing for the year round observation of daylight saving time.
☐ Bill Draft	Draft Nu	mber:		_	
☐ Decision Package	If <sub>I</sub>	possible	, please attach a	copy of th	ne relevant portion/aspect of what you are
☐ Budget Proposal	re	questing	g to be reviewed.		
☐ Other:					
Should the Health Imp	oact Revi	ew anal	yze the entire p	roposal o	r only a portion?
				☐ Porti	on
If only a portion, please	describe	what po	ortion(s) the revie	ew should a	analyze.
Requested completion			/ 20 / 2019		
					than a 60-day turnaround during the interim, review completed in time for a committee
<u> </u>					

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.

,	ou think the proposal might impact health disparities and whether you believe the sitive or negative direction.
	anizations or community groups you would like the Board to contact as part of this
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are there specific organication organication organication of the series	·

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