## WASHINGTON STATE **BOARDOFHEALTH** Health Impact Review Request Form

Date of request:	03 / 10 /2	03 / 10 /2021				
Requester:	Senator Lynda Wilson Note: Health impact reviews may only be requested by the Governor or a legislator.					
Staff Contact:	Name: Amber		r Hardtke			
	Phone:	(360) 7	/86-7632	E-mail:	Amber.hardtke@leg.wa.gov	
What is the subject of the Health Impact Review?						
🛛 Bill	Number:		SB 5464	Title:	Requiring the option of in-person learning unless prohibited by the governor, secretary of health, or a local health officer.	
Bill Draft	Draft Number:			_		
Decision Package	lf possible, please atta		, please attach a	h a copy of the relevant portion/aspect of what you are		
Budget Proposal	requesting to be reviewed.					
Other:						
Should the Health Impact Review analyze the entire proposal or only a portion?						
$\square$ Fortion If only a portion, please describe what portion(s) the review should analyze.						
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Requested completion	n date:	4/	20/ 2021			
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).						
An earlier date than April 20 <sup>th</sup> is preferable.						
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 47	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?

## Washington State Board of Health

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