

Health Impact Review Request Form

Date of request:	2/5/20	20						
Requester:	Senator I	enator Dhingra						
	Note: He	ealth imp	pact reviews may	only be re	equested by the Governor or a legislator.			
Staff Contact:	Name:	Ashley	Jackson					
	Phone:	(360) 7	786-7672	E-mail:	Ashley.Jackson@leg.wa.gov			
What is the subject of	the Healt	th Impa	ct Review?					
⊠ Bill	Number:	•	SSB 6406	Title:	Relating to firearm theft			
☐ Bill Draft	Draft Nu	mber:		_				
☐ Decision Package	If p	oossible	, please attach a	copy of th	ne relevant portion/aspect of what you are			
☐ Budget Proposal	red	questing	to be reviewed.					
☐ Other:								
Should the Health Imp	oact Revie	ew anal	yze the entire p	roposal o	r only a portion?			
⊠ Entire				☐ Porti	on			
If only a portion, please	describe	what po	ortion(s) the revie	w should a	analyze.			
Requested completion	n date:	2 /	18 / 2020					
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).								

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 ~

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.

pact will be in a	positive or negative direction.	
e there specific o	rganizations or community groups you would like the Board to contact as part s?	of this