

Health Impact Review Request Form

Date of request:	01 /06 /2023					
Requester:	Representative Tara Simmons					
	Note: Health impact reviews may only be requested by the Governor or a legislator.					
Staff Contact:	Name:	Zach l	Ellis			
	Phone:		86-7934	E-mail:	Zach.Ellis@leg.wa.gov	
	Priorie:	300-76	00-7934	E-IIIaII.	Zacii.Ems@ieg.wa.gov	
What is the subject of	f the Heal	th Impa	ct Review?			
⊠ Bill	Number:		HB 1169	Title:	Concerning legal financial obligations	
☐ Bill Draft	Draft Number:					
☐ Decision Package	If possible, please attach a copy of the relevant portion/aspect of what you are					
☐ Budget Proposal	re	questing	g to be reviewe	d.		
☐ Other:						
Should the Health Imp	pact Revi	ew anal	yze the entire	proposal o	r only a portion?	
				☐ Porti	☐ Portion	
If only a portion, please	e describe	what po	ortion(s) the rev	view should	analyze.	
Requested completio			1/18/2023			
, .	•		•		than a 60-day turnaround during the interim, review completed in time for a committee	

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 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?

Email: <u>HIR@doh.wa.gov</u> • Web site: <u>www.sboh.wa.gov</u>