



Health Impact Review Request Form

Date of request: 2/12/2015

Requester: Senator Liias

Note: Health impact reviews may only be requested by the Governor or a legislator.

Staff Contact: Name: _____
Phone: _____ E-mail: _____

What is the subject of the Health Impact Review?

- Bill** Number: SB 5870 Title: Prohibiting the use of aversion therapy in the treatment of minors
- Bill Draft** Draft Number: Original
- Decision Package** *If possible, please attach a copy of the relevant portion/aspect of what you are requesting to be reviewed.*
- Budget Proposal**
- Other:** _____

Should the Health Impact Review analyze the entire proposal or only a portion?

- Entire** **Portion**

If only a portion, please describe what portion(s) the review should analyze.

Requested completion date: 2/17/2015

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).

This request only required an update to a previous health impact review conducted of HB 2451 (2013-2014) and therefore had a very short turn-around time.

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?

Washington State Board of Health

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