WASHINGTON STATE

BOARD OF HEALTH

Health Impact Review Request Form

Date of request: 01/04 /2024

Requester: **Representative Tana Senn**

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

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What is the subject of the Health Impact Review?

☐ **Bill**   Number: Title: **Requiring and funding the purchase of zero emission school buses.**

☒ **Bill Draft**   Draft Number: **SHB 1368 2024 edits**

☐ **Decision Package**   *If possible, please attach 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?

☒ **Entire**   ☐ **Portion**

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

Requested completion date: 01/17/2024

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 bill has a public hearing in Appropriations on 1/11 at 4 pm. Analysts will work toward an internal completion date of 1/11/24.

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.

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?