

Health Impact Review Request Form

Date of request:	1/03/2019				
Requester:	Representative Harris				
	Note: Health impact reviews may only be requested by the Governor or a legislator.				
Staff Contact:	Name: Toni Camp				
	Phone:	360-78	5-7976	E-mail:	Toni.Camp@leg.wa.gov
What is the subject of the Health Impact Review?					
🖂 Bill	Number:		1074	Title:	Protecting youth from tobacco products and vapor products by increasing the minimum legal age of sale of tobacco and vapor products
Bill Draft	Draft Number:				
Decision Package	lf possible, please attach a			copy of th	e 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: 01/10/2018					

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 Health Impact Review is an update to previous reviews completed on this topic, and a Companion Bill to SB 5057. The review will be completed before the start of Legislative Session on January 14, 2019.

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 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.

This Health Impact Review is an update to previous reviews completed on this topic.

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 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>www.sboh.wa.gov</u>