WASHINGTON STATE **BOARDOFHEALTH** Health Impact Review Request Form

Date of request:	1 / 28 / 2021					
Requester:	Represent					
	Note: Health impact reviews may only be requested by the Governor or a legislator.					
Staff Contact:	Name:	Name: Katharina Cillan				
Stall Contact:		Katharine Gillen (425) 939-8423 E-ma			V-4	
	Phone:	(425) 9	39-8423	E-mail:	Katharine.gillen@leg.wa.gov	
What is the subject of the Health Impact Review?						
🛛 Bill	Number:		HB 1342	Title:	Eliminating lunch copays for students who qualify for reduced-price lunches	
Bill Draft	Draft Num	ber:				
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?						
If only a portion, please describe what portion(s) the review should analyze.						
Requested completion date: 02/15/2021 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 is an update to a previously completed HIR (2019).						
Please consider completing the optional section on the back of this form, which will give						

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.

Are there specific organizations or community groups you would like the Board to contact as part of this review if time allows?

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