



## Health Impact Review Request Form

Date of request: **11 / 21 / 2013**

Requester: **Representative Sharon Tomiko Santos**

*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: **SHB 1680 (2013-2014)** Title: **Implementing strategies to close the educational opportunity gap, based on the recommendations of the educational opportunity gap oversight and accountability committee.**
- Bill Draft** Draft Number: \_\_\_\_\_
- 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: **1 / 3 / 2014**

*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).*

**Preliminary draft completion in time to review before legislative session.**

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?**

**OSPI, EGOAC**

**Washington State Board of Health**

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