



Health Impact Review Request Form

Date of request: 03 / 11 / 2014

Requester: Senator McAuliffe

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: 5571 Title: Increasing public awareness of mental health illness and its consequences
- Bill Draft** Draft Number: Original bill
- 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: / /

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).

Board of Health staff are working with Senator McAuliffe to establish a completion date.

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 ~

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?

Washington State Board of Health

PO Box 47990 • Olympia, WA 98504-7990 • Phone: 360-236-4110 • Fax: 360-236-4088
Email: HIR@doh.wa.gov • Web site: www.sboh.wa.gov