

## **Health Impact Review Request Form**

| Date of request:   | 2 / 23 / 2015            |                      |            |  |
|--|--------------------------|----------------------|------------|--|
| Requester:   | Representative Pettigrew |                      |            |  |
| -  | Note: Health imp         | act reviews may      | only be re | equested by the Governor or a legislator.  |
|  | Nama                     |                      |            |  |
| Staff Contact:   | Name:                    |                      |            |  |
|  | Phone:                   |                      | E-mail:    |  |
| What is the subject of the Health Impact Review?   |                          |                      |            |  |
|  |                          |                      |            | Allowing youthful offenders who complete their                                   |
| 🖂 Bill   | Number:                  | 1674                 | Title:     | confinement terms prior to age twenty-one<br>equal access to a full continuum of |
|  |                          |                      |            | rehabilitative and reentry services  |
| Bill Draft   | Draft Number:            | <b>Original Bill</b> |            |  |
| 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 Dortion   |                          |                      |            |  |
| If only a portion, please describe what portion(s) the review should analyze.  |                          |                      |            |  |
|  |                          |                      |            |  |
|  |                          |                      |            |  |
|  |                          |                      |            |  |
| Requested completion date:3 / 5 / 2015   |                          |                      |            |  |
| 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).  |                          |                      |            |  |
|  |                          |                      |            |  |
|  |                          |                      |            |  |
|  |                          |                      |            |  |
|  |                          |                      |            |  |
|  |                          |                      |            |  |

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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