



Health Impact Review Request Form

Date of request: 03 / 31 / 2015

Requester: Senator Karen Keiser, 33rd Legislative District

Note: Health impact reviews may only be requested by the Governor or a legislator.

Staff Contact: Name: Tara Jo Heinecke, Legislative Assistant

Phone: 360-786-7664

E-mail: Tarajo.heinecke@leg.wa.gov

What is the subject of the Health Impact Review?

Bill Number: SB 5459 Title: Family & Medical Leave Insurance

Bill Draft Draft Number: _____

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?

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 currently working with the requestor to establish an exact completion date for this review, but this is a longer term project with a due date likely in the early 2015 interim.

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: HIR@doh.wa.gov • Web site: sboh.wa.gov

~ 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?

Tara Jo will be happy to make suggestions and provide contact info as needed.

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