

Health Impact Review Request Form

Date of request:	Date of request: 3 / 7 / 2016					
Requester:	Representative Santos					
	Note: Health impact reviews may only be requested by the Governor or a legislator.					
Staff Contact:	Name: Julia Kwon					
	Phone:	360.786	6.7944	E-mail:	Julia.Kwon@leg.wa.gov	
What is the subject of	the Heal	th Impa	ct Review?			
⊠ Bill	Number:		HB 2986 (2015-16)	Title:	Concerning health care for Pacific Islanders residing in Washington under a compact of free association	
☐ 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 Imp	oact Revie	ew analy	ze the entire p	<u>.</u>	• •	
⊠ Entire	☐ Portion					
If only a portion, please	describe	what po	rtion(s) the revi	ew should a	analyze.	
Requested completion	n date:	8 /	31 / 2016			
					than a 60-day turnaround during the interim, review completed in time for a committee	

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.

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.

	u think the proposal might impact health disparities and whether you believe the
mpact will be in a positi	ve or negative direction.
Are there specific organ eview if time allows?	izations or community groups you would like the Board to contact as part of this

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