

## **Health Impact Review Request Form**

Date of request:	02/21/2017					
Requester:	Senator Darneille					
	Note: Health impact reviews may only be requested by the Governor or a legislator.					
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Staff Contact:	Name:	Lisa Fi	sch			
	Phone:	360-78	6-7652	E-mail:	Lisa.Fisch@leg.wa.gov	
What is the subject of	the Heal	th Impa	ct Review?			
•		•			Concerning the development of a juvenile	
⊠ Bill	Number:	:	SB 5695	Title:	special sex offender disposition alternative treatment court.	
☐ Bill Draft	Draft Nu	Draft Number:				
☐ Decision Package	If possible, please attach a			copy of th	ne relevant portion/aspect of what you are	
☐ Budget Proposal	requesting to be reviewed.					
☐ Other:						
0						
Should the Health Imp	oact Revi	ew analy	yze the entire p	•	• •	
Entire				_	Portion	
If only a portion, please	describe	what po	rtion(s) the revie	w should a	analyze.	
Requested completion	n date:	03	/30/2017			
					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.

Briefly describe how you thin impact will be in a positive or	nk the proposal might impact health disparities and whether you believe the r negative direction.
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Are there specific organization review if time allows?	ons or community groups you would like the Board to contact as part of this

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