

Health Impact Review Request Form

Date of request:	01/16/2	2019			
Requester:	Senator I	Mullet			
	Note: He	ealth imp	pact reviews may	only be re	equested by the Governor or a legislator.
Staff Contact:	Name:	Adam	Day		
	Phone:	(360) 7	786-7608	E-mail:	Adam.Day@leg.wa.gov
What is the subject of	the Heal	th Impa	ct Review?		
⊠ Bill	Number:		SB 5250	Title:	Concerning permanent daylight saving time in Washington state.
☐ Bill Draft	Draft Nu	mber:		_	
☐ Decision Package	If p	possible	, please attach a	copy of th	ne relevant portion/aspect of what you are
☐ Budget Proposal	re	questing	to be reviewed.		
☐ Other:					
Should the Health Imp	oact Revie	ew anal	yze the entire p	roposal o	r only a portion?
				☐ Porti	on
If only a portion, please	describe	what po	ortion(s) the revie	w should a	analyze.
	a ten-day	turnarou			than a 60-day turnaround during the interim, 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.

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.

,	ou think the proposal might impact health disparities and whether you believe the sitive or negative direction.
	anizations or community groups you would like the Board to contact as part of this
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are there specific organication organication organication of the series	·

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