

Health Impact Review Request Form

Date of request:	1 / 20 / 2021					
Requester:	Senator Rivers					
	Note: Health impact reviews may only be requested by the Governor or a legislator.					
Staff Contact:	Name:	Chamar	. McCov			
Stan Contact:			п МсСоу			
	Phone:	(360) 7	86-7634	E-mail:	sharon.mccoy@leg.wa.gov	
What is the subject of	the Heal	th Impa	ct Review?			
⊠ Bill	Number:		SB 5309	Title:	Providing a sales and use tax exemption for adult and baby diapers	
☐ Bill Draft	Draft Nu	Draft Number:				
☐ Decision Package	If p	oossible	please attach	a copy of th	ne relevant portion/aspect of what you are	
☐ Budget Proposal	requesting to be reviewed.					
☐ Other:						
Should the Health Imp	oact Revie	ew anal	yze the entire p	proposal o	r only a portion?	
			☐ Portion			
If only a portion, please	describe	what po	rtion(s) the revi	ew should a	analyze.	
Requested completion	n date:	01	/30/2021			
If requesting less than a	a ten-day	turnarou	ınd during sessi		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.

~ Optional ~

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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.
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Are there specific organizations or community groups you would like the Board to contact as part of this review if time allows?

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