

Health Impact Review Request Form

Date of request: **05/30/2025**

Requester: **Representative Brianna Thomas**

Note: A Health Impact Review may only be requested by the Governor or a legislator.

Staff Contact: Name: **Kraig Cook**

Phone: **(360) 786-7978**

Email: **Kraig.Cook@leg.wa.gov**

What is the subject of the Health Impact Review?

Proposal number: **SHB 1816**

Title: **Concerning civilian-staffed crisis response teams.**

- ☒ Bill
☐ Bill Draft
☐ Amendment
☐ Budget Proposal
☐ 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: **08/31/2025**

If requesting less than a 10-day turnaround when the Legislature is in session or less than a 60-day turnaround when the Legislature is not in session, please explain the reasons (e.g., needing a review completed in time for a public hearing).

For more information:

Phone: (360) 628-7342

Email: hrr@sboh.wa.gov

Website: <https://sboh.wa.gov/health-impact-reviews>

Optional Questions

Please consider answering these optional questions to provide Health Impact Review staff with contacts and additional context as they complete this request.

What organizations, community groups, or people would you recommend Health Impact Review staff contact as part of this review if time allows?

Groups of firefighters, WACOPS, health agencies impacted by the bill

What additional context or information might be relevant to this HIR request (e.g., reasons for requesting; potential health impacts; groups of people potentially affected by the proposal)?

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