Executive Summary: Health Impact Review of HB 2481
Changing Driving a Motor Vehicle with a Suspended or Revoked Driver’s License
Provisions
(2017-2018 Legislative Sessions)

The associations between the requirements in HB 2481 and reduced criminal justice contact and financial impact are not well researched. However, if HB 2481 does result in reduced criminal justice contact and reduced financial impact (as suggested by available research), then HB 2481 may have potential to improve health outcomes and decrease health disparities by income, race/ethnicity, and age.

BILL INFORMATION
Sponsors: Representatives Graves, Jinkins, Wylie, Holy, and Santos

Summary of Bill:
- Reclassifies driving while license suspended or revoked in the third degree (DWLS 3) from a misdemeanor to a traffic infraction.
- Establishes a penalty of $250 that the court shall reduce to $50 if the individual appears in-person before the court or submits by mail written proof that the license has been reinstated since being cited.
- Amends “relicensing diversion programs” to “relicensing programs” to eliminate any link between DWLS 3 and criminal proceedings.

HEALTH IMPACT REVIEW
Summary of Findings:
This Health Impact Review found the following evidence regarding the provisions in HB 2481:
- The associations between the requirements in HB 2481 and reduced criminal justice contact and financial impact from fees and legal financial obligations (LFOs) are not well researched. The limited available research suggests decriminalizing DWLS 3 may reduce criminal justice contact (e.g., arrest, conviction, and incarceration) and reduce the financial impact from fees and LFOs for cited individuals. However, variations in how jurisdictions apply the provisions could potentially lead to unintended consequences. More information is provided in the full Health Impact Review.
- Very strong evidence that reducing criminal justice contact for individuals cited for DWLS 3 would likely lead to improved health outcomes.
- Very strong evidence that reducing the financial impact from fees and LFOs for individuals cited for DWLS 3 would likely lead to improved health outcomes.
- Very strong evidence that improving health outcomes for individuals cited for DWLS 3 would likely decrease health disparities by income, race/ethnicity, and age.

FULL REVIEW
For review methods, logic model, strength-of-evidence analyses, and citations of empirical evidence refer to the full Health Impact Review at

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