Health Impact Review Request Form

Date of request: 01 / 12 / 2018
Requester: Senator Billig

Note: Health impact reviews may only be requested by the Governor or a legislator.

Staff Contact: Name: Noelle Connolly
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What is the subject of the Health Impact Review?

☒ Bill Number: SB 5155 Title: Concerning suspension and expulsion of kindergarten and early elementary school students
☐ Bill Draft Draft Number: 
☐ Decision Package
☐ Budget Proposal
☐ Other: 

If possible, please attach a copy of the relevant portion/aspect of what you are requesting to be reviewed.

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: 02 / 19 / 2018

If requesting less than a ten-day turnaround during session or less than a 60-day turnaround during the interim, please explain the reasons for the request (for example, needing a 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.

Washington State Board of Health
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~ 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 think the proposal might impact health disparities and whether you believe the impact will be in a positive or negative direction.

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