



## Health Impact Review Request Form

Date of request: 1 / 23 / 2014

Requester: Senator Keiser

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

Staff Contact: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### What is the subject of the Health Impact Review?

- Bill** Number: SB 6170 Title: Concerning cultural competency education for health care professionals
- Bill Draft** Draft Number: \_\_\_\_\_
- Decision Package** *If possible, please attach a copy of the relevant portion/aspect of what you are requesting to be reviewed.*
- 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: 2 / 3 / 2014

*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**

PO Box 47990 • Olympia, WA 98504-7990 • Phone: 360-236-4110 • Fax: 360-236-4088

Email: [HIR@doh.wa.gov](mailto:HIR@doh.wa.gov) • Web site: [sboh.wa.gov](http://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.

**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?**

**UW Tacoma, Cross-Cultural Collaborative of Pierce County, Cornerstone Medical Services, Carol Milgard Breast Center**

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