



Health Impact Review Request Form

Date of request: 02/13/2017

Requester: Senator Rivers

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

Staff Contact: Name: Elizabeth Pebley

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What is the subject of the Health Impact Review?

Bill

Number: SB 5289

Title: Modifying the infraction of and penalties for distracted driving.

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: 03/09/2017

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: 360-236-4109 • Fax: 360-236-4088

Email: HIR@doh.wa.gov • Web site: 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?

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