

Health Impact Review Request Form

Date of request:	01 / 07 / 2025						
Requester:	Representative Simmons						
•	Note: Health impact reviews may only be requested by the Governor or a legislator.						
C: " C	N 1	7 LT					
Staff Contact:	Name:	Zach E					
	Phone:	360-786	6-7934	E-mail:	Zach.Ellis@leg.wa.gov		
What is the subject of	the Heal	th Impa	ct Review?				
⊠ Bill	Number:		HB 1125	Title:	Providing judicial discretion to modify sentences in the interest of justice.		
☐ Bill Draft	Draft Nu	Draft Number:					
☐ Decision Package	If possible, please attach a copy of the relevant portion/aspect of what you are						
☐ Budget Proposal	osal requesting to be reviewed.						
☐ Other:							
Should the Health Imp	act Revie	ew analy	yze the entire p	•	• •		
	☐ Portion						
If only a portion, please	describe	what po	rtion(s) the revie	w should a	analyze.		
Requested completion			/ 22 / 2025				
					than a 60-day turnaround during the interim, review completed in time for a committee		

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.

~ Optional ~

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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 review if time allows?	part of this

Email: HIR@doh.wa.gov • Web site: www.sboh.wa.gov