## WASHINGTON STATE **BOARDOF HEALTH** Health Impact Review Request Form

Date of request:	01 / 25 / 2025					
Requester:	Representative Reeves Note: Health impact reviews may only be requested by the Governor or a legislator.					
Staff Contact:	Name: Thalia Corona					
	Phone:	360-78	86-7830	E-mail:	Thalia.Corona@leg.wa.gov	
				-		
What is the subject of	the Healt	in Impa	ct Review?		Prohibiting the sale of contain to be and	
🛛 Bill	Number:		HB 1203	Title:	Prohibiting the sale of certain tobacco and nicotine products	
🗌 Bill Draft	Draft Nur	Draft Number:				
Decision Package	lf possible, please attach		a copy of the relevant portion/aspect of what you are			
Budget Proposal	requesting to be reviewed.					
Other:						
Chould the Liestth loss			una tha antina -	wanaaal -	r only a partian?	
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.						
n only a portion, please	uescribe	what pe				
Requested completion	n date:	02	2 / 05 / 2025			
					han a 60-day turnaround during the interim,	
please explain the reas hearing).	ons for the	e reque	st (for example, i	needing a l	review completed in time for a committee	
nounng).						
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 47	PO Box 47990 • Olympia, WA 98504-7990 • Phone: 360-236-4110 • Fax: 360-236-4088					
	Email: <u>HIR@doh.wa.gov</u> • Web site: <u>sboh.wa.gov</u>					

## ~ 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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