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

Date of request:	02 / 11 / 2025				
Requester:	Representative Thomas				
	Note: Health impact reviews may only be requested by the Governor or a legislator.				
Staff Contact:	Name:	Radigan Lander			
	Phone:	360-78	36-6494	E-mail:	Radigan.Lander@leg.wa.gov
What is the subject of	the Heal	th Impa	ct Review?		
Bill	Number:		HB 1864	Title:	Transporting patients by ambulance to facilities other than emergency departments.
Bill Draft	Draft Nu	mber:		-	mentics other than emergency departments.
Decision Package	lf possible, please atta		, please attach a	a copy of the relevant portion/aspect of what you are	
☐ Budget Proposal ☐ Other:	requesting to be reviewed.				
Should the Health Imr	act Povi	w anal	wza tha antira n	roposal o	r only a portion?
Should the Health Impact Review analyze the entire proposal or only a portion?					
If only a portion, please describe what portion(s) the review should analyze.					
	a ten-day i	turnarol			han a 60-day turnaround during the interim, review completed in time for a committee
		ny this i	e optional sectio review has been ashington State	i requeste	
PO Box 47	7990 • 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?

Washington State Board of Health 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>www.sboh.wa.gov</u>