

Health Impact Review Request Form

Date of request:	03 / 25 / 2025					
Requester:	Senator Claire Wilson Note: Health impact reviews may only be requested by the Governor or a legislator.					
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Staff Contact:	Name:	ame: Kit Hager				
	Phone:	360-78	6-7658	E-mail:	Kit.hager@leg.wa.gov	
What is the subject of	the Healt	th Impa	ct Review?			
•		•			Supporting economic security by updating	
⊠ Bill	Number:		ESSB 5232	Title:	provisions related to the home security fund and the essential needs and housing support program.	
☐ Bill Draft	Draft Number:			_		
☐ Decision Package	If possible, please attach a			copy of the relevant portion/aspect of what you are		
☐ Budget Proposal☐ Other:	requesting to be reviewed.					
Should the Health Imp	oact Revie	ew anal	ze the entire p	roposal o	r only a portion?	
⊠ Entire			, = 0 u 0 u p	☐ Porti		
If only a portion, please describe what portion(s) the review should analyze.						
		•				
Requested completion			4 / 04 / 2025	on or loss t	han a 60 day turnaround during the interim	
					han 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 part of this review if time allows?

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