



Health Impact Review Request Form

Date of request: **01 / 05 / 2018**

Requester: **Representative Paul Graves**

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

Staff Contact: Name: **Alec Northrop**

Phone: **360-786-7876**

E-mail: **alec.northrop@leg.wa.gov**

What is the subject of the Health Impact Review?

Bill

Number: **HB 2481**

Title: **Changing driving a motor vehicle with a suspended or revoked license provisions.**

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: **02 / 01 / 2018**

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: 360-236-4110 • 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.

By decriminalizing driving with a revoked license or suspended license in the third degree [defined in [RCW 46.20.342 (1)(c)], HB 2481 may reduce arrests, short-term incarcerations, and the fees incurred by individuals.

Anticipated Effects:

- Reduce individual's interactions with the criminal justice system (arrests and jail time)
- Reduce the financial burden on low-income populations, enabling people to use those funds for other public health needs (food, housing, medical expenses, etc.)

Are there specific organizations or community groups you would like the Board to contact as part of this review if time allows?

[American Civil Liberties Union \(ACLU\)](#)

Washington State Board of Health

PO Box 47990 • Olympia, WA 98504-7990 • Phone: 360-236-4110 • Fax: 360-236-4088

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