



## Health Impact Review Request Form

Date of request: **01 / 18 / 2019**

Requester: **Representative Lovick**

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

Staff Contact: Name: **Quinton Harrington**

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### What is the subject of the Health Impact Review?

**Bill**

Number: **HB 1256**

Title: **Increasing monetary penalties for the unlawful use of a personal electronic device while driving a motor vehicle in a school, playground, or crosswalk speed zone.**

**Bill Draft**

Draft Number: \_\_\_\_\_

**Decision Package**

*If possible, please attach a copy of the relevant portion/aspect of what you are*

**Budget Proposal**

*requesting to be reviewed.*

**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: **01 / 28 / 2019**

*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](mailto:HIR@doh.wa.gov) • Web site: [sboh.wa.gov](http://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.**

**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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