



## Commission on Racial Equity in Public Health

*Nonpartisan Office of Legislative Management*

State Office Building, Suite 1090  
165 Capitol Ave., Hartford, CT 06106  
<https://wp.cga.ct.gov/creph/>  
[nancy.becerra-cordoba@cga.ct.gov](mailto:nancy.becerra-cordoba@cga.ct.gov)  
(959) 900-5814

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### Racial and Ethnic Impact Statement REQUEST FORM

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***Pursuant to [PA 25-27](#), a Racial Ethnic Impact Statement is Requested on:***

Bill Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Requesting Member(s): \_\_\_\_\_  
\_\_\_\_\_

Principal Contact (Name, Phone, Email): \_\_\_\_\_

Bill Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parts of the Bill to be Analyzed: ☐ All ☐ Section(s): \_\_\_\_\_

Bill Version to be Analyzed and LCO Number: \_\_\_\_\_

*Please submit this form to [nancy.becerra-cordoba@cga.ct.gov](mailto:nancy.becerra-cordoba@cga.ct.gov), Principal Commission Analyst.*

*A REIS feasibility assessment notice will be communicated to the requesting member within three days of this form's submission. The feasibility assessment will consider factors such as data availability, the scope of the bill or section(s) of the bill, the timing of session, and the Commission's capacity.*

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#### Commission Staff Only:

Feasibility Assessment Outcome and Date: \_\_\_\_\_