

# SENATE BILL REPORT

## SB 5990

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As of January 16, 2026

**Title:** An act relating to expanding the qualifications of those who may serve as a local health officer in rural counties.

**Brief Description:** Expanding the qualifications of those who may serve as a local health officer in rural counties.

**Sponsors:** Senator Muzzall.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/16/26.

**Brief Summary of Bill**

- Allows for an advanced practice registered nurse or a physician assistant to serve as the local health officer in counties with a population of less than 100,000.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Staff:** Jacob Ewing (786-7402)

**Background:** Local Health Officer. A local health officer is a legally qualified physician who has been appointed to the position by a local health department or a local health district. The local health officer acts under the direction of the local board of health or the administrative officer of the local health department or a local health district.

A local health officer must be an experienced physician licensed in the state of Washington to practice medicine and surgery or osteopathic medicine and surgery. The individual must hold a public health master's degree (MPH) or its equivalent.

A person who is licensed in the state of Washington to practice medicine and surgery or

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osteopathic medicine and surgery but does not hold an MPH or its equivalent may be appointed by the local board of health or the official responsible for appointing the local health officer as a provisionally qualified local health officer for a maximum period of three years, based on the following conditions and procedures:

- the individual must participate in an in-service orientation to the field of public health; and
- the individual must complete periodic interviews with the secretary of health related to their participation in the in-service orientation and conduction programs of good health practices.

Upon successfully completing the three years of service as a provisionally qualified officer, that individual would qualify to serve as a local health officer.

A local health officer is responsible for:

- enforcing public health statues, rules, regulations, and ordinances from the state of the local board of health;
- taking necessary action to maintain health and sanitation supervision within their jurisdiction;
- controlling and preventing the spread of diseases;
- providing public information on the cause, nature, and prevention of disease and disability as well as promoting the improvement of health;
- preventing or responding to nuisances that may be detrimental to public health;
- attending conferences called by the secretary of health;
- collecting fees as authorized for the issuance or renewal of licenses or permits or other fees and fines associated with local or state law;
- as necessary, inspecting the expansion or modification of existing public water systems as well as the construction of new public water systems to ensure they conform to system design and plans;
- granting waivers from specific requirements adopted by the state board of health for on-site sewage systems; and
- reporting certain contagious or infectious diseases to the State Board of Health.

Local Health Boards. Each county has a local health department that is coextensive with the county, unless the county has opted to create a local health district on its own or in conjunction with one or more other counties. A local health department and a local health district are governed by a board of health.

Boards of health (boards) are county-level organizations with a wide remit over matters of public health. Boards enforce state public health statutes and rules through a local health officer, control and prevent infectious diseases, and prevent, control, or abate public health nuisances.

Advanced Practice Registered Nurse. Advanced practice registered nurses (APRNs) are authorized to perform all activities registered nurses perform, perform specialized and

advanced levels of nursing, and prescribe legend drugs and certain controlled substances.

An APRN's scope of practice is defined by the Washington State Board of Nursing and includes: examining and diagnosing patients; admitting, managing, and discharging patients to and from health care facilities; ordering, collecting, performing, and interpreting diagnostic tests; managing health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients; prescribing therapies and medical equipment; prescribing medications when granted prescriptive authority; and referring patients to other health care practitioners, services, or facilities.

In 2024, the title for APRN was changed to advanced practice registered nurses, but the title change is not in effect until June 30, 2027.

Physician Assistant. A physician assistant is a person who is licensed by the Washington Medical Commission to practice medicine under the terms of one or more collaboration agreements. A collaboration agreement is a written agreement that describes the manner in which a physician assistant is supervised by or collaborates with at least one physician, which must be signed by the physician assistant and one or more physicians or the physician assistant's employer.

Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the scope of expertise and clinical practice of the participating physician or physicians within the department or specialty areas in which the physician assistant practices. The participating physician or the physician assistant's employer, and the physician assistant must determine which procedures may be performed and the degree of autonomy under which the procedure is performed.

**Summary of Bill:** Boards in a county with a population of less than 100,000 are permitted to appoint a person licensed in the state of Washington to practice as an advanced practice registered nurse or a physician assistant as a local health officer.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:** PRO: Rural counties have limited access to licensed MDs and DOs. With the number of MDs and DOs set to retire, finding a qualified individual to serve as a public health officer is going to be further constrained. This bill does not say that a rural county must appoint a PA or ARNP as a local health officer but says they are allowed to.

CON: Physicians have extensive education and training that provide them with deep knowledge of human health, disease prevention, and public health. This expertise supports sound decisions on community health policies and clinical guidelines. Other health care professionals may lack the authority or training to respond to events like measles outbreaks or other complex cases.

OTHER: As introduced, the bill includes all medical professionals recognized in statute as primary care providers except naturopathic physicians (ND). NDs are well-trained in public health, infectious disease, preventive care, immunizations, environmental health, and more. Rural counties face a lot of difficulty attracting and retaining medical talent. The bill should allow a county to appoint a local health officer from the full pool of doctoral talent available to the county. NDs are recognized as primary care providers and serve vulnerable patients across the state. Amend the bill to allow NDs to serve as local health officers.

**Persons Testifying:** PRO: Senator Ron Muzzall, Prime Sponsor.

CON: Jaime Bodden, WSALPHO.

OTHER: Commissioner Melanie Bacon, Island County; Shawn Morris, Island County; Angela Ross, WA Assoc of Naturopathic Physicians.

**Persons Signed In To Testify But Not Testifying:** No one.