

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 1558 (Arambula) – As Introduced January 8, 2026

SUBJECT: Uniform Emergency Volunteer Health Practitioners Act.

SUMMARY: Enacts the Uniform Emergency Volunteer Health Practitioners Act, which would authorize the establishment of additional volunteer registration systems by additional entities. Requires a registration system to be a federal Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program or a local unit of the Medical Reserve Corps, as specified, to be designated by the Emergency Medical Services Authority (EMSA) as a registration system, or to be operated by one of specified types of entities, including, among others, a disaster relief organization, as defined. Requires that a registration system be capable of supplying EMSA with sufficient information concerning whether a volunteer is licensed to provide specified health or veterinary services in another state or territory of the United States and in good standing before that volunteer provides those services in this state while an emergency declaration is in effect, as specified. Establishes scope-of-practice standards for a registered volunteer health practitioner. Authorizes EMSA to limit, restrict, or otherwise regulate, among other things, the duration of practice, the geographical areas in which volunteer health practitioners may practice, and any other matters necessary to coordinate the provision of health or veterinary services during the emergency. Authorizes the applicable licensing board and the host entity, as defined, to restrict or modify the health or veterinary services that a volunteer health practitioner may provide. Requires EMSA and host entities to coordinate their activities with the California Office of Emergency Services (Cal OES), as specified. Specifically, **this bill:**

- 1) Establishes the Uniform Emergency Volunteer Health Practitioners Act and states that the provisions of this bill apply to volunteer health practitioners registered with a registration system and who provide health or veterinary services in this state for a host entity while an emergency declaration is in effect.
- 2) Authorizes EMSA, while an emergency declaration is in effect, to limit, restrict, or otherwise regulate all of the following:
 - a) The duration of practice by volunteer health practitioners;
 - b) The geographical areas in which volunteer health practitioners may practice;
 - c) The types of volunteer health practitioners who may practice; and,
 - d) Any other matters necessary to coordinate effectively the provision of health or veterinary services during the emergency.
- 3) States that an order issued pursuant to 2) above may take effect immediately, without prior notice or comment, and is not a regulation within the meaning of the Administrative Procedure Act.

- 4) Requires a host entity that uses volunteer health practitioners to provide health or veterinary services in this state to do both of the following:
 - a) Coordinate its activities with EMSA to the extent practicable to provide for the efficient and effective use of volunteer health practitioners; and,
 - b) Comply with any laws other than the provisions of this bill relating to the management of emergency health or veterinary services.
- 5) Requires EMSA to coordinate its activities under this bill with Cal OES to ensure that any deployment of volunteer health practitioners is consistent with the standardized emergency management system, established pursuant to 4) of Existing Law below.
- 6) Defines the following for the purposes of this bill:
 - a) “Disaster relief organization” to mean an entity that provides emergency or disaster relief services that include health or veterinary services provided by volunteer health practitioners and that meets either of the following requirements:
 - i) It is designated or recognized as a provider of those services pursuant to a disaster response and recovery plan adopted by an agency of the federal government or EMSA; or,
 - ii) It regularly plans and conducts its activities in coordination with an agency of the federal government or EMSA.
 - b) “Emergency” to mean an event or condition that is a state of emergency proclaimed pursuant to 1) or 2) of Existing Law, including a local emergency, a health emergency, or a state of war;
 - c) “Emergency declaration” to mean a proclamation of emergency issued pursuant to 1) of Existing Law below, including a declaration of health emergency, or a declaration of war by the United States;
 - d) “Emergency Management Assistance Compact” to mean the interstate compact approved by Congress by Public Law No. 104-321 and described in 3) of Existing Law, below;
 - e) “Entity” to mean a person other than an individual;
 - f) “Health facility” to mean an entity licensed under the laws of this or another state to provide health or veterinary services;
 - g) “Health practitioner” to mean an individual licensed under the laws of this or another state to provide health or veterinary services;
 - h) “Health services” to mean the provision of treatment, care, advice, or guidance, or other services, or supplies, related to the health or death of individuals or human populations, to the extent necessary to respond to an emergency, including all of the following:

- i) Services or supplies concerning the physical or mental condition or functional status of an individual or affecting the structure or function of the body, including the following:
 - (1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care;
 - (2) Counseling, assessment, procedures, or other services;
 - (3) The sale or dispensing of a drug, a device, equipment, or another item to an individual in accordance with a prescription; or,
 - (4) Funeral, cremation, cemetery, or other mortuary services.
- i) “Host entity” to mean an entity operating in this state that uses volunteer health practitioners to respond to an emergency;
- j) “License” to mean authorization by a state to engage in health or veterinary services that are unlawful without the authorization. The term includes authorization under the laws of California to provide health or veterinary services based upon a national certification issued by a public or private entity;
- k) “Person” to mean an individual, corporation, business trust, trust, partnership, limited liability company, association, joint venture, public corporation, government or governmental subdivision, agency, or instrumentality, or any other legal or commercial entity;
- l) “Scope of practice” to mean the extent of the authorization to provide health or veterinary services granted to a health practitioner by a license issued to the practitioner in the state in which the principal part of the practitioner’s services is rendered, including any conditions imposed by the licensing authority in that state;
- m) “State” to mean a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States;
- n) “Veterinary services” to mean the provision of treatment, care, advice or guidance, or other services or supplies, related to the health or death of an animal or to animal populations, to the extent necessary to respond to an emergency, including all of the following:
 - i) Diagnosis, treatment, or prevention of an animal disease, injury, or other physical or mental condition by the prescription, administration, or dispensing of vaccine, medicine, surgery, or therapy;
 - ii) Use of a procedure for reproductive management; and,
 - iii) Monitoring and treatment of animal populations for diseases that have spread or demonstrate the potential to spread to humans.
- o) “Volunteer health practitioner” means a health practitioner who provides health or veterinary services, whether or not the practitioner receives compensation for those

services. "Volunteer health practitioner" does not include a practitioner who receives compensation pursuant to a preexisting employment relationship with a host entity or affiliate that requires the practitioner to provide health services in this state, unless the practitioner is not a resident of this state and is employed by a disaster relief organization providing services in this state while an emergency declaration is in effect.

- 7) States that the provisions of this bill apply to volunteer health practitioners registered with a registration system that complies with 8) below, and who provide health or veterinary services in this state for a host entity while an emergency declaration is in effect.
- 8) Requires, to qualify as a volunteer health practitioner registration system, a system to do all of the following:
 - a) Accept applications for the registration of volunteer health practitioners before or during an emergency;
 - b) Include information about the licensure and good standing of health practitioners that is accessible by authorized persons;
 - c) Be capable of supplying sufficient information about registered volunteer health practitioners to EMSA, or a similar designated agency, in order to allow that authority or agency to confirm the accuracy of information concerning whether a health practitioner is licensed and in good standing before health services or veterinary services are provided under this article; and,
 - d) Meet at least one of the following conditions:
 - i) Be an emergency system for advance registration of volunteer health care practitioners established by a state and funded through the Health Resources and Services Administration under Section 319C-2 of the Public Health Service Act (42 United States Code [U.S.C.] Sec. 247d-3b);
 - ii) Be a local unit consisting of trained and equipped emergency response, public health, and medical personnel formed pursuant to Section 2813 of the Public Health Service Act (42 U.S.C. Sec. 300hh-15);
 - iii) Be operated by one of the following:
 - (1) A disaster relief organization;
 - (2) A licensing board or bureau established pursuant to 6) of existing law below;
 - (3) A national, state, or regional association of licensing boards or health practitioners
 - (4) A health facility that provides comprehensive inpatient and outpatient health care services, including a tertiary care and teaching hospital; or,
 - (5) A governmental entity.
 - iv) Be designated by EMSA as a registration system for purposes of this bill.

- 9) Authorizes, while an emergency declaration is in effect, EMSA, a person authorized to act on behalf of EMSA, or a host entity may confirm whether volunteer health practitioners utilized in this state are registered with a registration system that complies with 8) above. Limits confirmation to obtaining identities of the practitioners from the system and determining whether the system indicates that the practitioners are licensed and in good standing.
- 10) Requires, upon request of a person in this state authorized to manage the emergency response, or a similarly authorized person in another state, a registration system located in this state to notify the person of the identities of volunteer health practitioners and whether the practitioners are licensed and in good standing.
- 11) States that a host entity is not required to use the services of a volunteer health practitioner even if the practitioner is registered with a registration system that indicates that the practitioner is licensed and in good standing.
- 12) Authorizes, while an emergency declaration is in effect, a volunteer health practitioner, registered with a registration system that complies with 8) above and licensed and in good standing in the state in which the practitioner's registration is based, may practice in this state to the extent authorized by this article as if the practitioner were licensed in this state.
- 13) States that a volunteer health practitioner qualified under 8) above is not entitled to the protections of this bill if the practitioner is licensed in more than one state and any license of the practitioner is suspended, revoked, or subject to an order limiting or restricting practice privileges, or has been voluntarily terminated under threat of sanction.
- 14) Provides that nothing in this bill is intended to modify the licensing requirements imposed on any health practitioner by licensing or regulatory provisions contained in 6) of Existing Law, below, or by any other laws or regulations of this state, in the absence of an emergency declaration.
- 15) Defines, for purposes of 16) through 20) below, the following terms have the following meanings:
 - a) "Credentialing" means obtaining, verifying, and assessing the qualifications of a health practitioner to provide treatment, care, or services in or for a health facility; and,
 - b) "Privileging" means the authorizing by an appropriate authority, such as a governing body, of a health practitioner to provide specific treatment, care, or services at a health facility subject to limits based on factors that include license, education, training, experience, competence, health status, and specialized skill.
- 16) States that this bill does not affect credentialing or privileging standards of a health facility and does not preclude a health facility from waiving or modifying those standards while an emergency declaration is in effect.
- 17) Requires, except as further limited by 18) and 19) below, a volunteer health practitioner to adhere to the scope of practice for a similarly licensed practitioner established by the licensing provisions, practice acts, or other laws of this state.

- 18) States that except as otherwise provided in 19) below, this bill does not authorize a volunteer health practitioner to provide services that are outside the practitioner's scope of practice, even if a similarly licensed practitioner in this state would be permitted to provide the services.
- 19) Authorizes the applicable licensing board or bureau to restrict or, consistent with the limitations set forth in 17) above, modify the health services or veterinary services regulated by that body that volunteer health practitioners may provide pursuant to this bill. Allows an order under this provision to take effect immediately, without prior notice or comment, and is not a regulation within the meaning of the Administrative Procedure Act.
- 20) Authorizes a host entity to restrict the health or veterinary services that a volunteer health practitioner may provide pursuant to this bill.
- 21) Prohibits a volunteer health practitioner from being found to have engaged in unauthorized practice unless the practitioner has reason to know of any limitation, modification, or restriction under this section or that a similarly licensed practitioner in this state would not be permitted to provide the services. States a volunteer health practitioner has reason to know of a limitation, modification, or restriction or that a similarly licensed practitioner in this state would not be permitted to provide a service if either:
 - a) The practitioner knows the limitation, modification, or restriction exists or that a similarly licensed practitioner in this state would not be permitted to provide the service; or,
 - b) From all the facts and circumstances known to the practitioner at the relevant time, a reasonable person would conclude that the limitation, modification, or restriction exists or that a similarly licensed practitioner in this state would not be permitted to provide the service.
- 22) Grants, in addition to the authority granted by the laws of this state, other than this bill, to regulate the conduct of health practitioners, a licensing board or other disciplinary authority in this state the following powers and duties:
 - a) It may impose administrative sanctions upon a health practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency;
 - b) It may impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency; and,
 - c) It shall report any administrative sanctions imposed upon a practitioner licensed in another state to the appropriate licensing board or other disciplinary authority in any other state in which the practitioner is known to be licensed.
- 23) Requires, in determining whether to impose administrative sanctions pursuant to 22) above, a licensing board or other disciplinary authority to consider the circumstances in which the conduct took place, including any exigent circumstances, and the practitioner's scope of practice, education, training, experience, and specialized skill.
- 24) States that this bill does not limit rights, privileges, or immunities provided to volunteer health practitioners by laws other than this bill.

- 25) Requires a volunteer health practitioner who is providing health or veterinary services in this state pursuant to this bill, or who is traveling to or from this state to provide those services, to be considered an employee of this state for purposes of worker's compensation coverage concerning any injury, occupational illness, or death incurred by the practitioner in providing the services or in traveling to or from this state to provide the services. Limits worker's compensation benefits for volunteer health practitioners to those benefits provided to state employees under the laws of this state.
- 26) Authorizes EMSA to promulgate rules, after approval by the Commission on Emergency Medical Services, to implement this bill. Requires EMSA, in doing so, to consult with and consider the recommendations of the entity established to coordinate the implementation of the Emergency Medical Assistance Compact (EMAC) and to also consult with and consider rules promulgated by similarly empowered agencies in other states to promote uniformity of application of this article and make the emergency response systems in the various states reasonably compatible.
- 27) Requires, in applying and construing this article, consideration to be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.

EXISTING LAW:

- 1) Establishes the California Emergency Services Act, which provides the Governor with the authority to proclaim a state of emergency, and provides the Governor, during a state of emergency, with complete authority over all agencies of the state government and the right to exercise within the area all police power vested in the state by the Constitution and laws of California, and in exercising these powers, gives the Governor the authority to promulgate, issue, and enforce such orders and regulations as he deems necessary. Permits the Governor to suspend any regulatory statute, or statute prescribing the procedure for conduct of state business, or the orders, rules, or regulations of any state agency, where the Governor determines that strict compliance with any statute, order, rule, or regulation would in any way prevent, hinder, or delay the mitigation of the effects of the emergency. [Government Code (GOV) § 8625, § 8627, and § 8571]
- 2) Defines three conditions of emergency for purposes of the Emergency Services Act, including a "state of war emergency," a "local emergency" that is within the territorial limits of a city or county, and a "state of emergency," which could be caused by air pollution, fire, flood, storm, epidemic, riot, drought, cyberterrorism, sudden and severe energy shortage, plant or animal infestation or disease, or an earthquake or other conditions, which are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county or city and require the combined forces of a mutual aid region or regions to combat. [GOV § 8558, and § 8630]
- 3) Enacts the Emergency Management Assistance Compact between the State of California and other states that are parties to the compact. [GOV § 179.5]
- 4) Requires Cal OES to be responsible for the state's emergency and disaster response services for natural, technological, or man-made disasters and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. Requires Cal OES, in coordination with all interested state agencies with designated response roles in the state emergency plan and

interested local emergency management agencies, to jointly establish by regulation a standardized emergency management system for use by all emergency response agencies. Requires this system to be applicable, but not limited to, those emergencies or disasters referenced in the state emergency plan. [GOV § 8607]

- 5) Establishes EMSA, which is responsible for the coordination and integration of all state activities concerning emergency medical services (EMS), including the establishment of minimum standards, policies, and procedures. [Health and Safety Code (HSC) § 1797.100, *et seq.*]
- 6) Establishes various practice acts in the Business and Professions Code (BPC) governed by various boards within the Department of Consumer Affairs (DCA) which provide for the licensing and regulation of health care professionals including: physicians and surgeons (under the Medical Practice Act); osteopathic physicians and surgeons (under the Osteopathic Medical Practice Act); nurse practitioners and certified nurse-midwives (under the Nursing Practice Act); and physician assistants (under the Physician Assistant Practice Act). [BPC §§ 2000, *et seq.*; 2099.5, *et seq.*; 2700 *et seq.*; and 3500, *et seq.*]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, historically, emergency responses during natural disasters and public health crises have faced challenges in efficiently integrating volunteer health professionals. The author notes that unfortunately, the need for medical care is often greatest at the very beginning of a disaster, when first responders, hospitals, and local health systems are also stretched thin. People who are injured, displaced, elderly, or living in disaster-impacted areas face higher risks without care during this critical window. The author concludes this bill will expedite access to care by limiting administrative barriers that prevent out-of-state licensed health care professionals from helping communities when they need it the most.
- 2) **BACKGROUND.**
 - a) **EMSA.** EMSA is the lead agency and centralized resource to oversee emergency and disaster medical services. EMSA is responsible for coordinating California's medical response to disasters, providing medical resources to local governments in support of their disaster response. This may, among other services, include the identification, acquisition and deployment of medical supplies and personnel from unaffected regions of the state to meet the needs of disaster victims.
 - b) **Cal OES.** Cal OES is responsible for addressing natural, technological, or manmade disasters and emergencies, and preparing the State to prevent, respond to, quickly recover from, and mitigate the effects of both intentional and natural disasters. As part of their overall preparedness mission, Cal OES is required to develop a State Emergency Plan (SEP), State Hazard Mitigation Plan (SHMP), and maintains Standardized Emergency Management System (SEMS) and the Emergency Management Mutual Aid System (EMMA). Cal OES, in coordination with the Federal Emergency Management Agency (FEMA) and local partners, has developed four Catastrophic Plans to augment the State Emergency Plan.

- c) **EMAC.** EMAC is a national interstate mutual aid agreement that enables states to share resources during times of disaster. EMAC is administered by the National Emergency Management Association (NEMA) and has been ratified by the U.S. Congress. It is law in all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the Northern Mariana Islands. EMAC's members can share resources from all disciplines, protect personnel who deploy, and be reimbursed for mission-related costs. The compact provides mutual assistance in managing emergencies or disasters declared by the governor of the affected state, whether arising from natural disaster, technological hazard, manmade disaster, civil emergency aspects of resource shortages, community disorders, insurgency, or enemy attack.

The compact also includes provisions for mutual cooperation in emergency-related exercises, testing, or other training activities, and the use of the states' National Guard forces. Each state recognizes that there will be emergencies which require immediate access and present procedures to apply outside resources to make a prompt and effective response to such an emergency. EMAC states that:

“Whenever any person holds a license, certificate, or other permit issued by any state party to the compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party state, such person shall be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving such skill to meet a declared emergency or disaster, subject to such limitations and conditions as the governor of the requesting state may prescribe by executive order or otherwise.”

During the COVID-19 pandemic, the Governor ordered on March 4, 2020, that out-of-state-personnel, including medical personnel, entering California to assist in preparing for and responding to the effects of the pandemic as described in 3) of Existing Law above. Permission for any such individual was subject to the approval of the Director of EMSA.

- d) **Uniform Emergency Volunteer Health Practitioners Act (UEVHPA).** According to information on the Uniform Law Commission (ULC) website:

“A primary purpose of [UEVHPA] is to establish a robust and redundant system to quickly and efficiently facilitate the deployment and use of licensed practitioners to provide health and veterinary services in response to declared emergencies. The UEVHPA (1) establishes a system for the use of volunteer health practitioners capable of functioning autonomously even when routine methods of communication are disrupted; (2) provides reasonable safeguards to assure that volunteer health practitioners are appropriately licensed and regulated to protect the public’s health; (3) allows states to regulate, direct, and restrict the scope and extent of services provided by volunteer health practitioners to promote disaster recovery operations; (4) provides limitations on the exposure of volunteer health practitioners to civil liability to create a legal environment conducive to volunteerism; and (5) allows volunteer health practitioners who suffer injury or death while providing services pursuant to this act the option to elect workers’ compensation benefits from the host state if such coverage is not otherwise available.

The [UEVHPA] was drafted in an expedited manner in the months immediately following the Gulf Coast Hurricanes of 2005 to remedy significant deficiencies in interstate and intrastate procedures used to authorize and regulate the deployment of

public and private sector health practitioners to supplement the resources provided by state and local government employees and other first- responders.”

The ULC notes that the UEVHPA supplements the EMAC “by authorizing the interstate use of volunteer health practitioners who are not state and local employees in same manner as government employees may be used under EMAC and other state compacts.”

The UEVHPA seems to rely upon volunteer health practitioner registration systems, which, according to the ULC, were effective in responding to the Gulf Coast Hurricanes of 2005. The ULC states that this proposal allows these systems “to establish and operate registration systems without explicit governmental approval because they have demonstrated the resources, competence and reliability to review and communicate information regarding the professional qualifications of health practitioners. In addition, the [UEVHPA] recognizes registration systems operated by state governments or by any other organization granted approval to establish a registration system by any state.”

The ULC further states that the UEVHPA “empowers and legitimizes the operations of numerous types of public and nongovernmental organizations that have consistently demonstrated their ability to properly recruit, train, deploy and verify the credentials of volunteer health practitioners.”

- 3) **SUPPORT.** The American College of Obstetricians and Gynecologists, District IX (ACOG) supports this bill and notes that disasters and public health emergencies place extraordinary strain on the health care system, often disrupting access to critical maternal and reproductive health services. Timely access to qualified clinicians is essential to ensuring continuity of care for pregnant and postpartum patients, who require consistent monitoring and, in many cases, urgent intervention. ACOG states that this bill improves the state’s ability to rapidly mobilize a verified, multi-state workforce of licensed professionals, helping to ensure that essential services remain available when local capacity is overwhelmed. ACOG concludes that by creating clear standards for registration, licensure verification, scope of practice, and coordination with state and local emergency systems, this bill enhances both patient safety and system readiness.
- 4) **SUPPORT IF AMENDED.** The Board of Registered Nursing (BRN) supports this bill if it is amended to require the out-of-state volunteer healthcare providers to be connected to the facility or organization they are volunteering for and that information be reported to EMSA.

This reporting requirement was utilized during the COVID-19 pandemic when a large number of registered nurses (RN) from other states came into California to provide healthcare services without having a California license. The information allowed the BRN to work with EMSA to identify where each out of state RN was providing care if a complaint was received and an investigation needed to occur. It further allowed the BRN to communicate with the out-state RNs and facilities towards the end of the emergency authorization to let them know the RNs would need to obtain a California license by a certain date or they would no longer be legally able to practice in the state.

- 5) **COMMENTS.** During their meeting on February 27, 2026, the Medical Board of California (Board) discussed this bill, which enacts UEVHPA, and, among other provisions, authorizes establishing volunteer registration systems by certain entities. The Board notes this bill authorizes a health care licensing board to impose administrative sanctions upon a health

practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency, and to impose administrative sanctions upon a practitioner not licensed in this state for their conduct in California in response to an in-state emergency, as specified. The Board did not take a position on this, and instead directed staff to provide the following comments to the author:

- a) It is not clear how the UEVHPA is intended to work in practice alongside the EMAC;
- b) The definition of “volunteer health practitioner” appears to be very broad and only limits someone from having a preexisting employment relationship with a host entity or affiliate. They could potentially enter an employment relationship and receive compensation after the emergency is declared;
- c) The language that requires a host entity to coordinate with the EMSA is vague and is only required “to the extent practicable.” Also, the proposed requirement for the host entity to “[c]omply with any laws other than this article...” should be updated to make clear that the entity should comply with all laws related to emergency health management;
- d) The term “volunteer health practitioner registration system” is not defined. A volunteer health practitioner registration system is not required to verify whether the volunteer had previously been disciplined, including having been denied a license or revoked or surrendered their license previously in California;
- e) The term “disaster relief organization” is not defined;
- f) The language regarding confirmation of the identities of practitioners and their licensure status is unclear;
- g) The language should be clarified to ensure that those who had a California license application denied or had their California license revoked or surrendered are not eligible to practice in this state under the UEVHPA;
- h) The authority for a licensing board to limit the scope of practice for a volunteer health practitioner is unclear and may prompt litigation if a licensing board attempts to exercise the authority;
- i) The requirement for a volunteer health practitioner to stop practicing in California if the person “has reason to know of any limitation, modification, or restriction” is unclear. It may be difficult to prove a violation of this requirement; therefore, this language should be updated so that this can be appropriately enforced;
- j) It is unclear how the Board would exercise the proposed authority to discipline a Board-licensure for their conduct during an out-of-state emergency. For example, various challenges may be faced attempting to pursue out-of-state subpoenas or attempting to compel out-of-state witnesses to attend an administrative hearing in California; and,
- k) The language requiring the licensing boards to consider the circumstances related to the conduct in question may be unnecessary and potentially confusing.

- 6) **PREVIOUS LEGISLATION.** AB 1568 (Committee on Emergency Management), Chapter 8, Statutes of 2022 requires Cal OES to establish a statewide registry of private businesses and organizations that are interested in donating services, goods, labor, equipment, resources, or dispensaries or other facilities to assist in disaster response and recovery.
- 7) **POLICY COMMENTS.** This bill authorizes, rather than requires EMSA to promulgate rules, after approval by the Commission on Emergency Medical Services, to implement this bill, and requires EMSA, in doing so, to consult with and consider the recommendations of the entity established to coordinate the implementation of the EMAC, however it is not clear how the UEVHPA is intended to work in practice alongside the EMAC. As noted above, EMAC already requires any person that holds a license, certificate, or other permit issued by any state party to the compact to be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving such skill to meet a declared emergency. The author has stated that the provisions of this bill could speed up the process of identifying volunteers in an emergency. However, as noted by the BRN, it is important that volunteers be associated with the facility at which they will be working, rather than with a volunteer organization, so the BRN, and EMSA will know who is working where. This was especially important during and after the COVID-19 emergency, which lasted for three years. Because all health care providers from out-of-state were known to EMSA, EMSA could provide that information to the BRN at the end of the emergency in order to make sure that the approximately 20,000 health care providers who came to California did not continue to practice in California without a California license. As this bill moves forward, the author should work with the health care provider boards and EMSA to ensure that the provisions of this bill do not conflict with EMAC, and other existing laws pertaining to licensure of health care providers.

REGISTERED SUPPORT / OPPOSITION:**Support**

American College of Obstetricians and Gynecologists, District IX

Opposition

None on file

Analysis Prepared by: Lara Flynn / HEALTH / (916) 319-2097