

Date of Hearing: May 6, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 1558 (Arambula) – As Introduced January 8, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill enacts the Uniform Emergency Volunteer Health Practitioners Act (Act), authorizing entities besides the Emergency Medical Services Authority (EMSA) to establish additional volunteer registration systems that can supply EMSA with sufficient information concerning a volunteer's licensure to provide specified health or veterinary services in another state or territory, and authorizing EMSA to restrict or otherwise regulate any matters necessary to coordinate the provision of such services during an emergency. This bill also authorizes the applicable licensing board and the host entity to restrict or modify the health or veterinary services provided by volunteer health practitioners and requires EMSA and a host entity to coordinate activities with the California Office of Emergency Services (CalOES).

For a detailed enumeration of the provisions of this bill, please see the Assembly Health Committee analysis.

FISCAL EFFECT:

- 1) EMSA estimates General Fund costs of \$1.8 million in fiscal year (FY) 2026-27 and \$1.2 million annually thereafter to fund four positions and ongoing technology and maintenance costs to support system operations, integration, and oversight. EMSA also estimates a one-time cost of \$1 million in FY 2026-27 for system development and \$200,000 for regulatory development.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

- 2) Costs between \$0 and low-to-mid hundreds of thousands of dollars, depending on the emergency, to the Board of Registered Nursing (BRN) (BRN Fund, Professions and Vocations Fund). BRN reports nurses are the most common type of practitioner to come from out of state in an emergency. BRN estimates this bill would likely result in additional nurses coming to California in the event of an emergency, which could result in complaints the BRN would be required to investigate. For an emergency the scale of COVID-19, BRN estimates an additional workload of 53 extra field investigations, resulting in a one-time staffing need of two special investigators. Smaller emergencies would lead to more absorbable workloads. Other healing arts boards identified minor and absorbable costs, if any, to implement this bill.

- 3) CalOES estimates absorbable costs.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by American Red Cross. According to the author:

Historically, emergency responses during natural disasters and public health crises have faced challenges in efficiently integrating volunteer health professionals. 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. [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.** The Emergency Medical Assistance Compact (EMAC) is a national interstate mutual aid agreement that enables states to share resources during disasters. EMAC is administered by the National Emergency Management Association (NEMA) and has been ratified by the U.S. Congress and 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 may share resources from all disciplines, protect personnel who deploy, and be reimbursed for mission-related costs. EMAC 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. This bill authorizes EMSA, after approval by the Commission on Emergency Medical Services, to promulgate rules and requires EMSA to consult with and consider the recommendations of the entity established to coordinate the implementation of the EMAC and to also consult with and consider rules promulgated by similar agencies in other states to promote uniformity of application of the Act and make the emergency response systems in the various states reasonably compatible.

According to the Uniform Law Commission (ULC), “[a] primary purpose of [the Act] 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 Act was drafted 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 health practitioners to supplement resources provided by state and local governments and first responders. The ULC notes the Act supplements EMAC “by authorizing the interstate use of volunteer health practitioners who are not state and local employees in the same manner as government employees may be used under EMAC and other state compacts.”

- 3) **Concerns.** The Board of Registered Nursing supports this bill if amended to require out-of-state volunteer healthcare providers to be connected to the facility or organization they are volunteering for and for EMSA to be notified of that affiliation. The Medical Board of California directed its staff to express various concerns to the author; these are reported in the Assembly Health Committee analysis.