

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1558
 AUTHOR: Arambula
 BILL DATE: January 8, 2026, Introduced
 SUBJECT: Uniform Emergency Volunteer Health Practitioners Act
 SPONSOR: American Red Cross

DESCRIPTION OF CURRENT LEGISLATION:

Enacts the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA), which, among other provisions, authorizes establishing volunteer registration systems by certain entities. Further, 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 conduct in this state in response to an in-state emergency, as specified.

BACKGROUND

The [Uniform Law Commission](#) (ULC), also known as the National Conference of Commissioners on Uniform State Laws, was established in 1892 to provide the states with non-partisan model legislation that brings clarity and stability to various areas of state statutory law. The [California Commission on Uniform State Laws](#) was created in 1897 to represent California on the ULC.

According to the [ULC website](#), 19 states have enacted the UEVHPA. In addition to AB 1558, [similar legislation](#) is currently pending in the New York State Legislature.

[Business and Professions Code \(BPC\) section 900](#) states that a health care practitioner licensed in another state or territory of the United States who provides health care does not need a license to practice in California if all the following conditions are met:

- They practice during a state of emergency, as defined in [Government Code \(GC\) section 8558\(b\)](#).
- The emergency overwhelms the response capabilities of California health care practitioners.
- There is a request from the Director of the Emergency Medical Services Authority (EMSA).

[EMSA](#) is the lead agency 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.

The [Emergency Management Assistance Compact \(EMAC\)](#) exists between California and all other states and territories within the United States and is placed in [GC section 179.5](#). Article V of the 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](#) (see paragraph 3 of page 3), that out-of-state personnel, including medical personnel, entering California to assist in preparing for and responding to the effects of the pandemic be permitted to provide services as prescribed in GC 179.5. Permission for any such individual was subject to the approval of the Director of the EMSA.

ANALYSIS:

No fact sheet from the author was available at the time this analysis was published.

According to information on the UCL 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 UCL 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 UCL, were effective in responding to the Gulf Coast Hurricanes of 2005. The UCL 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 UCL 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.”

Many aspects of this proposal fall outside the jurisdiction of the Medical Board of California (Board). The matters, however, that pertain to the Board’s authority to protect consumers from out-of-state providers, as proposed to be established in AB 1558, are relevant to the Board.

Provisions Related to the Board

- A licensing board, among other organizations, may operate a volunteer health practitioner registration system.
- A licensing board may restrict or modify the services that health care practitioners regulated by that board may provide.
- A licensing board is granted the following powers and duties:
 - 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.
 - May impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency.
 - 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.

- When imposing administrative sanctions, a licensing board shall 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.

Board Staff Comments on the Bill Language

After reviewing the language, Board staff have the following observations and comments:

- 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.
- 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.
- The term “volunteer health practitioner registration” is not defined.
 - A volunteer health practitioner registration is not required to verify whether the volunteer had previously been denied a license or revoked or surrendered their license previously in California.
- The term “disaster relief organization” is not defined.
- The language regarding confirmation of the identities of practitioners and their licensure status is unclear.
- 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.
- 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.
- 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.
- It is unclear how the Board would exercise the proposed authority to discipline a Board-licensee 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.
- The language requiring the licensing boards to consider the circumstances related to the conduct in question may be unnecessary and potentially confusing.

Consideration of a Board Position

AB 1558 could enhance the state's opportunity to effectively respond to disasters, but it is not clear, at this time, the extent to which California law is lacking in this area.

Accordingly, staff do not have a recommended position on this legislation. Rather, staff recommend that the Board discuss this legislation and direct staff to provide appropriate comments to the author, conduct any research that would be helpful to the Board, and report back at the next Quarterly Board meeting.

FISCAL: Unknown.

SUPPORT: None identified.

OPPOSITION: None identified.

POSITION: Recommendation: No position recommendation.

ATTACHMENT: [AB 1558, Arambula. Uniform Emergency Volunteer Health Practitioners Act.](#)
Version: 1/08/26 – Introduced