

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 1558 **VERSION:** INTRODUCED JANUARY 8, 2026

AUTHOR: ARAMBULA **SPONSOR:** AMERICAN RED CROSS

STAFF RECOMMENDED POSITION: SUPPORT IF AMENDED

SUBJECT: UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT

Summary: This bill would enact the Uniform Emergency Volunteer Health Practitioners Act to standardize how volunteer health practitioners are registered, verified, and deployed during declared emergencies in California. It defines what constitutes a registration system, defines scope-of-practice rules, and provides the Emergency Medical Services Authority (EMSA) authority to regulate volunteer deployment and coordination during emergencies.

Existing Law:

1. Establishes the Emergency Management Assistance Compact in Federal law, for the purpose of providing mutual assistance between states in managing any emergency disaster that is declared by the Governor of the affected state. (Public Law No. 104-321, Government Code (GC) §§179-179.9)
2. Establishes the Emergency Medical Services Authority (EMSA) in this state to develop planning and implementation guidelines for emergency medical service systems, and to provide technical assistance to agencies, counties and cities in developing emergency medical services systems. Health and Safety Code (HSC) §§1797.100, 1797.103, 1797.104)
3. Defines three types of emergencies (GC) §8558):
 - a. “State of emergency,” which means proclaimed existence of disaster or extremely perilous conditions to safety of persons or property in the state. Examples of causes include air pollution, fire, flood, storm, epidemic, riot, drought, cyberterrorism, sudden and severe energy shortage, electromagnetic pulse attack, plant or animal infestation or disease, or earthquake, which are by reason of their magnitude, likely to be beyond the control of services, personnel, equipment, and facilities of any single county and city and that instead require combined mutual aid.
 - b. “Local emergency,” which means proclaimed existence of disaster or extremely perilous conditions to safety of persons and property in a county and/or city. Examples of causes include air pollution, fire, flood, storm, epidemic, riot,

drought, cyberterrorism, sudden and severe energy shortage, deenergization event, electromagnetic pulse attack, plant or animal infestation or disease, or earthquake, which are likely beyond the control of services, personnel, equipment, and facilities of that political subdivision and that instead require combined forces.

- c. "State of war emergency," which is a condition, with or without a proclamation by the Governor, in which the state or nation is attacked by an enemy of the U.S. or warned by the federal government that an attack is probable or imminent.
4. Allows the director of the Office of Emergency Services to declare a state of emergency when warranted when the Governor is inaccessible. (GC §8588)
5. Empowers the Governor to proclaim a state of emergency in an affected area when conditions exist and it is either requested by the city mayor or specified county official, or if it is determined the local authority is inadequate to cope with the emergency. (GC §8625)
6. Specifies who may proclaim a local emergency, and the requirements for it to remain in effect. (GC §8630)

This Bill:

1. Establishes the Uniform Emergency Volunteer Health Practitioners Act (Act) and applies it to volunteer health practitioners registered with a state-compliant registration system who provide health services in California for a host entity during an emergency declaration. (GC §§8599.5, 8599.52)
2. Sets the requirements for a state-compliant volunteer health practitioner registration system as follows (GC §8599.54(a)):
 - It is a part of a federally authorized program under the Public Health Service Act that establishes state emergency systems for advance registration of volunteer health care practitioners or local units of trained emergency response, public health, and medical personnel; OR is operated by a disaster relief organization, a licensing board under DCA, a national, state or regional association of licensing boards or health practitioners, a health facility that provides comprehensive inpatient and outpatient health care services, or a government entity; OR is designated by EMSA as a registration system.
 - It accepts applications for volunteers before or during an emergency.
 - It includes accessible information about the licensure and standing of health practitioners and is capable of providing this information to EMSA to confirm accuracy.

3. During a declared emergency, permits EMSA or its authorized agent, or a host entity to confirm whether volunteer health practitioners used in this state are registered with a state compliant registration system. The only information that may be obtained is the identities of the practitioners and whether or not they are licensed in good standing. (GC §8599.54(b))
4. Requires registration systems in this state to notify the person in this state or another state who is authorized to manage the emergency response, of the identities of the volunteer health practitioners and their license status upon request. (GC §8599.54(c))
5. Defines a volunteer health practitioner as a health practitioner who provides health or veterinary services, whether or not they are compensated for their services. It excludes a practitioner who receives compensation pursuant to a preexisting employment relationship with a host entity that requires the provision of 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 here during an emergency declaration. (GC §8599.51(o))
6. During the emergency declaration, allows EMSA to regulate volunteer health practitioners regarding the following (GC §8599.53(a)):
 - The duration of practice.
 - The geographical areas where they practice.
 - The type of practitioners permitted.
 - Any other matters necessary to effectively coordinate the health services during the emergency.
7. Requires the host entity, which is defined as an entity operating in this state that uses volunteer health practitioners to respond to an emergency to (GC §§8599.51(i), 8599.53(c)):
 - Coordinate with EMSA to provide for the efficient and effective use of the practitioners; and
 - Comply with all laws relating to the management of emergency health services.
8. Requires EMSA to coordinate its activities with the Office of Emergency Services (OES) to ensure that any deployment of volunteer health practitioners is consistent with the state's standardized emergency management system. (GC §8599.53(d))
9. Allows a volunteer health practitioner who is registered with a state-compliant registration system and licensed in good standing in their state, to practice in this

state while an emergency declaration is in effect, to the extent allowed by this Act. (GC §8599.55)

10. Requires the volunteer health practitioner to adhere to the scope of practice for a similarly licensed practitioner in this state but must not provide services that are outside of their own scope of practice. (GC §8599.57(a) and (b))
11. Permits the applicable licensing board to restrict or modify the health services that the volunteer health practitioners may provide. A host entity may also restrict the health services that they may provide. (GC §8599.57(c) and (d))
12. Prohibits a volunteer health practitioner from being found to have engaged in unauthorized practice unless they have a 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. The reason to know is defined as (GC §8599.57(e)):
 - 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
 - From the facts and circumstances known to the practitioner at the relevant time, a reasonable person would conclude this.
13. Provides a licensing board in this state with the following powers and duties (GC §8599.57(f) and (g)):
 - It may impose administrative sanctions on a health practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency;
 - It may impose administrative sanctions on a practitioner not licensed in this state for conduct in this state in response to an in-state emergency; and
 - It must report any administrative sanctions imposed upon a practitioner licensed in another state to the appropriate licensing board in all other states where the practitioner is licensed.

When determining whether to impose administrative sanctions, the licensing board must consider the circumstances of the conduct and the practitioner's scope of practice, education, training, experience, and specialized skills.

14. Permits EMSA to promulgate rules to implement this Act, provided that it obtains approval from The Commission on Emergency Medical Services, and consults with and considers the recommendations of the entity established to coordinate the implementation of the Emergency Management Assistance Compact and similarly empowered agencies in other states to promote uniformity of application and compatibility across states. (GC §8599.60)

Comment:

1. **Author's Intent.** In the fact sheet for the bill, the author states the following and contends that without a clear state law, California will continue to face delays in deploying volunteer health practitioners during emergencies:

“Historically, emergency responses during natural disasters and public health crises have faced challenges in efficiently integrating volunteer health professionals. Federal programs such as the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) registry were created after the September 11 attacks to streamline credentialing and deployment of health volunteers across state lines. Since then, many states have adopted model laws like the Uniform Emergency Volunteer Health Practitioners Act to formalize these practices at the state level and ensure states can prepare for disasters before they happen.

Currently, the Emergency Medical Services Authority (EMSA) manages emergency medical planning and the state's Disaster Healthcare Volunteers system. Under this system, volunteers often cannot be deployed until the state formally approves them to serve. This approval process takes time and can delay response efforts. Although the state allowed a temporary workaround during the Los Angeles wildfires, officials made clear that this workaround would need to be requested and approved separately for each future disaster. This case-by-case approach creates uncertainty and slows emergency response.”

2. **Other States.** The author states that 22 other states, including Illinois, Washington, and Texas, have passed legislation similar to this. They provided the following link to the Uniform Law Commission which summarizes the progress of this issue in other states: <https://www.uniformlaws.org/committees/community-home?CommunityKey=565933ce-965f-4d3c-9c90-b00246f30f2d>.
3. **Past Waivers.** During the COVID-19 State of Emergency, certain qualifying health care providers licensed out-of-state were able to apply to EMSA for a temporary authorization to practice in the state without a California license. That authorization allowance ended in February 2023.

During that time, several hundred equivalently licensed master's level mental health licensed professionals were authorized by EMSA to provide services in this state.

Additionally, in early 2025, EMSA again provided temporary practice authorization for qualifying health care providers to assist with the Southern California wildfire response efforts. During that time, EMSA provided temporary authorization to practice in this state to 9 master's level out-of-state mental health licensees, most of whom were working for the Red Cross.

4. **Provision of Practitioner Information to the Applicable Licensing Board.** It is unclear whether EMSA would be required to relay information about the practitioners to the applicable licensing board. EMSA provided this information to the Board during the two previous emergencies that utilized Board licensees. The Board should discuss whether provision of this information should be a requirement.
5. **GC §8599.57(a) – Similarly Licensed Practitioner.** This subdivision states that a volunteer health practitioner practicing here must adhere to the scope of practice for a similarly licensed practitioner in this state.

“Similar” is somewhat vague. For example, it could be argued that the LMFT and LPCC licenses are “similar” professions. Staff recommends the term “similarly” be replaced with “equivalently.”

6. **GC §8599.57(e) – Unauthorized Practice.** This subdivision prohibits a volunteer health practitioner from being found to have engaged in unauthorized practice unless they had a reason to know of a limitation, modification, or restriction under the act or unless they had reason to know that a similarly licensed person in this state would not be permitted to provide those services.

This may be concerning from a consumer-protection standpoint, as a practitioner could act outside of the scope of practice in California, and simply claim ignorance of that fact to avoid accountability. To address this, the bill could be amended to require all volunteer health practitioners to attest that they have reviewed and will comply with the California scope of practice for their profession, prior to providing any services.

7. **Fiscal Impact.** As written, staff does not expect this bill to have a significant fiscal impact. Although the Board might incur enforcement costs to pursue disciplinary action against CA licensees in other states or the out-of-state licensees in CA for acting out of scope, these costs are expected to be minimal and absorbable.

However, §8599.54(a)(4)(C) of the bill gives licensing boards the ability to qualify as a volunteer health practitioner registration system. As written, this ability is permissible – the Board will not be required to act as a registration system. However, if the Board were to choose to do this, or be required to, costs could potentially be significant. These would include costs to develop and implement the application process as well as continuous workload to review applications, enter information into a database, and respond to inquiries from volunteers. These costs would likely not be absorbable within existing resources.

8. **Previous Legislation.** SB 641 (2025) proposed permitting DCA Boards to waive specified provisions of their licensing laws for licensees or applicants affected by a declared state or national emergency. In May 2025, the Board opted to watch the bill instead of taking a position. The Governor vetoed the bill, noting that in

previous disasters, his office had coordinated targeted relief and consumer protections to disaster victims absent the authority sought in the bill.

9. Staff Recommended Position. Staff recommends that the Board consider taking a “support if amended” position on this bill.

10. Support and Opposition.

Support: American Red Cross (Sponsor)

Opposition: None at this time.

11. History

03/16/26	Referred to Com. on HEALTH.
01/09/26	From printer. May be heard in committee February 8.
01/08/26	Read first time. To print.

Blank Page

Introduced by Assembly Member Arambula

January 8, 2026

An act to add Article 7.7 (commencing with Section 8599.5) to Chapter 7 of Division 1 of Title 2 of the Government Code, relating to volunteer emergency services.

legislative counsel's digest

AB 1558, as introduced, Arambula. Uniform Emergency Volunteer Health Practitioners Act.

Existing law establishes the Emergency Medical Services Authority (EMSA) in the California Health and Human Services Agency to establish planning and implementation guidelines for emergency medical service systems, as specified. The guidelines are required to address, among other things, disaster response, and the authority is required to provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems. The EMSA is required to adopt rules and regulations, approved by the Commission on Emergency Medical Services, in order to carry out its duties.

Existing law ratifies, approves, and sets forth the provisions of the Emergency Management Assistance Compact, an interstate agreement that provides for mutual assistance between states responding to emergencies and disasters. Under the compact, a person who holds a professional license, certificate, or other permit issued by a state party to the compact is deemed licensed, certified, or permitted by a state requesting assistance to render aid involving that skill to meet a declared emergency or disaster, as specified.

Existing federal law establishes the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program to support states and territories in establishing volunteer registration programs for disasters and public health and medical emergencies. Pursuant to the ESAR-VHP program, the EMSA established the Disaster Healthcare Volunteers program to register volunteers in California. Existing federal law also establishes the Medical Reserve Corps to provide for an adequate supply of volunteers in the case of a federal, state, local, or tribal public health emergency, as specified.

This bill would enact the Uniform Emergency Volunteer Health Practitioners Act, which would authorize the establishment of additional volunteer registration systems by additional entities. In this regard, the bill would require a registration system to be an ESAR-VHP program or a local unit of the Medical Reserve Corps, as specified, to be designated by the 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. The bill would require that a registration system be capable of supplying the 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. The bill would establish scope-of-practice standards for a registered volunteer health practitioner. The bill would authorize the 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. The bill would authorize 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. The bill would require the EMSA and host entities to coordinate their activities with the Office of Emergency Services, as specified.

This bill would exempt a registered volunteer health practitioner from the unauthorized practice provisions for a health or veterinary service unless they have reason to know of an applicable limitation, modification, or restriction or that a similarly licensed practitioner in this state would not be permitted to provide that service. The bill would authorize 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, if certain conditions are met. The bill would also provide that volunteer health practitioners providing services in California shall be considered agents or employees of the state for the purpose of workers' compensation coverage while performing services in this state or traveling to or from this state for that purpose. The bill would authorize the authority to promulgate rules, after approval by the Commission on Emergency Medical Services, in order to implement the provisions of the Uniform Emergency Volunteer Health Practitioners Act.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Article 7.7 (commencing with Section 8599.5)
 2 is added to Chapter 7 of Division 1 of Title 2 of the Government
 3 Code, to read:

4
 5 Article 7.7. Uniform Emergency Volunteer Health Practitioners
 6 Act

7
 8 8599.5. This article may be cited as the Uniform Emergency
 9 Volunteer Health Practitioners Act.

10 8599.51. For the purposes of this article, the following terms
 11 have the following meanings:

12 (a) "Disaster relief organization" means an entity that provides
 13 emergency or disaster relief services that include health or
 14 veterinary services provided by volunteer health practitioners and
 15 that meets either of the following requirements:

16 (1) It is designated or recognized as a provider of those services
 17 pursuant to a disaster response and recovery plan adopted by an
 18 agency of the federal government or the Emergency Medical
 19 Services Authority.

20 (2) It regularly plans and conducts its activities in coordination
 21 with an agency of the federal government or the Emergency
 22 Medical Services Authority.

23 (b) "Emergency" means an event or condition that is a state of
 24 emergency proclaimed pursuant to Section 8588 or 8625, a local

1 emergency proclaimed pursuant to Section 8630, a health
2 emergency proclaimed pursuant to Section 101080 of the Health
3 and Safety Code, or a state of war.

4 (c) “Emergency declaration” means a proclamation of
5 emergency issued pursuant to Section 8588, 8625, or 8630, a
6 declaration of health emergency pursuant to Section 101080 of
7 the Health and Safety Code, or a declaration of war by the United
8 States.

9 (d) “Emergency Management Assistance Compact” means the
10 interstate compact approved by Congress by Public Law No.
11 104-321 and ratified in Article 3.7 (commencing with Section 179)
12 of Chapter 1 of Division 1 of Title 1.

13 (e) “Entity” means a person other than an individual.

14 (f) “Health facility” means an entity licensed under the laws of
15 this or another state to provide health or veterinary services.

16 (g) “Health practitioner” means an individual licensed under
17 the laws of this or another state to provide health or veterinary
18 services.

19 (h) “Health services” means the provision of treatment, care,
20 advice, or guidance, or other services, or supplies, related to the
21 health or death of individuals or human populations, to the extent
22 necessary to respond to an emergency, including all of the
23 following:

24 (1) Services or supplies concerning the physical or mental
25 condition or functional status of an individual or affecting the
26 structure or function of the body, including the following:

27 (A) Preventive, diagnostic, therapeutic, rehabilitative,
28 maintenance, or palliative care.

29 (B) Counseling, assessment, procedures, or other services.

30 (2) The sale or dispensing of a drug, a device, equipment, or
31 another item to an individual in accordance with a prescription.

32 (3) Funeral, cremation, cemetery, or other mortuary services.

33 (i) “Host entity” means an entity operating in this state that uses
34 volunteer health practitioners to respond to an emergency.

35 (j) “License” means authorization by a state to engage in health
36 or veterinary services that are unlawful without the authorization.
37 The term includes authorization under the laws of California to
38 provide health or veterinary services based upon a national
39 certification issued by a public or private entity.

1 (k) “Person” means an individual, corporation, business trust,
2 trust, partnership, limited liability company, association, joint
3 venture, public corporation, government or governmental
4 subdivision, agency, or instrumentality, or any other legal or
5 commercial entity.

6 (l) “Scope of practice” means the extent of the authorization to
7 provide health or veterinary services granted to a health practitioner
8 by a license issued to the practitioner in the state in which the
9 principal part of the practitioner’s services is rendered, including
10 any conditions imposed by the licensing authority in that state.

11 (m) “State” means a state of the United States, the District of
12 Columbia, Puerto Rico, the United States Virgin Islands, or any
13 territory or insular possession subject to the jurisdiction of the
14 United States.

15 (n) “Veterinary services” means the provision of treatment,
16 care, advice or guidance, or other services or supplies, related to
17 the health or death of an animal or to animal populations, to the
18 extent necessary to respond to an emergency, including all of the
19 following:

20 (1) Diagnosis, treatment, or prevention of an animal disease,
21 injury, or other physical or mental condition by the prescription,
22 administration, or dispensing of vaccine, medicine, surgery, or
23 therapy.

24 (2) Use of a procedure for reproductive management.

25 (3) Monitoring and treatment of animal populations for diseases
26 that have spread or demonstrate the potential to spread to humans.

27 (o) “Volunteer health practitioner” means a health practitioner
28 who provides health or veterinary services, whether or not the
29 practitioner receives compensation for those services. “Volunteer
30 health practitioner” does not include a practitioner who receives
31 compensation pursuant to a preexisting employment relationship
32 with a host entity or affiliate that requires the practitioner to provide
33 health services in this state, unless the practitioner is not a resident
34 of this state and is employed by a disaster relief organization
35 providing services in this state while an emergency declaration is
36 in effect.

37 8599.52. This article applies to volunteer health practitioners
38 registered with a registration system that complies with Section
39 8599.54 and who provide health or veterinary services in this state
40 for a host entity while an emergency declaration is in effect.

1 8599.53. (a) While an emergency declaration is in effect, the
2 Emergency Medical Services Authority may limit, restrict, or
3 otherwise regulate all of the following:

- 4 (1) The duration of practice by volunteer health practitioners.
- 5 (2) The geographical areas in which volunteer health
6 practitioners may practice.
- 7 (3) The types of volunteer health practitioners who may practice.
- 8 (4) Any other matters necessary to coordinate effectively the
9 provision of health or veterinary services during the emergency.

10 (b) An order issued pursuant to subdivision (a) may take effect
11 immediately, without prior notice or comment, and is not a
12 regulation within the meaning of the Administrative Procedure
13 Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of
14 Division 3).

15 (c) A host entity that uses volunteer health practitioners to
16 provide health or veterinary services in this state shall do both of
17 the following:

- 18 (1) Coordinate its activities with the Emergency Medical
19 Services Authority to the extent practicable to provide for the
20 efficient and effective use of volunteer health practitioners.
- 21 (2) Comply with any laws other than this article relating to the
22 management of emergency health or veterinary services.

23 (d) The Emergency Medical Services Authority shall coordinate
24 its activities under this section with the Office of Emergency
25 Services to ensure that any deployment of volunteer health
26 practitioners is consistent with the standardized emergency
27 management system, established pursuant to Section 8607.

28 8599.54. (a) To qualify as a volunteer health practitioner
29 registration system, a system shall do all of the following:

- 30 (1) Accept applications for the registration of volunteer health
31 practitioners before or during an emergency.
- 32 (2) Include information about the licensure and good standing
33 of health practitioners that is accessible by authorized persons.
- 34 (3) Be capable of supplying sufficient information about
35 registered volunteer health practitioners to the Emergency Medical
36 Services Authority, or a similar designated agency, in order to
37 allow that authority or agency to confirm the accuracy of
38 information concerning whether a health practitioner is licensed
39 and in good standing before health services or veterinary services
40 are provided under this article.

- 1 (4) Meet at least one of the following conditions:
2 (A) Be an emergency system for advance registration of
3 volunteer health care practitioners established by a state and funded
4 through the Health Resources and Services Administration under
5 Section 319C-2 of the Public Health Service Act (42 U.S.C. Sec.
6 247d-3b).
7 (B) Be a local unit consisting of trained and equipped emergency
8 response, public health, and medical personnel formed pursuant
9 to Section 2813 of the Public Health Service Act (42 U.S.C. Sec.
10 300hh-15).
11 (C) Be operated by one of the following:
12 (i) A disaster relief organization.
13 (ii) A licensing board or bureau established pursuant to Division
14 2 (commencing with Section 500) of, or Chapter 12 (commencing
15 with Section 7600) of Division 3 of, the Business and Professions
16 Code.
17 (iii) A national, state, or regional association of licensing boards
18 or health practitioners.
19 (iv) A health facility that provides comprehensive inpatient and
20 outpatient health care services, including a tertiary care and
21 teaching hospital.
22 (v) A governmental entity.
23 (D) Be designated by the Emergency Medical Services Authority
24 as a registration system for purposes of this article.
25 (b) While an emergency declaration is in effect, the Emergency
26 Medical Services Authority, a person authorized to act on behalf
27 of the authority, or a host entity may confirm whether volunteer
28 health practitioners utilized in this state are registered with a
29 registration system that complies with subdivision (a).
30 Confirmation is limited to obtaining identities of the practitioners
31 from the system and determining whether the system indicates that
32 the practitioners are licensed and in good standing.
33 (c) Upon request of a person in this state authorized to manage
34 the emergency response, or a similarly authorized person in another
35 state, a registration system located in this state shall notify the
36 person of the identities of volunteer health practitioners and
37 whether the practitioners are licensed and in good standing.
38 (d) A host entity is not required to use the services of a volunteer
39 health practitioner even if the practitioner is registered with a

1 registration system that indicates that the practitioner is licensed
2 and in good standing.

3 8599.55. (a) While an emergency declaration is in effect, a
4 volunteer health practitioner, registered with a registration system
5 that complies with Section 8599.54 and licensed and in good
6 standing in the state in which the practitioner's registration is based,
7 may practice in this state to the extent authorized by this article as
8 if the practitioner were licensed in this state.

9 (b) A volunteer health practitioner qualified under subdivision
10 (a) is not entitled to the protections of this article if the practitioner
11 is licensed in more than one state and any license of the practitioner
12 is suspended, revoked, or subject to an order limiting or restricting
13 practice privileges, or has been voluntarily terminated under threat
14 of sanction.

15 (c) Nothing in this article is intended to modify the licensing
16 requirements imposed on any health practitioner by licensing or
17 regulatory provisions contained in Division 2 (commencing with
18 Section 500) of the Business and Professions Code, or by any other
19 laws or regulations of this state, in the absence of an emergency
20 declaration, as that term is defined in subdivision (c) of Section
21 8599.51.

22 8599.56. (a) For purposes of this section, the following terms
23 have the following meanings:

24 (1) "Credentialing" means obtaining, verifying, and assessing
25 the qualifications of a health practitioner to provide treatment,
26 care, or services in or for a health facility.

27 (2) "Privileging" means the authorizing by an appropriate
28 authority, such as a governing body, of a health practitioner to
29 provide specific treatment, care, or services at a health facility
30 subject to limits based on factors that include license, education,
31 training, experience, competence, health status, and specialized
32 skill.

33 (b) This article does not affect credentialing or privileging
34 standards of a health facility and does not preclude a health facility
35 from waiving or modifying those standards while an emergency
36 declaration is in effect.

37 8599.57. (a) Except as further limited by subdivisions (b) and
38 (c), a volunteer health practitioner shall adhere to the scope of
39 practice for a similarly licensed practitioner established by the
40 licensing provisions, practice acts, or other laws of this state.

1 (b) Except as otherwise provided in subdivision (c), this article
2 does not authorize a volunteer health practitioner to provide
3 services that are outside the practitioner’s scope of practice, even
4 if a similarly licensed practitioner in this state would be permitted
5 to provide the services.

6 (c) The applicable licensing board or bureau may restrict or
7 may, consistent with the limitations set forth in subdivision (a),
8 modify the health services or veterinary services regulated by that
9 body that volunteer health practitioners may provide pursuant to
10 this article. An order under this subdivision may take effect
11 immediately, without prior notice or comment, and is not a
12 regulation within the meaning of the Administrative Procedure
13 Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of
14 Division 3).

15 (d) A host entity may restrict the health or veterinary services
16 that a volunteer health practitioner may provide pursuant to this
17 article.

18 (e) A volunteer health practitioner shall not be found to have
19 engaged in unauthorized practice unless the practitioner has reason
20 to know of any limitation, modification, or restriction under this
21 section or that a similarly licensed practitioner in this state would
22 not be permitted to provide the services. A volunteer health
23 practitioner has reason to know of a limitation, modification, or
24 restriction or that a similarly licensed practitioner in this state
25 would not be permitted to provide a service if either:

26 (1) The practitioner knows the limitation, modification, or
27 restriction exists or that a similarly licensed practitioner in this
28 state would not be permitted to provide the service.

29 (2) From all the facts and circumstances known to the
30 practitioner at the relevant time, a reasonable person would
31 conclude that the limitation, modification, or restriction exists or
32 that a similarly licensed practitioner in this state would not be
33 permitted to provide the service.

34 (f) In addition to the authority granted by the laws of this state,
35 other than this article, to regulate the conduct of health
36 practitioners, a licensing board or other disciplinary authority in
37 this state has the following powers and duties:

38 (1) It may impose administrative sanctions upon a health
39 practitioner licensed in this state for conduct outside of this state
40 in response to an out-of-state emergency.

1 (2) It may impose administrative sanctions upon a practitioner
2 not licensed in this state for conduct in this state in response to an
3 in-state emergency.

4 (3) It shall report any administrative sanctions imposed upon a
5 practitioner licensed in another state to the appropriate licensing
6 board or other disciplinary authority in any other state in which
7 the practitioner is known to be licensed.

8 (g) In determining whether to impose administrative sanctions
9 under subdivision (f), a licensing board or other disciplinary
10 authority shall consider the circumstances in which the conduct
11 took place, including any exigent circumstances, and the
12 practitioner's scope of practice, education, training, experience,
13 and specialized skill.

14 8599.58. This article does not limit rights, privileges, or
15 immunities provided to volunteer health practitioners by laws other
16 than this article.

17 8599.59. A volunteer health practitioner who is providing
18 health or veterinary services in this state pursuant to this article,
19 or who is traveling to or from this state to provide those services,
20 shall be considered an employee of this state for purposes of
21 worker's compensation coverage concerning any injury,
22 occupational illness, or death incurred by the practitioner in
23 providing the services or in traveling to or from this state to provide
24 the services. Worker's compensation benefits for volunteer health
25 practitioners are limited to those benefits provided to state
26 employees under the laws of this state.

27 8599.60. The Emergency Medical Services Authority may
28 promulgate rules, after approval by the Commission on Emergency
29 Medical Services, to implement this article. In doing so, the
30 authority shall consult with and consider the recommendations of
31 the entity established to coordinate the implementation of the
32 Emergency Management Assistance Compact and shall also consult
33 with and consider rules promulgated by similarly empowered
34 agencies in other states to promote uniformity of application of
35 this article and make the emergency response systems in the various
36 states reasonably compatible.

1 8599.61. In applying and construing this article, consideration
2 shall be given to the need to promote uniformity of the law with
3 respect to its subject matter among states that enact it.

O