
THIRD READING

Bill No: AB 1003
Author: Calderon (D)
Amended: 8/20/25 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 7/2/25

AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla,
Richardson, Rubio, Weber Pierson, Wiener

SENATE GOVERNMENTAL ORG. COMMITTEE: 15-0, 7/8/25

AYES: Padilla, Valladares, Archuleta, Ashby, Blakespear, Cervantes, Dahle,
Hurtado, Jones, Ochoa Bogh, Richardson, Rubio, Smallwood-Cuevas, Wahab,
Weber Pierson

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 79-0, 6/3/25 - See last page for vote

SUBJECT: Public health: emergency plans and wildfire research

SOURCE: Breathe Southern California

DIGEST: This bill adds a due date of June 30, 2026 to existing law which requires the California State Department of Public Health (CDPH) to complete a plan with recommendations and guidelines for counties to use in case of a significant air quality event. Adds to the requirements of the CDPH and county-specific plans in existing law, including distribution and public posting requirements.

Senate Floor Amendments of 8/20/25 extend the due date from June 30, 2026 to June 30, 2027 for CDPH to complete a plan with recommendations and guidelines for counties to use in case of a significant air quality event. Adds public health officers for each local health department to the list of stakeholders CDPH is required to distribute the plan to upon completion.

ANALYSIS:

Existing law:

- 1) Establishes the California Department of Public Health (CDPH), directed by a state Public Health Officer (PHO), to be vested with all the duties, powers, purposes, functions, responsibilities, and jurisdictions as they relate to public health and licensing of health facilities, as specified. [Health and Safety Code (HSC) §131050]
- 2) Requires CDPH to develop a plan with recommendations and guidelines for counties to use in the case of a significant air quality event caused by wildfires or other sources. Requires the plan to address all of the following:
 - a) Establishing policies and procedures that address respiratory protection and other protective equipment and devices;
 - b) Making available respiratory protection and other protective equipment and devices available for distribution;
 - c) Providing information to residents on what they should do if the air quality index hits a significant threshold;
 - d) Providing information to residents regarding the health impacts of inhaling air pollution during a significant air quality event caused by wildfires or other sources;
 - e) Developing prevention strategies to assist residents in avoiding inhalation of air pollutants; and,
 - f) Disseminating the information to the public. [HSC §107250(a)]
- 3) Requires the recommendations in the plan to include guidance about how a county informs a resident about all of the following:
 - a) Unhealthy air quality;
 - b) The Air Quality Index;
 - c) The effect of air pollution on an individual's health, including the symptoms someone may experience and where to go for medical assistance;
 - d) Where an individual can obtain protective respiratory protection and other protective equipment;
 - e) How and when to use respiratory protection and other protective equipment;
 - f) How and when an individual needing oxygen or respiratory medications can obtain oxygen or respiratory medications;

- g) How to protect children, seniors, the disabled, the homebound, the homeless, those working outdoors, tourists, visitors, non-English speakers, and any others who may have difficulty obtaining or using masks or other protective equipment without assistance; and
 - h) Any other information that is useful for an individual to protect their health, and the health of their loved ones, in the case of significantly poor air quality caused by wildfires or other sources. [HSC §107250(b)]
- 4) Requires the plan to also include best practices and recommended protocols for reaching out to inform the general public about the recommendations and guidelines. Requires the plan to include best practices and recommended protocols for reaching out specifically to vulnerable populations, such as the homeless, elderly, disabled, and homebound. [HSC §107250(c)]
- 5) Establishes, within the office of the Governor, the California Office of Emergency Services (Cal OES), which is responsible for addressing natural, technological, or manmade 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. [Government Code (GOV) §8585]
- 6) Requires a county, including a city and county, in advance of the next update to its emergency plan, use the CDPH plan and develop a county-specific plan that addresses all of the recommendations and guidelines of the CDPH plan. [GOV §8593.25(a)]
- 7) Requires a county, in advance of the next update to its emergency plan, to establish criteria, locations, and measurements of effectiveness for public respite facilities during poor air quality and other weather-related events. [GOV §8593.25(b)]
- 8) Requires a county-specific plan to incorporate a plan to identify personnel to rapidly deploy aid and expertise to disaster areas, and a plan for public outreach to promptly and effectively inform the public about the health threat and what the public should do in response. [GOV §8593.25(c)]
- 9) Requires a county-specific plan to incorporate a process to provide emergency provisions of respiratory protection, air purifiers, medications, and oxygen for people with respiratory and pulmonary diseases, and people suffering symptoms of respiratory and pulmonary diseases. Authorizes the county to

incorporate its existing process, if any, into its county-specific plan to fulfill this requirement. [GOV §8593.25(d)]

- 10) Authorizes two or more counties to establish a multicounty agreement to develop and implement a regional multicounty plan in place of each individual county implementing its own plan. Requires a multicounty plan to be approved by each of the counties' board of supervisors. [GOV §8593.25(e)]

This bill:

- 1) Requires CDPH to complete its plan on or before June 30, 2027, post the plan on their website within seven days of completion, and distribute the plan within 14 days of completion to all of the following:
 - a) The chair of the board of supervisors and chief executive of each county, including a city and county;
 - b) The director and public health officer for each local health department;
 - c) The director of the office of emergency services for each county, including a city and county;
 - d) The Director of Cal OES;
 - e) The chairs of the Assembly and Senate Committees on Health; and
 - f) The air pollution control officer for each air district.
- 2) Requires a county-specific plan to incorporate a process to conduct outreach and communicate to the public and with key stakeholders about the plan, what it includes, how it will be implemented, and steps stakeholders and other members of the public need to take to be prepared in the event of an air quality event caused by wildfires or other sources.
- 3) Requires, after a county-specific plan or a regional multicounty plan is approved by the county's board of supervisors, to distribute the plan to:
 - a) The chief executive, who may be a city manager or a mayor of each city within the county, and to the county executive of the respective county, including a city and county;
 - b) The director of the county's department of health, and the director of the department of public health for any city in their county that has its own public health department;
 - c) The PHO; and,
 - d) The Director of CalOES.

- 4) Requires CDPH to post a copy of each county-specific plan or regional multicounty plan after a plan is adopted by each county within 14 days of receiving each plan.

Comments

According to the author of this bill:

Prolonged exposure to wildfire smoke can be harmful to lung health. Research has shown that hospitalizations for adverse smoke exposure increase within a two-month period after a wildfire or significant air quality event. Children, people with lung or heart disease, pregnant women, and older adults are particularly vulnerable. In 2018 and following the Camp Fire, 76% of children with asthma in Northern California's Bay Area suffered an asthma attack or flare-up. This bill builds upon my previous legislation, AB 619 of 2021, establishing a deadline for the state to finish developing recommendations to protect Californians from the detriments of wildfire smoke. As we recover from the 2025 wildfires in Los Angeles County, California must recommit to protecting our health during times of crisis.

Background

According to an August 2022 CDPH report titled "Wildfire Smoke Considerations for California's Public Health Officials," the ten largest wildfires in California's recorded history have occurred since 2000 – with five of these wildfires occurring in a single year (2020). The 2020 August Complex wildfire was the first California wildfire to burn one million acres. Instead of primarily late summer and early fall, wildfires now occur throughout the year. The 2022 Big Sur wildfire started in January and the 2017 Thomas wildfire started in December. Scientists predict that climate change will result in "longer, hotter, and drier fire seasons" that increase the risk of severe wildfires and exposure to wildfire smoke. The California Department of Forestry and Fire Protection (CAL FIRE) reports that the Eaton and Palisades wildfires in 2025 of January were the second most destructive wildfires in California history. Both wildfires were active for 24 days, and destroyed a combined total of 37,728 acres and 16,246 structures; as well as caused a total of 29 deaths.

Wildfire smoke and health. According to the 2022 CDPH report, a growing body of scientific evidence links wildfire smoke exposure to various adverse health effects. Although it is often assumed that most healthy people will recover from

short-term exposure to wildfire smoke, others may experience more severe symptoms due to biological factors (such as life stage or pre-existing medical conditions) and extrinsic, nonbiologic factors (socioeconomic status, lack of access to adequate housing, lack of access to healthcare). The risk of health effects due to wildfire smoke exposure appears to vary throughout a lifetime, being generally higher in childhood, lower in young adults, and increasing in middle age through older age as the prevalence of heart, lung, and metabolic disease increases. Pregnancy is also a period of unique vulnerability for both the pregnant person and developing fetus. Studies of ambient air pollution have found that exposure to fine and coarse particles is linked with increased risk of premature mortality and aggravation of pre-existing respiratory and cardiovascular disease. Recent reviews conclude that a strong association exists between exposure to wildfire smoke or wildfire-particulate matter (PM) and mortality and respiratory morbidity. Strong positive associations have been found between wildfire smoke exposure and exacerbations of asthma, chronic obstructive pulmonary disease (COPD), bronchitis, and pneumonia. Studies have also linked fine PM to increased risks of heart attacks and sudden death from cardiac arrhythmia, heart failure, or stroke.

CCST/Blue Forest report. In September 2023, the California Council on Science and Technology (CCST) and Blue Forest released a report titled “The Human Health Benefits of Improving Forest Health in California,” which examines the connections between forest management, wildfire smoke, and human health through interviews with health sector organizations and a review of scientific literature. The report highlights knowledge gaps and the data, research, and collaborations needed to fill them, as well as steps to ensure the improved health for living under frequently smoky skies. Major takeaways from the report include:

- a) Wildfire smoke impacts human health and health sector organizations’ workforces, operations, and ability to provide services, yet the costs are largely unquantified;
- b) Many interviewed health sector organizations see value in future engagement with forest management to mitigate adverse outcomes and costs associated with wildfire smoke, but require avenues for collaboration and more information on the potential benefits of forest management to human health and the health sector;
- c) Comprehensive statewide and/or locally specific information on the adverse human health impacts of wildfire smoke are not readily available but could be generated from additional analysis of existing data resources; and,

- d) A small but growing body of research suggests that management to improve forest health can be tailored to reduce total smoke impacts and benefit human health.

AB 619 (Calderon, Chapter 412, Statutes of 2021). In response to the increase in wildfires and adverse respiratory health effects in California, AB 619 required CDPH to develop a plan, addressing specified issues, with recommendations and guidelines for counties to use in the case of a significant air quality event caused by wildfires or other sources. AB 619 also required counties to use the air quality plan developed by CDPH and develop a county-specific plan that addresses all of the recommendations and guidelines of the air quality plan. This bill builds upon AB 619 by implementing a deadline for CDPH to develop the emergency plan and distribute the information to the appropriate entities, as well as require the dissemination of county-specific plans to the appropriate entities and constituents.

Related/Prior Legislation

Prior legislation. SB 945 (Alvarado-Gil of 2024) was substantially similar to SB 223. *SB 945 was held in the Assembly Appropriations Committee.*

AB 619 (Calderon, Chapter 412, Statutes of 2021) requires CDPH to develop a plan, addressing specified issues, with recommendations and guidelines for counties to use in the case of a significant air quality event caused by wildfires or other sources. AB 619 requires a county, in advance of its next emergency plan update, to use the air quality plan developed by CDPH and develop a county-specific plan that addresses all of the recommendations and guidelines of CDPH's air quality plan.

AB 2968 (Rodriguez, Chapter 257, Statutes of 2020) requires CalOES to establish best practices for counties developing and updating a county emergency plan and to establish a review process for a county to request the office to review a county's emergency plan.

AB 3267 (Smith, Chapter 260, Statutes of 2020) requires CalOES to coordinate with representatives of the access and function needs population when the office updates the State Emergency Plan and to complete an after-action report within 180 days after each declared disaster instead of 120 days.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

SUPPORT: (Verified 8/20/2025)

Breathe Southern California (source)
California Air Pollution Control Officers Association
California Association of Environmental Health Administration
California Society for Respiratory Care
California Emergency Services Association
Community Action to Fight Asthma

OPPOSITION: (Verified 8/20/2025)

None received

ARGUMENTS IN SUPPORT: Sponsor of this bill, Breathe Southern California, writes that California is always at risk of experiencing its next landscape-scale wildfire, and where there's fire, there's smoke. Wildfire smoke causes problems far beyond the geographic reach of the flames: emergency room visits spike during smoke events, people with respiratory diseases are more likely to experience flare-ups, children will face long-term lung damage if they are exposed to smoke too frequently, and hospital resources will have massive strains placed upon them. They write that this bill will expedite the implementation of AB 619. The California Association of Environmental Health Administrators state that wildfires are fueling a public health crisis, with impacts to air quality, the health care system, and mental health. They assert that climate models predict wildfires will further triple in frequency and severity by 2050. Children, the elderly, the disabled, pregnant women, those with chronic health conditions, outdoor workers, firefighters, incarcerated populations, and unhoused populations are the most vulnerable to the ill effects of increases in air pollution. The California Emergency Services Association writes that the timely posting and distribution of this plan will ensure that residents, local health officers, and emergency responders have access to critical information to prepare for and respond to significant air quality events. They further state that the requirement for counties to develop their specific plans with effective outreach processes will enhance communication with residents and stakeholders, ensuring that everyone is informed about necessary protective measures.

ASSEMBLY FLOOR: 79-0, 6/3/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen,

Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

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