

CONCURRENCE IN SENATE AMENDMENTS

AB 1003 (Calderon)

As Amended August 20, 2025

Majority vote

SUMMARY

Requires the Department of Public Health (DPH) to complete a plan with recommendations and guidelines for counties to use in case of a significant air quality event, as provided in existing law, on or before June 30, 2027. Requires county-specific plans developed pursuant to existing law to additionally incorporate a process to conduct outreach and communicate to the public and with key stakeholders about the plan, as specified.

Senate Amendments

Delay implementation of the requirement for DPH to complete a plan with recommendations and guidelines for counties to use in case of a significant air quality event from June 30, 2026 to June 30, 2027. Includes the public health officer for each local health department to the list of stakeholders to whom the plan is required to be distributed.

COMMENTS

Background on Wildfires. California's climate makes it naturally prone to wildfires. The Legislative Analyst's Office released a publication titled, "*Frequently Asked Questions about Wildfires in California*," which highlighted that starting in the spring, much of the state typically experiences low levels of rainfall and increasingly warm conditions. These conditions begin to dry out vegetation, which makes the state increasingly susceptible to wildfires during the summer and early fall — or even later in years when dry conditions persist through the winter. Some areas of the state face a particularly high risk of severe wildfires due to factors such as the type of vegetation present, the local weather patterns, and the forms and features of land surfaces. According to a 2022 study titled, "*Using wildland fire smoke modeling data in gerontological health research*," between 2007 and 2018, 99.5% of California's population lived in a county with at least one smoke wave, or chronic smoke event. Wildfires have increased in severity over time. Several of the state's largest and most destructive wildfires have occurred in recent years, including the Tubbs Fire (Santa Rosa, 2017), the Camp Fire (Butte County, 2018), the Eaton Fire (Los Angeles, 2025) and the Palisades Fire (Los Angeles, 2025). Wildfires are fueling a public health crisis, with impacts to air quality, the health care system, and mental health. Climate models predict wildfires will further triple in frequency and severity by 2050.

Risks of Wildfire Smoke to Human Health. The majority of epidemiological research on the impact of wildfires on human health has concentrated on wildfire smoke and its emission of particulate matter smaller than 2.5 micrometers in diameter (PM2.5). PM2.5 can easily lodge in the lungs and enter the bloodstream. In the short term, brief exposure to PM2.5 has been shown to cause spikes in asthma, respiratory symptoms, allergic reactions, strokes, heart attacks, and general hospitalization. In the long-term, exposure to PM2.5 has been linked to damage of the heart, lungs, liver, kidneys, and immune system. According to the University of California, Berkeley's Center for Law, Energy, and the Environment (CLEE) report published in 2024 titled, "*Scoping the Public Health Impacts of Wildfire*," PM2.5 exposure has also been associated with an eight % increase in COVID-19 related mortality, increased incidence of tuberculosis, preterm birth, and elevated measures of risk if experienced at any point of pregnancy. Emerging research

suggests that wildfire-specific PM_{2.5} interacts differently with the human body than ambient PM_{2.5} associated with vehicular and industrial emissions. These impacts have been attributed to smoke composition: organic matter (such as the wood and forest biomass combusted in wildfires) has high oxidative potential, which is linked to higher levels of inflammation in the body than that caused by other air pollutants. Higher levels of inflammation exacerbate the existing respiratory and immunological effects of PM_{2.5} exposure. According to a 2021 study titled, "*Fine Particles in Wildfire Smoke and Pediatric Respiratory Health in California*," wildfire-specific PM_{2.5} is about 10 times more harmful to children's respiratory health than ambient PM_{2.5} pollution. Children, the elderly, the disabled, pregnant people, those with chronic health conditions, outdoor workers, firefighters, Indigenous populations, undocumented populations, incarcerated populations, and unhoused populations are the most vulnerable to the ill effects of increases in air pollution.

Wildfires and Health Inequities. Wildfires exacerbate existing health inequities and disproportionately impact marginalized populations. In a 2018 study titled, "*The unequal vulnerability of communities of color to wildfire*" found that the vulnerability to disaster is the result of the socioeconomic context in which the event occurs. Access to resources and the ability to reduce exposure and recover from wildfire are not uniformly distributed. The study found that communities of color – specifically those census tracts with a majority Black, Latinx, or Native American populace – are 50% more vulnerable to wildfires compared to other census tracts. A 2020 study titled, "*The (in)visible victims of disaster: Understanding the vulnerability of the undocumented Latino/a and indigenous immigrants*" noted in its discussion that in California's rural, low-income, and immigrant communities, residents often do not have the required resources to pay for insurance, rebuild, or invest in fire safety, which increases their vulnerability to wildfire. The 2020 study further highlighted that such outcomes have major environmental justice implications, in that certain populations, due to their socioeconomic status, live with a disproportionate share of impacts and suffer greater related health and quality of life burdens.

DPH. According to DPH, wildfire smoke and ash are challenges to California's public health that have the potential to increase with continuing climate change. DPH's Air Quality Section staff are conducting ongoing investigations with other state, federal, and university partners to identify any unique chemical and physical exposures associated with wildfire events and minimize their impacts. DPH further notes that smoldering wildfires can emit PM and gases that are similar to smoke from wood stoves or crop burning, but can also include emissions from man-made structures burned in the fire. Community airborne smoke and ash exposures can vary with fire size, location, and local weather patterns. Potential methods to reduce one's exposure include air cleaners, masks, staying indoors, or leaving smoky areas of the state, depending on the severity of an episode and the air monitoring information available.

The wildfire smoke incidents experienced in many areas of the state during 2017-18 prompted DPH to publish a document titled, "*Wildfire Smoke: Considerations for California's Public Health Officials in 2019*." The document was updated in 2022 to add new information relevant to managing the public health impacts of wildfires. The document contains information about wildfire smoke and its health effects, sensitive populations, strategies to reduce exposure, and other public health considerations to support community response. The document highlights the following factors to consider in planning for wildfire smoke; including but not limited to: building relationships among response partners; develop plans for coordinated public alerts and messaging; distributing available respiratory protection equipment and supplies as needed;

providing coordinated risk communication messaging on post-wildfire activities; and updating mitigation, response and recovery plans.

What does this bill do? This bill establishes a timeline for DPH and counties to implement and disseminate their mitigation plans to counteract the damaging health impacts of wildfire smoke, following the passage of AB 619 (Calderon), Chapter 412, Statutes of 2021 which required DPH to develop a plan with recommendations and guidelines for counties to use in case of a significant air quality event caused by wildfires or other sources and required counties (including cities and counties), in advance of the next update to their emergency plans, to use the plan developed by DPH but allows a county to incorporate its existing process, as specified.

According to the Author

Prolonged exposure to wildfire smoke can be harmful to lung health. The author continues that 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. The author states that this bill builds upon her previous legislation, AB 619 of 2021, which established a deadline for the state to finish developing recommendations to protect Californians from the detriments of wildfire smoke. The author continues that this bill also establishes a Wildfire Smoke Research and Education fund, to research the short and long-term health impacts of wildfire smoke on firefighters and residents. The author concludes that as we recover from the 2025 wildfires in Los Angeles County, California must recommit to protecting our health during times of crisis.

Arguments in Support

Breathe California is the sponsor of this bill and states that California is always at risk of experiencing its next landscape-scale wildfire, and where there's fire, there's smoke. Breathe California continues while our state has made strides to improve forest management and significantly reduce carbon emissions, smoke knows no boundaries and will always impact residents. Breathe California notes that wildfire smoke causes problems far beyond the geographic reach of the flames. Breathe California highlights that emergency room visits spike during smoke events, and people with respiratory diseases are more likely to experience flare-ups. Breathe California further notes that children face long-term lung damage if they are exposed to smoke too frequently, and these smoke events also put a massive strain on hospital resources. Breathe California contends that the passage of this bill would expedite the implementation of AB 619, which would have had made a positive public health impact when dealing with the smoke from our state's recent wildfires. Breathe California concludes that this bill will provide an opportunity for experts to analyze current smoke mitigation measures and better understand additional strategies to further mitigate public health impacts from wildfire smoke.

Arguments in Opposition

None.

FISCAL COMMENTS

According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, negligible state costs.

VOTES:**ASM HEALTH: 15-0-0**

YES: Bonta, Chen, Addis, Aguiar-Curry, Arambula, Carrillo, Flora, Mark González, Krell, Patel, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM EMERGENCY MANAGEMENT: 7-0-0

YES: Ransom, Hadwick, Arambula, Bains, Bennett, Calderon, DeMaio

ASM APPROPRIATIONS: 11-0-4

YES: Wicks, Arambula, Calderon, Caloza, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache

ABS, ABST OR NV: Sanchez, Dixon, Ta, Tangipa

ASSEMBLY FLOOR: 79-0-0

YES: 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

SENATE FLOOR: 40-0-0

YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

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