

Date of Hearing: April 14, 2026

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

AB 1575 (Arambula) – As Amended March 19, 2026

**SUBJECT:** Lanterman Developmental Disabilities Services Act

**SUMMARY:** Expands in-home respite services to include services in the client’s local community and authorizes services to be designed to attend to the client’s appropriate community integration and socialization that ordinarily would be performed by the family members, and updates the term consumer to person eligible for regional center services in the Lanterman Act.

**EXISTING LAW:**

- 1) Establishes the Lanterman Developmental Disabilities Act (Lanterman Act), which states that California is responsible for providing an array of services and supports sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, at each stage of life, and to support their integration into the mainstream life of the community. (Welfare and Institutions Code [WIC] § 4500 *et seq.*)
- 2) Establishes a system of nonprofit regional centers, overseen by the California Department of Developmental Services (DDS), to provide fixed points of contact in the community for all persons with developmental disabilities and their families, and to coordinate services and supports best suited to them throughout their lifetime. (WIC § 4620)
- 3) Defines “consumer” as a person who has a disability that meets the definition of developmental disability described below in 4). (WIC § 4512 (a) (1))
- 4) Defines “developmental disability” as a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature. (WIC § 4512 (d))
- 5) Defines “in-home respite worker” as an individual employed by an agency which is vendored by a regional center to provide in-home respite services. These agencies include, but are not limited to, in-home respite services agencies, home health agencies, or other agencies providing these services. (WIC § 4686 (k))
- 6) Requires the DDS director to develop program standards and establish, maintain, and revise, as necessary, an equitable process for setting rates of state payment, based upon those standards, for in-home respite services purchased by regional centers from agencies vendored to provide these services. Defines “In-home respite services” as intermittent or regularly scheduled temporary nonmedical care and supervision provided in the client’s own home, for

a regional center client who resides with a family member. These services are designed to do all of the following:

- a) Assist family members in maintaining the client at home.
- b) Provide appropriate care and supervision to ensure the client's safety in the absence of family members.
- c) Relieve family members from the constantly demanding responsibility of caring for the client.
- d) Attend to the client's basic self-help needs and other activities of daily living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family members. (WIC § 4690.2)

**FISCAL EFFECT:** Unknown, this bill has not been analyzed by a fiscal committee.

**COMMENTS:**

**Background:** *Respite for Families.* Respite is used to relieve family members from the responsibility of providing care to their loved ones with intellectual and developmental disabilities (I/DD). Services can be intermittent or regularly scheduled supervision. There are three different types of respite: In-home, Crisis, and Behavioral. In-home respite workers who are trained by a licensed health care professional may provide incidental medical services that are restricted to gastrostomy, colostomy/ileostomy, and urinary catheter care. Crisis Respite provides services out-of-home. It includes 24-hr observation and temporary care by crisis workers in a licensed residential facility to relieve families of caring for their loved one with I/DD. Services and supports are available to families for planned or emergency needs. Behavioral Respite is intermittent or regularly scheduled non-medical care and/or supervision that is provided in-home for individuals with I/DD and behavioral needs. Staff teach the individual self-help and daily living skills, and implement a pre-existing behavior plan to support behavioral needs.

Respite provides relief for parents and can provide benefits to families including:

- Improving the family's ability to cope with daily responsibilities and maintain stability during crisis;
- Preserving the family unit and reducing the pressures that might lead to institutionalization, divorce, neglect, and child abuse;
- Allowing families to become involved in community activities and to feel less isolated;
- Allowing families to spend time together and alone; and,
- Making it possible for family members to establish individual identities and enrich their own growth and development.

*This bill* would now allow in-home respite services to be provided out-of-home in a client's local community.

*Terminology Matters.* The words used by the media to write about mental health are very important and can help reduce stigma around mental illness if carefully chosen (American Psychiatric Association, 2024).<sup>1</sup> Some research has been undertaken to identify broader community preferences or usage impact. A study that assessed preferences of government employees found 60% surveyed preferred person-first language and 26% considered person- and identity-first language equivalent (Lynch et al., 1994).<sup>2</sup> When writing (or legislating) about people in the IDD community, one should use language that emphasizes what people can do instead of what they cannot do (Americans with Disabilities Act National Network, 2024).<sup>3</sup> Furthermore, the words we use to describe others can shape our perceptions of the people involved who are affected by those words (Foothold Technology, 2023).<sup>4</sup>

*This bill* updates the term consumer to person eligible for regional center services which may be more inclusive.

**Author’s Statement:** According to the Author, “Adults with disabilities continue to experience discrimination in education, employment, and healthcare settings. These challenges predictably result in reduced access to care and more limited opportunities, creating an often inescapable cycle of frustration for families trying to navigate the system. Shifting away from the use of harmful language will help in eliminating this stigma. [This bill] updates the Lanterman Act to ensure consistent use of person-first language, emphasizing each person’s humanity and moving away from stigmatizing language.”

**Equity Implications:** The primary goal of the Lanterman Act is to empower Californians with developmental disabilities to live independent, productive, and normal lives, fully integrated into their communities. *This bill* allows respite services to be provided outside of the home, which enables individuals receiving these services to continue activities in the community and further allows them to be integrated into the community while simultaneously allowing caregivers to get a break.

*Arguments in Support.* According to the sponsors of this measure, The Arc and United Cerebral Palsy California Collaboration, “[This bill] addresses outdated terminology in the Lanterman Act, including the continued use of the term “consumer.” This term implies a commercial relationship that does not reflect the nature of services provided under the Act. By shifting to person first language and grounding descriptions in eligibility for services, the bill promotes dignity, respect, and accuracy in how people with developmental disabilities are described in statute.

“The bill clarifies that respite services may be provided in and around the home and local community. Current statutory language suggests that respite must occur strictly within the home, which does not reflect how services are already being delivered in practice. [This bill] provides important clarity while maintaining the existing scope of the service. It does not expand entitlement, impose new requirements on providers, or alter rules related to transportation.

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<sup>1</sup> <https://www.psychiatry.org/newsroom/reporting-on-mental-health-conditions>

<sup>2</sup> <https://www.proquest.com/openview/ec13dcdba2854ecaf64f7ad761593f0d/1?cbl=1819158&pq-origsite=gscholar>

<sup>3</sup> <https://adata.org/factsheet/ADANN-writing>

<sup>4</sup> <https://footholdtechnology.com/news/people-first-language/>

Rather, it ensures that common sense activities such as going for a walk or meeting at a community location during respite care is clearly permissible.”

*Arguments in Opposition.* Doogri Institute writes in opposition (unless amended), “[This bill] risks obscuring consumer data from program integrity reviews, by obscuring what legislators can objectively analyze. California should not adopt changes that reduce visibility or diminish the role of individuals in safeguarding system integrity. Consumers have the desire to be identified and integrated into public policy. Our position is grounded in lived experience, and our consumer status should remain protected under DDS, not regional centers. When consumers are excluded from the data systems that define their care, their rights become invisible.”

## **REGISTERED SUPPORT / OPPOSITION:**

### **Support**

BHH Respite Services  
California Respite Association  
Educate. Advocate.  
El Arc de California  
Manos Home Care INC.  
Quality Respite and Home Care, INC.  
The Arc and United Cerebral Palsy California Collaboration  
The Arc of Butte County  
Tri-County Respite Care Service  
UCP of Sacramento and Northern California  
United Cerebral Palsy of the Inland Empire  
One private citizen

### **Opposition**

Doogri Institute (unless amended)

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