

Date of Hearing:

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

Jasmeet Bains, Chair

SB 582 (Stern) – As Amended May 5, 2025

SENATE VOTE: 39-0

SUBJECT: Health and care facilities: licensing during emergencies or disasters

SUMMARY: Requires that facilities that have been made nonoperational as a result of a disaster or emergency, be able to obtain a disaster suspension of its license, and have annual licensing fees waived on a year-by-year basis. Facilities include specified health facilities within the jurisdiction of the California Department of Public Health (CDPH); residential facilities and other specified entities within the jurisdiction of the Department of Social Services (DSS), and alcohol and other drug recovery or treatment facilities within the jurisdiction of the Department of Health Care Services (DHCS).

Further requires skilled nursing facilities (SNFs) to seek input on their disaster plans from county or regional and local planning offices, including the medical health operational area coordinator (MHOAC).

Specifically, this bill:

- 1) Establishes new provisions of law governing the licensing of various types of health, social services, residential, daycare, and other facilities or entities during a state of emergency proclaimed by the Governor, a federal emergency declaration or a federal major disaster declaration by the President of the U.S., or a federal fire management assistance declaration approved by the Federal Emergency Management Agency (FEMA), as each of these are defined. Specifies that these provisions of law apply to all of the following entities:
 - a) The following entities within the jurisdiction of CDPH: SNFs, intermediate care facilities (ICFs), congregant living health facilities (CLHFs), and hospice facilities;
 - b) Community care facilities under the jurisdiction of DSS, which include:
 - i) residential facilities,
 - ii) adult day programs,
 - iii) foster family homes,
 - iv) small family homes,
 - v) transitional shelter care facilities,
 - vi) transitional housing placement providers,
 - vii) enhanced behavioral supports homes,
 - viii) community crisis homes,
 - ix) crisis nurseries,
 - x) short-term residential therapeutic programs,
 - xi) adult residential facilities,
 - xii) medical foster homes for veterans,
 - xiii) RCFEs,
 - xiv) child daycare facilities licensed by DSS; and,
 - c) Alcohol or other drug recovery or treatment facilities under the jurisdiction of DHCS.

- 2) Requires the external disaster and mass casualty program plan required to be adopted by SNFs pursuant to specified regulations to be updated yearly, and requires SNFs, in adopting and updating the plan, to do all of the following:
 - a) Seek input from county or regional and local planning offices, including the MHOAC;
 - b) Incorporate, to the extent feasible, lessons learned from any recent major disasters that impacted SNFs in California; and,
 - c) Provide copies of the plan, including updates, to local or regional emergency planning offices, including the MHOAC.
- 3) Amends a provision of law that *encourages* an RCFE to have its emergency and disaster plan reviewed by local emergency authorities to instead *require* an RCFE to provide a copy of its emergency and disaster plan to the MHOAC for the purposes of local disaster coordination.
- 4) Requires CDPH, DSS, or DHCS, as applicable, in the case of an entity described in above, that is made nonoperational, due to its destruction, significant damage, or through a prolonged closure or otherwise, during and as a result of a proclaimed or declared emergency or disaster, to allow the entity to obtain a disaster suspension of its active license if the entity intends to become operational again by being rebuilt or otherwise in the same or alternative location.
- 5) Requires the entity referenced above notify the applicable department within six months of the proclamation or declaration if the entity seeks to obtain a disaster suspension of its active license.
- 6) Prohibits this bill from being construed as waiving any applicable inspection requirements under existing law for purposes of making entities operational again.
- 7) Permits CDPH, DSS, or DHCS to waive, in whole or in part, the annual state licensing fees for the entity on a year-by-year basis if an entity is nonoperational and is being rebuilt for the same purpose.
- 8) Requires state departments, if an entity is licensed or certified by more than one department within the Health and Human Services Agency and is made nonoperational, to coordinate operational steps.
- 9) Requires CDPH or DSS, for the duration of the first 30 calendar days following a proclamation or declaration of an emergency or disaster, to waive in-person or daily attendance requirements for Community-Based Adult Services, or for childcare programs, for purposes of an entity made nonoperational.
- 10) Requires DSS to collaborate with local building, planning, and permitting officials, the local fire marshal, and local childcare agencies and regional centers, to ensure swift and seamless processes for inspecting and licensing entities that are being made operational again after an emergency or disaster.

EXISTING LAW:

- 1) Licenses and regulates various types of health facilities by the CDPH, including hospitals, SNFs, ICFs of different types, CLHFs, and hospice facilities. (*HSC §1250*)
- 2) Requires SNFs to adopt and follow a written external disaster and mass casualty program plan developed with the advice and assistance of county or regional and local planning offices. (*California Code of Regulations, Title 22 §72551*)
- 3) Licenses and regulates RCFEs by DSS, defined as a housing arrangement chosen by persons 60 years of age or over, where varying levels and intensities of care and supervision, protective supervision, personal care, or health-related services are provided. (*HSC §1569, et seq.*)
- 4) Requires RCFEs to have an emergency and disaster plan that includes, among other things, transportation needs and evacuation procedures to ensure that the facility can communicate with emergency response personnel or can access the information necessary in order to check the emergency routes to be used at the time of an evacuation and relocation necessitated by a disaster. RCFEs are encouraged to have the plan reviewed by local emergency authorities. (*HSC §1569.695*)
- 5) Licenses and regulates, by DSS through the California Community Care Facilities Act, various types of facilities that are maintained and operated to provide nonmedical residential care, day treatment, adult daycare, or foster family agency services, for children and/or adults, including the physically handicapped, mentally impaired, incompetent persons, and abused or neglected children. (*HSC §1500, et seq.*)
- 6) Establishes the California Child Day Care Facilities Act to license child daycare facilities by DSS. (*HSC §1596.70, et seq.*)
- 7) Licenses and regulates adult alcohol or other drug recovery and treatment facilities by DHCS, defined as a place that provides residential nonmedical services to adults who are recovering from problems related to alcohol and/or drug misuse or addiction and who need recovery treatment or detoxification services. (*HSC §11834.01, et seq.*)
- 8) Establishes the California Emergency Services Act, which provides the Governor with the authority to proclaim a state of emergency, and provides the Governor, during a state of emergency, with complete authority over all agencies of the state government and the right to exercise within the area all police power vested in the state by the Constitution and laws of California, and in exercising these powers, gives the Governor the authority to promulgate, issue, and enforce such orders and regulations as he deems necessary. (*GOV §8625, et seq.*)
- 9) Defines three conditions of emergency for purposes of the Emergency Services Act, including a “state of war emergency,” a “local emergency” that is within the territorial limits of a city or county, and a “state of emergency,” which could be caused by air pollution, fire, flood, storm, epidemic, riot, drought, cyberterrorism, sudden and severe energy shortage, plant or animal infestation or disease, or an earthquake or other conditions, which are likely to be beyond the control of the services, personnel, equipment, and facilities of any single

county or city and require the combined forces of a mutual aid region or regions to combat. (GOV §85580)

- 10) Permits the county health officer and the local emergency medical services agency (LEMSA) administrator to act jointly as the MHOAC). Requires the MHOAC, in cooperation with the county office of emergency services, the local public health department, the local office of environmental health, the local department of mental health, the LEMSAs, the local fire department, the regional disaster and medical health coordinator, and the regional office of the Office of Emergency Services (Cal OES), to be responsible for ensuring the development of a medical and health disaster plan for the operational area. Requires the MHOAC to recommend to the operational area coordinator of the Office of Emergency Services a medical and health disaster plan for the provision of medical and health mutual aid within the operational area. (HSC §1797.153)
- 11) Under the California Emergency Services Act, coordinates the State Emergency Plan (SEP) and those programs necessary for the mitigation of the effects of an emergency in this state; and shall coordinate the preparation of plans and programs for the mitigation of the effects of an emergency by the political subdivisions of this state, such plans and programs to be integrated into and coordinated with the SEP and the plans and programs of the federal government and of other states to the fullest possible extent. (GOV § 8569)
- 12) Under the SEP, requires Cal OES to coordinate with representatives, including, but not limited to, social service agencies, nonprofit organizations, and transportation providers, from the access and functional needs population regarding the integration of access and functional needs into the SEP (GOV § 8570.4)

FISCAL EFFECT: The Senate Committee on Appropriations writes in a May 2025 analysis states “Unknown, potential costs to CDSS, CDPH, and DHCS to oversee revised licensing processes. Potential costs would primarily be funded by existing special funds consisting of various facility-specific licensing fee revenues.”

COMMENTS:

Author’s Statement: “The January fires were devastating to our established communities, including licensed health and care facilities, which were severely impacted in the wake of destruction. This bill offers critical support to these vital facilities by helping them recover and ensuring their resilience in the face of future disasters. By allowing a temporary freeze on their active licenses, this bill enables facilities to avoid lengthy and costly re-licensing processes when the facility is ready to re-open. Additionally, this bill provides flexibility for additional remedies such as waiving all or part of the annual state licensing fees for facilities, which are being rebuilt and have been authorized for disaster-suspended licenses. With oversight from the DSS, DHCS and CDPH, support with licensing post-disaster is not only a step toward the recovery of these facilities but also a step towards rebuilding the community as a whole.”

BACKGROUND

Aging population data: California's aging population is growing faster than any other age group. By 2030, over 25 percent of the population in California will be 60 and older.¹

California is projected to be one of the fastest growing States in the nation in total population. In 2016, California comprised 12 percent of the nation's population² and is expected to grow 30 percent by the year 2060 (an increase of 11.7 million people.³ In California, the population aged 60 years and over is expected to grow more than three times as fast as the total population and this growth will vary by region.

The population over age 60 will have an overall increase of 166 percent during the period from 2010 to 2060. More than half the counties will have over a 100 percent increase in this age group. Nearly half of these counties will have growth rates of over 150 percent. These counties are located throughout the central and southern areas of the State. The influence of the 60 and over age group on California is expected to emerge most strongly between 2010 to 2030.³

The population over age 85 will increase at an even a faster rate than those over 60 years of age, having an overall increase of 489 percent during the period from 2010 to 2060. Counties can expect to experience even higher growth rates after 2020. In particular, the influence of the 85 and over age group on California will emerge most strongly between 2030 to 2040 as the first of the baby boomers reach 85 years of age.³

Life expectancy continues to rise,⁴ however during 2019-2021 overall life expectancy for Californians fell from 81.4 years to 78.4 years. For Hispanics, life expectancy declined by nearly 6 years, a difference three times greater than their white counterparts. And the difference between those in California's highest and lowest income brackets increased by three-and-a-half years to greater than 15 years (11.5 years before the pandemic to more than 15 years in 2021).⁵

State Emergency Plan

California Government Code Section 8650 establishes the SEP. The SEP is the primary plan for the California Emergency Support Functions (CA-ESFs). Emergency support functions are intended to provide a planning framework for local, tribal, state, and federal governments, as well as the private sector. This framework enables these entities to work together to mitigate, prepare for, respond to, and recover from the effects of emergencies regardless of the cause, size, location, or complexity.

As part of its response-support role, in coordination with other CA-ESFs and the Office of Access and Functional Needs (OAFN) within Cal OES, the CA-ESF 6 will support the mass care community in addressing individuals with disabilities, older adults, and others with AFN.

No two disasters are ever the same; yet, virtually all incidents disproportionately affect individuals with AFN (i.e. people with disabilities, older adults, children, limited English

¹ <https://dof.ca.gov/forecasting/demographics/projections/>

² <https://factfinder.census.gov>

³ <http://www.dof.ca.gov/Forecasting/Demographics/Projections>

⁴ <https://longevity.stanford.edu/the-new-map-of-life-initiative/>

⁵ <https://newsroom.ucla.edu/releases/covid-life-expectancy-drops-by-race-and-income>

proficiency, and transportation disadvantaged). Understanding this harsh reality, in 2008 California established OAFN within the Governor's Office of Emergency Services.

The purpose of OAFN is to identify the needs of individuals with disabilities and others with access or functional needs before, during, and after disasters and to integrate them into the State's emergency management systems. OAFN plans for the realities of disasters by integrating access and functional needs into everything Cal OES does including partnership development, outreach, training, guidance and providing technical assistance.

Disaster planning relating to facilities

California regulations governing SNFs require that a written external disaster and mass casualty program plan⁶ be adopted and followed (22 CCR §72551). The plan is required to be developed with the advice and assistance of county or regional and local planning offices and not conflict with county and community disaster plans. A copy of the plan is required to be available on the premises for review by CDPH. Among other provisions, it is required to have an evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department, and the LEMSAs, and arrangements for the safe transfer of patients after evacuation. The plan is required to be reviewed at least annually, and revised as necessary to ensure that the plan is current. Similarly, RCFEs are also required to have a disaster plan, and RCFEs are "encouraged" to have the plan reviewed by local emergency authorities.

Under existing law, each region in California has a MHOAC⁷ that is responsible for ensuring the development of a medical and health disaster plan for the operational area. The medical and health disaster plan is required to follow national standards and include a list of seventeen policies and procedures. Anecdotally, MHOACs have indicated that disaster plans from SNFs and RCFEs are often not shared with them, and during emergencies when these facilities need to be evacuated, it can be chaotic. This bill requires SNFs to seek input from the MHOAC when developing or updating their disaster plans, and requires both SNFs and RCFEs to share provide copies of these plans to the MHOAC to help with coordination in the event of a disaster.

Auditor Report

A 2019 report from the State Auditor, "California Is Not Adequately Prepared to Protect Its Most Vulnerable Residents From Natural Disasters"⁸ sites the three counties audited had not met the needs of vulnerable populations in their emergency planning. As California recovers from the most devastating fires in our history, we know the data shows older adults and people with disabilities perish in higher numbers during disasters.

As floods, earthquakes and wildfires, as well as other natural disasters continue to plague California from coasts to deserts and north to south, we continue to identify how well we provide services to older adults and people with disabilities.

⁶ <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/Essential-Plan-Elements-for-External-Disaster-Plans.aspx>

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<https://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/MedicalandHealthOperationalAreaCoordinationManual.pdf>

⁸ <https://information.auditor.ca.gov/pdfs/reports/2019-103.pdf>

In recent years, California has experienced an increase in the frequency and severity of wildfires, and experts project that these events will continue to occur more frequently.⁹ Consequently, the state will likely need to protect its residents more often and from more dangerous natural disasters in the future than it has in the past.

2025 Fires in Los Angeles and Surrounding Areas

The Eaton, Palisades, and Hurst fires erupted in Los Angeles the first week in January 2025. In the subsequent days, several more fires broke out in Los Angeles and adjacent counties. Governor Newsom proclaimed a state of emergency on January 7, 2025 and subsequently issued a series of executive orders, including policy directives related to licensed facilities. One executive order¹⁰ authorized CDPH to waive licensing requirements and accompanying regulations for any hospital, clinic, other health facility, home health agency, or hospice agency impacted by this emergency. Additionally, this executive order authorized DSS to waive provisions of law with respect to the use, licensing, certification, registration or approval of childcare providers, facilities or homes under DSS jurisdiction, and authorized DHCS to waive any licensing, certification, or approval requirements for behavioral health programs and facilities impacted, including alcohol and other drug programs.

According to CAL FIRE, based on preliminary assessments as of April 3, 2025, the Eaton and Palisades fires rank as the second and third most destructive wildfires in California history¹¹, and the fifth and ninth deadliest, respectively.¹² The preliminary assessments estimate that 9,413 structures, including homes, outbuildings (barns, garages, sheds, etc.) and commercial properties were destroyed in the Eaton fire, and another 6,833 structures destroyed in the Palisades fire.

⁹ <https://wildfiretaskforce.org/wp-content/uploads/2022/04/californiawildfireandforestresilienceactionplan.pdf>

¹⁰ [1.8.2025-LA-Fires-EO-N-2-25.pdf](https://www.cdph.ca/Programs/CID/DCDC/Pages/1.8.2025-LA-Fires-EO-N-2-25.aspx)

¹¹ https://34c031f8-c9fd-4018-8c5a-4159cdff6b0d-cdn-endpoint.azureedge.net/-/media/calfire-website/our-impact/fire-statistics/top20_destruction.pdf?rev=adaea8332a014a7ebf11dc6fdb3f8e98&hash=EA9A8C492BD9FBAA0FB67C2FEA3FF52E

¹² https://34c031f8-c9fd-4018-8c5a-4159cdff6b0d-cdn-endpoint.azureedge.net/-/media/calfire-website/our-impact/fire-statistics/top20_deadliest.pdf?rev=227b6e4a007f4df5be4414a12c033184&hash=3864EB332926BB6DC73C84B32A568726

The following table provided by the author highlights facilities that were closed and destroyed as of April 8, 2025:

Department	Type	Evacuated/ Closed/ Non-Operational	Destroyed*
CDPH	General Acute Care Hospital	0	0
CDPH	Skilled Nursing Facility	2	2
CDPH	Congregate Living Health Facility	1	1
CDPH	Intermediate Care Facility	0	0
CDPH	Dialysis Facility	0	0
CDPH	Federally Qualified Health Center	1	1
CDPH	Acute Psychiatric Hospital	0	0
DSS	Adult and Senior Care	24	19
DSS	Child Care	68	42
DSS	Children's Residential	7	5
DHCS	Substance Use Disorder - Residential Programs	14	2
DHCS	Substance Use Disorder - Outpatient Programs	0	0
DHCS	Driving Under the Influence (DUI) Programs	2	0
DHCS	Narcotic Treatment Programs	1	0
DHCS	Mental Health Rehabilitation Centers	0	0
DHCS	Psychiatric Health Facilities	0	0
	Total	120	72

*Destroyed numbers are listed as a subset of Evacuated/Closed/Non-Operational

Master Plan for Aging

In January of 2021, the Governor released his Master Plan for Aging (MPA). The MPA prioritizes the health and well-being of older Californians and the need for policies that promote healthy aging. The MPA serves as a blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue California's leadership in aging, disability, and equity.

After work began on the MPA, the COVID-19 pandemic reached California. The virus disproportionately harmed older and other at-risk adults, and it strained aging and disability services that were perpetually underfunded. Worldwide, older adults experienced unprecedented death rates. California's diverse population saw disproportionate numbers, particularly among Latino, Black and Asian Pacific Islander communities and those living in nursing homes. The pandemic intensified social isolation.

The work plan laid out in the MPA four years after its release continues to highlight the urgent needs facing California's older adults, people with disabilities, caregivers, their families, advocates and the workforce supporting these populations..

In 2025-26, the MPA outlines five bold goals and currently seeks to advance 81 initiatives to build a California for All Ages by 2030. Each initiative features a designated area of focus; to deliver, to analyze and to communicate. It also includes a Data Dashboard on Aging to measure progress.

Proposed Amendments: The Author's office has proposed amendments relating to Community Based Adult Services (CBAS) programs:

This bill would require the State Department of ~~Public Health or the State Department of Social Services~~, as applicable, for the duration of the first 30 calendar days following a proclamation or declaration, to waive in person or daily attendance requirements for Community Based Adult Services (CBAS) or childcare programs, for purposes of an entity made nonoperational. Health Care Services, for the duration of the first 30 calendar days following a proclamation or declaration, to require Medi-Cal managed care plans to presume that conditions are met for Emergency Remote Services in Community-Based Adult Services programs for purposes of an entity made nonoperational. The bill would also require the State Department of Social Services, for the duration of the first 90 calendar days following a proclamation or declaration, to waive in-person or daily attendance requirements for childcare programs for purposes of an entity made nonoperational.

Related legislation/History: AB 1068 (Bains) of the current session, requires the Secretary of CalHHS in coordination with various state departments to develop a working group to make recommendations regarding the evacuation and sheltering needs of older adults and people with disabilities living in long-term care facilities during natural, technical or manmade disasters and emergencies.

AB 1069 (Bains) of the current session, requires as part of disaster planning and response, an AAA or an Aging and Disability Resource Connection program have access to an emergency shelter in order to ensure older adults and persons with disabilities receive continuous services and necessary support.

SB 352 (Reyes) of the current session, requires, in specified circumstances, that AAAs and ILCs be prioritized for state assistance when a state of emergency is proclaimed. SB 352 requires ADRC programs to provide disaster and emergency preparedness training designed to help older adults and people with disabilities prepare for emergencies.

AB 3267 (Smith), Chapter 260, Statutes of 2020, required OES to coordinate with representatives from the access and functional needs population when updating the SEP; and, provides OES with additional time to complete an after-action report following each declared disaster.

AB 2064 (Patterson) of 2020, requires OES to review the emergency plans of all local governments to determine if they are consistent with the proposed best practices provisions and, upon request by a local government, provide necessary technical assistance to that local government. This bill would require Cal OES to develop and update annually, in coordination with organizations representing the AFN population, a guidance document for local governments based, in part, on a review of recent emergency and natural disaster incidents and what did or did not go well in the response efforts. This bill was held in the Assembly Committee on Appropriations.

AB 2428 (Fong) of 2020, requires OES to work with representatives from the AFN population when updating the SEP and further requires OES to develop and post on its website a guidance document regarding best practices for, and the lessons learned regarding, emergency and natural preparedness, for use by local governments. This bill was held in Assembly Committee on Governmental Organization.

AB 3098 (Friedman) Chapter 348, Statutes of 2018, updated the required content for an RCFE's emergency and disaster plan and required CDSS to confirm that the plan is on file and includes the required content. Required an applicant seeking an RCFE license for a new facility to submit the plan with the initial license application, and encouraged all RCFE facilities to have its plan reviewed by local emergency authorities.

AB 749 (Wolk) Chapter 477, Statutes of 2008, among other things, required an RCFE to have an emergency plan including evacuation procedures, plans for the facility to be self-reliant for a minimum of 72 hours, transportation needs, and emergency response procedures. AB 749 requires each facility to make the plan available upon request to residents onsite and local emergency responders, and requires DSS to confirm during licensing visits that the plan is on file.

Dual referral: This bill is dual-referred and upon passage out of the Committee on Aging and Long-Term Care will be referred to the Committee on Health.

Arguments in Support: California Long-Term Care Ombudsman Association writes in support, "MHOACs can provide facilities with invaluable feedback during the development of these plans. In the experience of LTCOPs, many MHOAC's already participate in this process. The MHOAC is responsible for coordinating local agencies and resources to respond to emergencies. MHOACs are therefore the best positioned to ensure that facilities' plans are consistent with "county and community disaster plans," as required by current law."

Arguments in Opposition: None.

REGISTERED SUPPORT / OPPOSITION:

Support

California Association for Health Services at Home

California Long-Term Care Ombudsman Association

LeadingAge California

Opposition

None on file.

Analysis Prepared by: Elizabeth Fuller / AGING & L.T.C. / (916) 319-3990