

Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

Patrick Ahrens, Chair

SB 837 (Reyes) – As Amended January 5, 2026

SENATE VOTE: 39-0

SUBJECT: Disaster and emergency preparedness

SUMMARY: Requires Aging and Disability Resource Connections (ADRC) programs to provide disaster and emergency preparedness training specifically designed to help older adults and people with disabilities prepare for emergencies and ensure their safety before, during, and after natural disasters and other emergency events. Specifically, **this bill:**

- 1) Requires ADRCs to provide disaster and emergency preparedness training specifically designed to help older adults and people with disabilities prepare for emergencies and ensure their safety before, during, and after natural disasters and other emergency events.
- 2) Requires training to utilize existing emergency preparedness and response tools developed by the California Office of Emergency Services (Cal OES), the California Department of Aging (CDA), the Department of Rehabilitation (DOR), and other relevant community partners.
- 3) Further provides training to raise awareness of existing available resources and guidance, including, but not limited to: local alert systems; local emergency plans; information from the local fire department; information on emergency transportation and evacuation resources; and, information related to utility services during emergencies and natural disasters.
- 4) Makes legislative findings and declarations relating to vulnerable populations during a disasters.

EXISTING LAW:

- 1) Establishes, in federal law, the Older Americans Act (OAA), which promotes the well-being of Americans 60 years old and above through services and programs designed to meet their needs. (*42 United States Code (USC.) § 3001, et seq.*)
- 2) Establishes the Mello-Granlund Older Californians Act (OCA), which establishes CDA, and sets forth its duties and powers, including, among other things, entering into a contract for the development of information and materials to educate Californians on the concept of “aging in place.” (*WIC § 9100 et seq.*)
- 3) Requires the Secretary of California Health and Human Services (CalHHS), in coordination with the Director of CDA, to lead the development and implementation of the Master Plan for Aging (MPA) established pursuant to Executive Order N-14-19. (*WIC § 9850*)
- 4) Establishes the Aging and Disability Resource Connection (ADRC) program to provide information to consumers and their families on available long-term services and supports

(LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level through ADRC programs operated jointly by area agencies on aging (AAAs) and independent living centers (ILCs). (*WIC § 9120(a)*)

- 5) Requires AAAs and ILCs to be the core local partners in developing ADRC programs. (*WIC § 9120 (c)*)
- 6) Requires ADRC programs to provide all of the following:
 - a. Enhanced information and referral services and other assistance at hours convenient to the public;
 - b. Options counseling concerning LTSS programs and public and private benefits programs;
 - c. Short-term service coordination; and,
 - d. Transition services from hospitals to home and from skilled nursing facilities to the community. (*WIC § 9120 (d)*)
- 7) Requires the ADRC to provide services within the geographic area serviced and provide information to the public about services provided by the programs. (*WIC § 9120 (e)*)
- 8) Requires the ADRC program to be administered by CDA, in collaboration with California Department of Rehabilitation (DOR) and Department of Health Care Services (DHCS), and further provides provisions related to ADRCs only become operative contingent upon appropriation of funds for that purpose by the Legislature. (*WIC § 9120 (b) and (g)*)
- 9) Develops a core model of ADRC best practices by CDA and the ADRC Advisory Committee to include person-centered practices; public outreach and coordination with key referral sources; formal follow up and data sharing. (*WIC § 9120 (f)*)
- 10) Vests in DOR the responsibility and authority to encourage the planning, development, and funding of ILCs, which are private, nonprofit organizations that provide specified services to individuals with disabilities, in order to assist those individuals in their attempts to live fuller and freer lives outside institutions. (*WIC § 19000 et seq.*)
- 11) Establishes Cal OES within the office of the Governor and makes Cal OES responsible for the state's emergency and disaster response services for 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 § 8550)
- 12) Requires Cal OES to coordinate with representatives, as specified, from the access and functional needs (AFN) population to integrate the AFN population into the SEP (Government Code § 8570.4).
- 13) Requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan, as specified (Government Code 8593.3)

FISCAL EFFECT: According to the Senate Committee on Appropriations:

Cal OES estimates General Fund costs of \$372,000 in the first year and \$247,000 ongoing thereafter to support implementation. This includes contract costs of \$125,000 per year for the Office of Access and Functional Needs (OAFN) to include individuals with lived disability experience to review and/or develop new trainings, guidance, and other documents; and state staffing resources to collaborate with the ADRCs and OAFN, develop curriculum and online modules, and provide on-demand contract instruction for ADRCs.

CDA indicates no immediate fiscal impact to the department, but notes that providing information on existing emergency preparedness and response tools and resources could result in minor and absorbable costs and the potential creation of new tools could result in additional cost pressures on the department (General Fund). CDA also indicates unknown likely costs to ADRCs to provide the disaster and emergency preparedness training (General Fund).

DOR anticipates minor and absorbable costs, to the extent that existing emergency preparedness and response tools would be utilized.

COMMENTS:

According to the Author: “The state has long been aware that individuals with disabilities and older adults face a disproportionate risk of death during natural disasters. A 2019 audit by the California State Auditor highlighted the critical gap in emergency management agencies' ability to support these vulnerable populations, revealing a lack of guidelines for assisting these individual in cases of emergency. Recently, wildfires in Southern California claimed the lives of several individuals with disabilities, many of whom were over the age of 70. Despite the longstanding dangers faced by this community, the state has repeatedly failed to take meaningful action.

This bill aims to address this urgent issue and ensure that we prevent further tragedies. This bill will require Aging and Disability Resource Connection programs to provide disaster and emergency preparedness training tailored to the needs of older adults and people with disabilities, equipping them with the knowledge and resources necessary to stay safe before, during, and after an emergency.”

Background: Aging in California: A recent compiled data report by the Public Policy Institute of California titled “California’s Aging Population” states:

By 2040, California’s older adult population (aged 65 and over) is projected to increase by a remarkable 59 percent, from 5.7 million to just over 9 million. This growth stands in stark contrast to the projected changes in other age groups. The working-age population (20–64 years old) is expected to increase only 3 percent, while the population under age 20 is anticipated to decrease by 23 percent. California is projected to have 3.4 million more older adults aged 65 and over, and 1.7 million fewer residents less than 65 years old.

This disproportionate growth in the older population will lead to a significant shift in the state's age structure. Almost one-quarter of Californians (22%) will be age 65 or older by 2040, a substantial increase from 14 percent in 2020. The old-age dependency ratio (the number of older adults per 100 adults of working ages) is projected to grow from 24 to 38. In other words, there will be 38 older adults for every 100 working adults in the state.

The most dramatic growth is projected among the oldest age groups—or the oldest old. The population aged 80 and over is expected to more than double, increasing by nearly 1.8 million in 2040. This rapid growth in the oldest age groups, driven by both the aging of the baby boomers and increases in longevity, is especially significant because of this group's relatively high personal care and health care needs.¹

Life expectancy continues to rise,² 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).³

It is important to note that the COVID-19 pandemic caused a brief (and traumatic) deviation from the long-term pattern of increases in life expectancy. The latest estimates suggest that life expectancy has resumed its pre-pandemic trend of gradually increasing longevity. The Department of Finance projects moderate increases in life expectancies through 2060.⁴

A report the State Auditor from 2019, "California Is Not Adequately Prepared to Protect Its Most Vulnerable Residents From Natural Disasters"⁵ cites 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.⁶

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.

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.⁷ 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.

¹ <https://www.ppic.org/publication/californias-aging-population/>

² <https://longevity.stanford.edu/the-new-map-of-life-initiative/>

³ <https://newsroom.ucla.edu/releases/covid-life-expectancy-drops-by-race-and-income>

⁴ www.cdc.gov/nchs/data/databriefs/db492.pdf

⁵ <https://information.auditor.ca.gov/pdfs/reports/2019-103.pdf>

⁶ <https://www.usfa.fema.gov/statistics/deaths-injuries/older-adults.html>

⁷ <https://wildfiretaskforce.org/wp-content/uploads/2022/04/californiawildfireandforestresilienceactionplan.pdf>

A scholarly article from the National Institute of Health (NIH) reports on the social vulnerability of the people exposed to wildfires in U.S. West Coast states⁸ The report used an index from the U.S. Centers for Disease Control and Prevention to assess the social vulnerability of populations exposed to wildfire from 2000–2021 in California, Oregon, and Washington, which accounted for 90% of exposures in the western United States. The results emphasize the importance of integrating the vulnerability of at-risk populations in wildfire mitigation and adaptation plans.

Area Agencies on Aging: CDA administers programs serving older adults through contracts with local agencies in 33 locations across the state which provide a wide array of services on a community level to seniors and adults with disabilities. AAAs are designated to address the needs and concerns of older adults at the regional and local level. Each county is required to have an AAA to ensure all communities have access to local aging programs and provide information and services for older adults. While California is home to 58 counties, not all counties have a stand-alone AAA. Some AAAs represent multiple counties to serve the region. Not all AAAs provide ADRC services.

Independent Living Centers (ILCs): ILCs serve people with any kind of disability in a local community who can benefit from services and are designed and operated by a majority of people with disabilities. The independent living movement uses people first language, such as "people with disabilities" instead of "disabled people". This shows that the person is most important, not the disability. If a person with a disability wants to ask for help, they can. But the kind of help they ask for and who they ask is up to them. This way of thinking is often described as "self-determination". There are eight core services provided by ILCs:

- 1) Information and Referral (I&R)
- 2) Advocacy
- 3) Independent Living Skills
- 4) Peer Counseling
- 5) Transition and Diversion
- 6) Personal Assistance Services
- 7) Housing
- 8) Assistive Technology

There are 28 Independent Living Centers in California.⁹ Not all ILCs provide ADRC services.

Aging and Disability Resource Connections: ADRCs serve as single points of entry into the LTSS system for older adults, people with disabilities, caregivers, veterans and families. ADRCs are the access point model of California's "no wrong door" system.

The vision behind ADRCs is to establish, in every community, highly visible and trusted sources of information where people of all incomes and ages can turn for the full range of long-term support options and smooth access to public long-term support programs and benefits. Rather than new entities or bricks-and-mortar locations, ADRCs build on the state and community's existing resources on aging and disability. On the aging side, locally this means AAAs and on the disability side, ILCs.

⁸ https://pmc.ncbi.nlm.nih.gov/articles/PMC10511185/pdf/sciadv.adh4615.pdf?utm_source=consensus

⁹ <https://www.dor.ca.gov/Home/IndependentLiving>

ADRCs provide unbiased, reliable information and counseling to individuals with all levels of income. They assist a wide range of individuals, including family caregivers, in accessing LTSS in the most desirable and appropriate setting. Since ADRCs do not limit their services to low-income individuals, they can help families of all income levels get the help they need as well as to utilize their resources more wisely, which may delay or prevent unnecessary institutionalization.¹⁰

A variety of supportive services are available through ADRCs. Anyone regardless of age, income and disability may receive services. These services may include:

- 1) Enhanced Information and Referral Services: Comprehensive resource information, follow-ups, and referrals via "warm hand-offs."
- 2) Options Counseling: Assist in identifying goals and needs through person-centered counseling and coordinating access to public and private-funded LTSS in the community.
- 3) Short-Term Service Coordination: Expedited access to services and supports for individuals at risk of institutionalization, generally for 90 days or less, until a longer-term plan is in place.
- 4) Transition Services: For people who are currently in a hospital, nursing facility, or other institution and wishes to receive LTSS at home or in a community-based setting.¹¹

Emergency Preparedness for Vulnerable Populations:

FEMA, in both their 2022-2026 Strategic Plan and their emergency planning guidelines (Comprehensive Preparedness Guide 101, Version 2.0) articulate the need to build a culture of preparedness by ensuring representation, equity, and services for under-represented diverse populations that may be more impacted by disasters including children, seniors, individuals with disabilities or access and functional needs, individuals with diverse culture and language use, individuals with lower economic capacity, LGBTQ+ communities, and other underserved populations.

In 2008, Cal OES established OAFN. The office identifies the needs of persons with AFN, defined as those with developmental, intellectual, or physical disabilities; chronic conditions or injuries; limited English proficiency or non-English speaking; older adults; children, or pregnant women; those living in institutional settings; who are low-income; homeless; and from diverse cultures. Cal OES offers AFN-related training, guidance, and technical assistance to emergency managers, disability advocates, and other service providers. If requested, Cal OES will review each county's emergency plans, in consultation with individuals with various AFNs, to determine whether the plans are consistent with best practices and guidance issued by FEMA.

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

¹⁰ <https://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door>

¹¹ https://aging.ca.gov/Programs_and_Services/Aging_and_Disability_Resource_Connection/

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.

The work plan laid out in the MPA mid-way through its ten year timeline continues to highlight the urgent needs facing California's older adults, people with disabilities, their families, caregivers, advocates and the workforce supporting these populations.

The MPA for 2025-26 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.¹²

- Goal One: Housing for All Ages and Stages
- Goal Two: Health Reimagined
- Goal Three: Inclusion and Equity, Not Isolation
- Goal Four: Caregiving That Works
- Goal Five: Affording Aging

Related legislation:

AB 1068 (*Bains, held in Senate Committee on Appropriations, 2020*) would require the CDA to prepare and submit a report, as specified, detailing the emergency services available to older Californians and people with disabilities during a natural disaster.

AB 1069 (*Bains, Chapter 445, Statutes of 2025*) This bill required, as part of disaster planning and response, an AAA or an ADRC program have access to an emergency shelter, as defined, established for evacuation purposes during an active event, in order to ensure that older adults and persons with disabilities receive continuous services and necessary support.

AB 3267 (*Smith, Chapter 260, Statutes of 2020*) required Cal OES to coordinate with representatives of the AFN population when it updates the state plan. Cal OES is also required to complete an after-action report within 180 days after each declared disaster instead of 120 days after a declared disaster.

AB 2064 (*Patterson, held in Assembly Committee on Appropriations, 2020*) would require Cal 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 access and functional needs 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. The bill would require Cal OES to post the guidance document, and its annual update, on its website.

AB 2428 (*Fong, held in Assembly Governmental Organization, 2020*) would require Cal OES to work with representatives from the AFN population when updating the State Emergency Plan.

¹² <https://mpa.aging.ca.gov/DashBoard/>

The bill would also require Cal OES to develop and post, on or before July 1, 2021, on its website a guidance document regarding best practices for, and the lessons learned regarding, emergency and natural preparedness, for use by local governments. The bill would require Cal OES to update and post this guidance document by July 1 of each year, commencing with the year 2022.

Arguments in Support

California Foundation for Independent Living Centers, writes in support of the bill “SB 837 reflects our mission at CFILC, which is to support Independent Living Centers through various programs that assist individuals with disabilities to maintain their lives in their homes and communities. One such program is Disability Disaster Access and Resources, which enables individuals with electricity-dependent medical devices to receive life-saving aid in the event of Public Safety Power Shutoffs, as well as during hazardous events such as fires and earthquakes.”

Arguments in Opposition

None.

Dual referral: With passage out of the Committee on Aging and Long-Term Care, SB 837 will be rereferred to the Committee on Emergency Management.

REGISTERED SUPPORT / OPPOSITION:

Support

California Foundation for Independent Living Centers
LeadingAge California
California State Council on Developmental Disabilities
Orange County Fire Authority

Opposition

None.

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