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**SENATE COMMITTEE ON ENVIRONMENTAL QUALITY**

**Senator Blakespear, Chair**

**2025 - 2026 Regular**

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**Bill No:** SB 899  
**Author:** Grove  
**Version:** 3/18/2026  
**Urgency:** No  
**Consultant:** Heather Walters

**Hearing Date:** 4/22/2026  
**Fiscal:** Yes

**SUBJECT:** Fire prevention: Wildfire and Forest Resilience Task Force: wildfire smoke

**DIGEST:** This bill would require the Wildfire and Forest Resilience Task Force, on or before July 1, 2028, and in cooperation with the Office of Environmental Health Hazard Assessment and the Department of Public Health, to assess the health costs and impacts of wildfire smoke, and to develop a model to determine the health benefits of achieving the goals of the Wildfire and Forest Resilience Action Plan.

**ANALYSIS:**

Existing law:

- 1) Establishes the Wildfire and Forest Resilience Task Force. (Public Resources Code (PRC) §4005)
- 2) Requires the Task Force to update the Action Plan every five years, beginning March 1, 2026 (PRC §4771(f)).
- 3) Requires the implementation strategy include specific actions, including:
  - a) Increasing the pace and scale of wildfire and forest resilience activities (PRC §4771(c)(1));
  - b) Strengthening the protection of communities and reducing their fire risk (PRC §4771(c)(2));
  - c) Creating a sustainable wood products market in California (PRC §4771(c)(3));
  - d) Sustaining and expanding outdoor recreation on forestland (PRC §4771(c)(4));
  - e) Protecting and expanding urban canopy and forestry (PRC §4771(c)(5));and

- f) Driving innovation and measuring progress in achieving the above goals (PRC §4771(c)(6).

This bill:

- 1) Makes findings and declarations regarding the health and economic impacts of wildfire smoke, and the stated importance of investing in achieving the California Wildfire and Forest Resilience Action Plan goals.
- 2) Requires the Wildfire and Forest Resilience Task Force to, on or before July 1, 2028, to cooperate with the Office of Environmental Health Hazard Assessment (OEHHA) and the California Department of Public Health (CDPH) to assess the health costs and impacts of wildfire smoke using existing wildfire smoke and health data.
- 3) Requires the assessment to include the following:
  - a) Estimate the number of emergency room visits and deaths from wildfire smoke in California since July 1, 2018;
  - b) Develop a cost estimate for the health care costs of smoke from wildfires in California since July 1, 2018;
  - c) Develop a model to determine the approximate health benefits (both cost and human health benefits) of achieving the goals of the Action Plan; and
  - d) Make recommendations on how the Action Plan can increase its health benefits.
- 4) Allows the Task Force to enter into contracts with an independent group to assist with the assessment.
- 5) Requires the Task Force to include the assessment and additional actions to reduce the health impacts of wildfire smoke in the first update to the Action Plan that occurs after completion of the assessment.

## Background

- 1) *Wildfire and Forest Resilience Task Force (Task Force)*. Governor Edmund G. Brown, Jr, signed Executive Order No. B-52-18 on May 10, 2018, and established the Task Force to oversee its implementation. The Executive Order authorized state agencies to improve forest health and restoration, provide regulatory relief, reduce barriers to prescribed fire boost education and outreach to landowners, and support wood products innovation.

The Task Force issued a “Wildfire and Forest Resilience Action Plan” (Action

Plan) in January 2021, and the Legislature required the Task Force to establish an implementation strategy by January 2022, which they did (Public Resources Code (PRC) §4771). The Task Force is required to update the Action Plan every five years (PRC §4771(f)).

- 2) *More fires and more wildfire smoke.* According to a 2022 CDPH report, the ten largest wildfires in California’s recorded history have occurred since 2000 – with five of these wildfires occurring in a single year (2020).<sup>1</sup> 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.

According to CDPH, this new reality creates challenges for California’s public health officials on many fronts. Wildfires produce large amounts of particles and gases, including fine and coarse particles, greenhouse gases, carbon monoxide, non-methane hydrocarbon, and nitrogen oxides. The impact of wildfires on air quality depends on weather patterns, fire plume dynamics, amount and chemical composition of the emissions, and atmosphere into which the emissions are dispersed. Geography also plays a role; mountains and other features may contribute to inversion layers that can keep smoke contained in certain areas. Wildfires pose risk to human life in addition to the public health consequences beyond the immediate impacts to people, animals, and the environment. Wildfire smoke can be especially concerning for marginalized communities, where people have fewer resources for avoiding smoke and less access to adequate health care.

- 3) *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, etc.).

Studies of ambient air pollution have found that exposure to fine and coarse particles is linked with increased risk of premature mortality and aggravation

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<sup>1</sup> Wildfire Smoke Considerations for California’s Public Health Officials. CDPH. August 2022  
[https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/EOM%20Documents/Wildfire-Smoke-Considerations-CA-PHO\\_08-2022.pdf](https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/EOM%20Documents/Wildfire-Smoke-Considerations-CA-PHO_08-2022.pdf)

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.

## Comments

- 1) *Purpose of Bill.* According to the author, “Wildfire smoke is impacting the health of millions of Californians, yet we do not consistently measure the full public health and economic costs. SB 899 helps us better understand these impacts so the state can make informed decisions and ensure our policies reflect the true cost of wildfires on our communities.”
- 2) *Promoting a more complete understanding of the benefits of wildfire resilience.* There is general scientific consensus about the value of wildfire mitigation activities for forest health, ecological values, habitat, water quality, and other natural resources. However, catastrophic wildfires also impact public health through smoke inhalation. These public health impacts can be felt hundreds and even thousands of miles away as smoke travels through the atmosphere. This bill would help the state quantify the negative public health impacts of wildfire smoke, and understand the benefits of wildfire mitigation activities as they relate to reducing those impacts

## DOUBLE REFERRAL:

This measure was heard in Senate Natural Resources & Water Committee on March 24, 2026, and passed out of committee with a vote of 7-0.

## Related/Prior Legislation

SB 223 (Alvarado-Gil, 2025) would have required DPH to maintain a statewide integrated wildfire smoke and health data platform to provide information to understand the negative health impacts of wildfire smoke and evaluate the impacts of wildfire mitigation on health outcomes. This bill was held on the Senate Appropriations Committee suspense file.

SB 945 (Alvarado-Gil, 2024) is identical to SB 223 above. This bill was held in the Assembly Appropriations Committee on the suspense file.

AB 2243 (Eduardo Garcia, Chapter 778, Statutes of 2022) requires the Division of Occupational Safety and Health to consider revising the wildfire smoke standard to reduce the existing air quality index threshold for PM<sub>2.5</sub> at which respiratory equipment becomes mandatory for farmworkers.

AB 661 (McCarty, Chapter 392, Statutes of 2019) requires the Sacramento Metropolitan Air Quality District to prepare a wildfire smoke emergency plan.

AB 836 (Wicks, Chapter 393, Statutes of 2019) establishes the Wildfire Smoke Clean Air Centers for Vulnerable Populations Incentive Pilot Program. This program sunsets on January 1, 2025.

**SOURCE:** Author

**SUPPORT:**

Association of California Water Agencies (ACWA)  
Bay Area Council  
California Farm Bureau  
California Farm Bureau Federation  
California Forest Watershed Alliance  
California Forestry Association  
California Society for Respiratory Care  
California State Association of Counties  
League of California Cities  
Megafire Action  
Nature Conservancy; the  
Santa Clara Valley Water District  
Sierra Business Council  
The Nature Conservancy

**OPPOSITION:**

None received