
SENATE COMMITTEE ON APPROPRIATIONS

Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

SB 899 (Grove) - Fire prevention: Wildfire and Forest Resilience Task Force: wildfire smoke

Version: March 18, 2026

Urgency: No

Hearing Date: May 4, 2026

Policy Vote: N.R. & W. 7 - 0, E.Q. 7 - 0

Mandate: No

Consultant: Ashley Ames

Bill Summary: 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 (OEHHA) and the Department of Public Health (CDPH), 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.

Fiscal Impact:

- OEHHA estimates one-time costs of at least \$4 million (General Fund) in contract funds for completion of the required studies in cooperation with the other departments named in this bill.
- The Department of Forestry and Fire Protection (CalFire) estimates one-time costs of \$500,000 (General Fund) to support the cost of a contract to hire an outside entity to produce the required assessment of wildfire smoke, health costs, and impacts.
- Unknown, potentially significant one-time costs (General Fund) for CDPH to implement the provisions of this bill.
- The California Natural Resources Agency (CNRA), California Environmental Protection Agency (CalEPA), and Governor's Office of Land Use and Climate Innovation (LCI) anticipate any costs would be minor and absorbable.

Background: Wildfires expose populations to a number of air pollution hazards including smoke and the byproducts of combustion chemicals that can be released from burning structures and furnishings. Particulate matter (PM) exposure is the principal public health threat from short-term exposures to 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). 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.

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 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.

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)).

Proposed Law: This bill would:

1. Make 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. Require 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. Require 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. Allow the Task Force to enter into contracts with an independent group to assist with the assessment.
 5. Require 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.

Related Legislation:

SB 223 (Alvarado-Gil, 2025) would have required CDPH 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 Suspense file in this committee.

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_{2.5} 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.

Staff Comments: 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, and could have state fiscal impacts through Medi-Cal and other state-funded public health programs.

OEHHA costs. To conduct the retrospective assessment as required, OEHHA would work with CDPH and external contractors to characterize population exposure to wildfire smoke and link those exposures to emergency room visits, deaths, and related costs. Developing the prospective model would involve coordination among the departments in the bill to (1) estimate the expected changes in wildfire smoke emissions that would

result from achieving the goals in the Action Plan, (2) use those emission estimates to model corresponding changes in population exposures to wildfire smoke, and (3) then apply those exposure scenarios to estimate the resulting health impacts or benefits and the associated costs of achieving the plan's goals.

The California Air Resources Board (CARB) may already have expertise related to these endeavors. Leveraging existing CARB programming could potentially help to lower the overall cost of this bill.

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