

Date of Hearing: June 8, 2026

ASSEMBLY COMMITTEE ON NATURAL RESOURCES

Isaac G. Bryan, Chair

SB 899 (Grove) – As Amended May 14, 2026

SENATE VOTE: 39-0

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

SUMMARY: Requires the Wildfire and Forest Resilience Task Force (Task Force), in cooperation with specified state entities, to assess the health costs and impacts of wildfire smoke using existing wildfire smoke and health data.

EXISTING LAW:

- 1) Establishes the Department of Forestry and Fire Protection (CAL FIRE) within the California Natural Resources Agency (NRA) and establishes various programs for the prevention and suppression of wildfires at CAL FIRE, as provided. (Public Resources Code (PRC) 701)
- 2) Establishes, pursuant to Executive Order No. B-52-18, a Forest Management Task Force, now known as the Wildfire and Forest Resilience Task Force, involving specified state agencies to create the action plan for wildfire and forest resilience. (PRC 4005)
- 3) Requires the Task Force to develop a “Wildfire and Forest Resilience Action Plan” (Action Plan) as a strategy to integrate recommendations from existing state and federal plans that tackle various aspects of the state’s forest health and wildfire crisis. Requires the Task Force to develop a comprehensive implementation strategy to track and ensure the achievement of the goals and key actions identified in the Action Plan issued by the Task Force. (PRC 4771)

THIS BILL:

- 1) States the intent of the Legislature to better understand the health costs and impacts associated with wildfire smoke to better value the importance of investing in achievement of the Action Plan goals.
- 2) Requires, on or before July 1, 2028, the Task Force, in cooperation with the Office of Environmental Health Hazard Assessment (OEHHA), the California Air Resources Board (ARB), 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, including, but not limited to, data from local, state, federal, and academic sources. In developing the assessment, requires the Task Force do all of the following:
 - a) Estimate the number of emergency room visits and deaths from the smoke of wildfires in California since July 1, 2018;
 - b) Develop a cost estimate for the health care costs of the smoke of wildfires in California since July 1, 2018;
 - c) Develop a model to determine the approximate health benefits, both for cost and human health impacts, of achieving the goals identified in the state’s Action Plan; and,

- d) Make recommendations on how the Action Plan can increase its health benefits.
- 3) Authorizes the Task Force to enter into contracts with an independent group to assist with the assessment.
- 4) Requires the Task Force to include the assessment and additional actions to reduce the health impact of wildfire smoke in the first update to the state's Action Plan that occurs after the completion of the assessment.

FISCAL EFFECT: According to the Senate Appropriations Committee:

- 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.
- CAL FIRE 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.
- NRA, California Environmental Protection Agency (CalEPA), and Governor's Office of Land Use and Climate Innovation anticipate any costs would be minor and absorbable.

COMMENTS:

1) **Author's statement:**

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) **Wildfire smoke.** Wildfires have been growing in size, duration, and destructivity over the past 20 years. California is home to eight of the top 10 most destructive wildfires and has more than half of all United States' structure losses. Wildfire season in California no longer is limited to a 'season' – it is year-round.

The major components of wildfire emissions are particulate matter (PM) and gases, including carbon dioxide, carbon monoxide, nitrogen oxides, and volatile organic compounds (VOCs), such as formaldehyde and benzene. If fires reach the wildland-urban interface, other toxic chemicals are likely to be released from the burning of household or industrial materials, such as plastics, pesticides, and other hazardous waste. Wildfire smoke is unhealthy to breathe and can be especially dangerous for children, the elderly, pregnant women, and people with heart or respiratory conditions. PM is the principal pollutant of concern from wildfire smoke for the relatively short-term exposures (hours to weeks) typically experienced by the public. Particles from smoke tend to be very small (with diameters of 2.5 micrometers and smaller, PM_{2.5}) and can penetrate deeply into the lungs or can pass directly into the bloodstream. Wildfire smoke drifts with the wind, leaving pollution in its wake miles from

where the fire burned. ARB compared air quality data from the 2018 Camp Fire with three other large wildfires that burned mostly vegetation. ARB’s analysis showed that elevated levels of lead, zinc, iron, and manganese were located as far as 150 miles away.

In September 2023, the California Council on Science and Technology and Blue Forest released a report *The Human Health Benefits of Improving Forest Health in California*, which examined the connections between forest management, wildfire smoke, and human health through interviews with health sector organizations and a review of scientific literature. The report highlighted knowledge gaps and the data, research, and collaborations needed to fill them, as well as steps to ensure improved health for living under frequently smoky skies. One of the major findings from the report was that comprehensive statewide and/or locally specific information on the adverse human health impacts of wildfire smoke are not readily available but could be generated from additional analysis of existing data resources.

- 3) **Wildfire smoke impacts.** All wildfire impacts can be categorized as either “direct” or “indirect” losses. “Direct losses” cover the immediate impacts of wildfires, including property losses, fire suppression expenditures, and debris clean-up costs. “Indirect losses” include all other adverse economic and health impacts of wildfires, almost exclusively attributable to the health impacts triggered by wildfire smoke. This includes the monetized value of all premature deaths and other (non-fatal) health impacts resulting from smoke exposure, and the estimated loss of economic output attributable to smoke pollution.

The 2023 report, *The Economic, Fiscal, and Environmental Costs of Wildfires in California*ⁱ, looked at wildfire-sourced PM2.5 data and assessed the indirect impacts of wildfire smoke to estimate premature smoke-related fatalities and other health impacts. Using United States Environmental Protection Agency data, researchers estimate that in 2018, the total mortality cost of wildfires was \$39.3 billion. Further, they report that smoke exposure from wildfires also contributes to a range of non-fatal adverse health impacts, primarily cardiovascular and respiratory illnesses such as asthma. Over a five-year period from 2017– 2021, the report estimated an average annual health cost of \$286 million in California due to wildfire smoke.

Table 6 – Summary of Indirect Losses from Wildfires (2017 – 2021 average) (mil \$)

Loss Category	Average Annual Losses
Indirect Economic Impacts (smoke exposure impact on labor market)	\$60,119
Mortality Costs (deaths from smoke exposure)	\$45,593
Health Costs (hospital admissions from smoke exposure)	\$286
Total Indirect Losses	\$105,997

As it relates to emergency room visits, the report *Emergency department visits respond nonlinearly to wildfire smoke*ⁱⁱ published in the National Library of Medicine combined data covering all emergency department visits to nonfederal hospitals in California from 2006 to 2017 with estimates of daily wildfire smoke PM2.5 concentrations to quantify how smoke events affect emergency room visits. The researchers found that emergency room visits for acute respiratory conditions increase following exposure to wildfire smoke and that total

emergency room visits increase in the week following low or moderate exposure. Relative to a day with no smoke, total visits increase by 1 to 1.5% in the week following low or moderate smoke days but decline by 6 to 9% following extreme smoke days.

As a result of wildfire smoke impacts on public health, the state incurs higher health care costs in paying for the care of the state's Medi-Cal enrollees who suffer adverse health impacts. *Up in Smoke: The Impact of Wildfire Pollution on Healthcare Municipal Finance*ⁱⁱⁱ found that smoke from in-state and out-of-state wildfires is associated with higher borrowing costs in the healthcare industry, amounting to \$270 million in incremental costs from 2010–2019. Extrapolating from current smoke trends, the researchers predict another \$585 million in interest expenses over the next ten years.

- 4) **Task Force.** The Task Force was established in 2018 to develop a framework for establishing healthy and resilient forests that can withstand and adapt to wildfire, drought and a changing climate. The Task Force developed the Action Plan to integrate recommendations from existing state and federal plans that tackle various aspects of the state's forest health and wildfire crisis. The January 2021 Action Plan is the initial five-year plan for implementing the Agreement for Shared Stewardship of California's Forest and Rangelands with the United States Forest Service and identified three key actions to address health impacts from wildfire smoke:
 - *Launch Smoke Ready California Campaign:* ARB developed a Smoke Ready California campaign^{iv} to provide coordinated messaging and content to help Californians plan for and protect themselves from smoke impacts.
 - *California Smoke Spotter App:* ARB developed a California Smoke Spotter app to provide the public with information on nearby prescribed fires, hourly data gathered from permanent and portable air monitors, as well as personalized alerts. It offers a 24-hour smoke forecast, information on wildfires, and educational content to help people prepare for possible smoke impacts.
 - *Enhance Prescribed Fire Reporting:* ARB enhanced data collection and reporting for PFIRS, a platform for aggregating data from air districts, fire management agencies, and burners. The enhancements enable more efficient reporting and analysis of the effects of prescribed fire and smoke.
- 5) **This bill.** SB 899 requires the Task Force, on or before July 1, 2028, in cooperation with specified state entities, to assess the health costs and impacts of wildfire smoke using existing wildfire smoke and health data, including, but not limited to, data from local, state, federal, and academic sources.
- 6) **Related legislation:**

SB 223 (Alvarado Gil, 2025) requires CDPH, CAL FIRE, and the Task Force to coordinate and integrate existing wildfire smoke and health data from local, state, and federal agencies, and would require CDPH, in consultation with those agencies, to create, operate, and maintain a statewide-integrated wildfire smoke and health data platform on or before July 1, 2028, as provided. This bill was held in the Senate Appropriations Committee.

SB 234 (Niello, 2025) requires, upon appropriation by the Legislature, CAL FIRE, the Office of Emergency Services, and the Department of Toxic Substances Control, in consultation with specified entities, to form a workgroup related to exposure to toxic heavy metals after a wildfire. This bill was held in the Assembly Appropriations Committee.

AB 1795 (Gipson) establishes the Smoke Damage Recovery Act to require CalEPA, on or before June 30, 2027, to develop health-based standards and requirements for minimum sampling, testing, and chemical screening levels for residential properties that have sustained smoke damage as a result of a wildfire, as defined. This bill is ordered to Assembly Third Reading (urgency clause).

REGISTERED SUPPORT / OPPOSITION:

Support

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

Opposition

None on file

Analysis Prepared by: Paige Brokaw / NAT. RES. /

ⁱ [the-economic-fiscal-and-environmental-costs-of-wildfires-in-ca.pdf](#)

ⁱⁱ [Emergency department visits respond nonlinearly to wildfire smoke - PMC](#)

ⁱⁱⁱ [Up-in-Smoke-The-Impact-of-Wildfire-Pollution-on-Healthcare-Municipal-Finance.pdf](#)

^{iv} [Smoke Ready California | California Air Resources Board](#)