



Alzheimer's Disease and Related Conditions Advisory Committee (ADRCAC)

February 5, 2026 | 10:00 a.m. – 1:00 p.m.



Welcome & Meeting Operations



Carroll De Andreis

Manager, Master Plan for Aging (MPA), Stakeholder Engagement
California Department of Aging (CDA)

Meeting Operations



- **Join by smart phone, tablet, or computer:**

<https://aging-ca-gov.zoom.us/j/86595134724>

- **Join by phone (audio only):**

Tel: (888) 788-0099 | Meeting ID: 865 9513 4724

- **Meeting slides and recording** will be posted to the [CalHHS Alzheimer's Disease & Related Conditions Advisory Committee](#) webpage

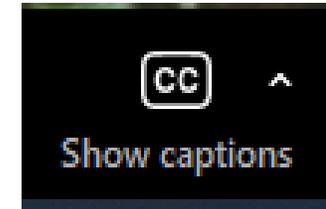
Accessibility



American Sign Language (ASL) interpretation is provided.

Closed Captioning is available during this meeting.

To initiate Closed Captioning (CC):



1. Click the CC icon on the Zoom toolbar
2. Click “Show captions” to display spoken meeting content as text
3. Click “View full transcript” to review previous caption text

If the CC icon does not appear on your toolbar select “More” then select “Captions” and begin at Step 1 above.

Safety and Evacuation for In-Person Meeting Attendees



- In the event of an evacuation order, evacuate the building immediately and remain with a CDA staff member.
- Proceed to the nearest stairwell/main stairway.
- Proceed to the primary relocation site – in front of 2890 Gateway Oaks (building located southwest of the meeting building).
- If the primary relocation is compromised, you will be directed secondary relocation site.
- A CDA staff member is available to support individuals needing evacuation assistance.

Virtual Meeting Operations



- The chat function is enabled for Committee Members, California Department of Aging and other state staff, and invited guests to share meeting-related resources and information. The public will be able to view content in the chat during the meeting.
- We invite the public to provide comments. Please hold comments until the designated Public Comment period(s).
- Additional public comments and questions can be posted in Zoom using the Question & Answer feature or sent via email to Engage@aging.ca.gov.

Public Comment



Time is reserved on the meeting agenda for public comment.

- **In-Person Comments:** Raise your hand or let the designated CDA staff member know you want to make a public comment.
- **Verbal Comments:** “Raise your hand” in the Reactions feature of Zoom or press *9 on your phone dial pad to enter the line for a verbal comment. The moderator will unmute your line and announce your name or the last 4 digits of your phone number.
- **Written Comments:** You may submit comments throughout the meeting using the Zoom Q&A or email Engage@aging.ca.gov.

Note: Public commentators will each have 2 minutes.

Welcome, Introductions & Meeting Minutes



Dr. Wynnelena Canlas Canio

Committee Chair

Behavioral Health Representative

Meeting Agenda



- 10:00 a.m.** | Welcome and Meeting Operations
- 10:05 a.m.** | Call to Order: Welcome, Introductions, & November 2025 Minutes
- 10:15 a.m.** | Opening Remarks from CDA Director
- 10:20 a.m.** | Advances in Alzheimer's Research
- 11:20 a.m.** | Aging and Disability Lived Experience Advisory Board Update
- 11:30 a.m.** | CDA Statewide Website Update
- 11:45 a.m.** | Break
- 12:00 p.m.** | Master Plan for Aging: Mid-Point Evaluation
- 12:15 p.m.** | Legislative Updates
- 12:30 p.m.** | Public Comment
- 12:40 p.m.** | Finalize Recommendations and Items for CalHHS Agency Secretary
- 12:55 p.m.** | Closing Comments, Upcoming Meeting Dates, & Next Steps
- 1:00 p.m.** | Adjourn



Committee Chairs

- **Dr. Wynnelena Canlas Canio**, *Kaiser Permanente, Behavioral Health Rep. (Chair)*
- **Carlos Olivas III**, *Family Member Rep. (Vice Chair)*

Committee Members

- **Assemblymember Gail Pellerin**, *Speaker of the Assembly Appointee*
- **Senator Jesse Arreguín Rep.**, *Senate Rules Committee Appointee*
- **Sally Bergman**, *Elder Law Rep.*
- **Claire Day**, *Alzheimer's Association, Consumer Organization Rep.*
- **Dr. Dolores Gallagher Thompson**, *Stanford University, Social Research Rep.*

ADRCAC Member Introductions



ADRCAC Member Introductions (cont.)

- **Barbra McLendon**, *Alzheimer's Los Angeles, Service Provider Rep.*
- **Dr. William Mobley**, *UC San Diego, Academic Medical Research Rep.*
- **Dr. Faisal Qazi**, *California Commission on Aging Rep.*
- **Celine Regalia**, *Providence Community Health Napa Valley, Alzheimer's Day Care Resource Center Rep.*
- **Julie Souliere**, *California Health & Human Services Agency Rep.*
- **Dr. Sarah Tomaszewski Farias**, *Alzheimer's Disease Diagnostic & Treatment Centers Rep.*

ADRCAC Member Introductions (cont.)



- **Dr. Jeanine Lynn Walter-Misirli**, *Kaiser Permanente, Family of Persons Directly Affected by Alzheimer's Disease or Related Conditions Rep.*
- **Dr. Jerry Jew**, *North-East Medical Services, Organization Providing Services to Persons Living with Alzheimer's or Related Conditions Rep.*
- **Kate Schulenberg**, *San Joaquin Commission on Aging, Family of Persons Directly Affected by Alzheimer's Disease or Related Conditions Rep.*
- **Stephanie Navarette**, *Organization providing services to persons living with Alzheimer's or Related Conditions Rep.*



California Health and Human Services Agency is seeking to fill vacancies including:

- Individuals who have personal experience living with Alzheimer's disease or related conditions.
- Individuals and organizations that represent first responders (emergency medical technicians (EMTs), paramedics, law enforcement, and firefighters).



Committee Question & Answer, and Discussion

Opening Remarks



Susan DeMarois

Director

California Department of Aging (CDA)

Advances in Alzheimer's Research & Committee Discussion



Courtney Kloske, PhD

Director, Scientific Engagement, Alzheimer's Association

Tina Fung, MPH

Chief, Alzheimer's Disease Section
California Department of Public Health (CDPH)

Jarmin Yeh, PhD, MPH, MSSW

Associate Professor, Institute for Health & Aging

William Mobley, MD, PhD

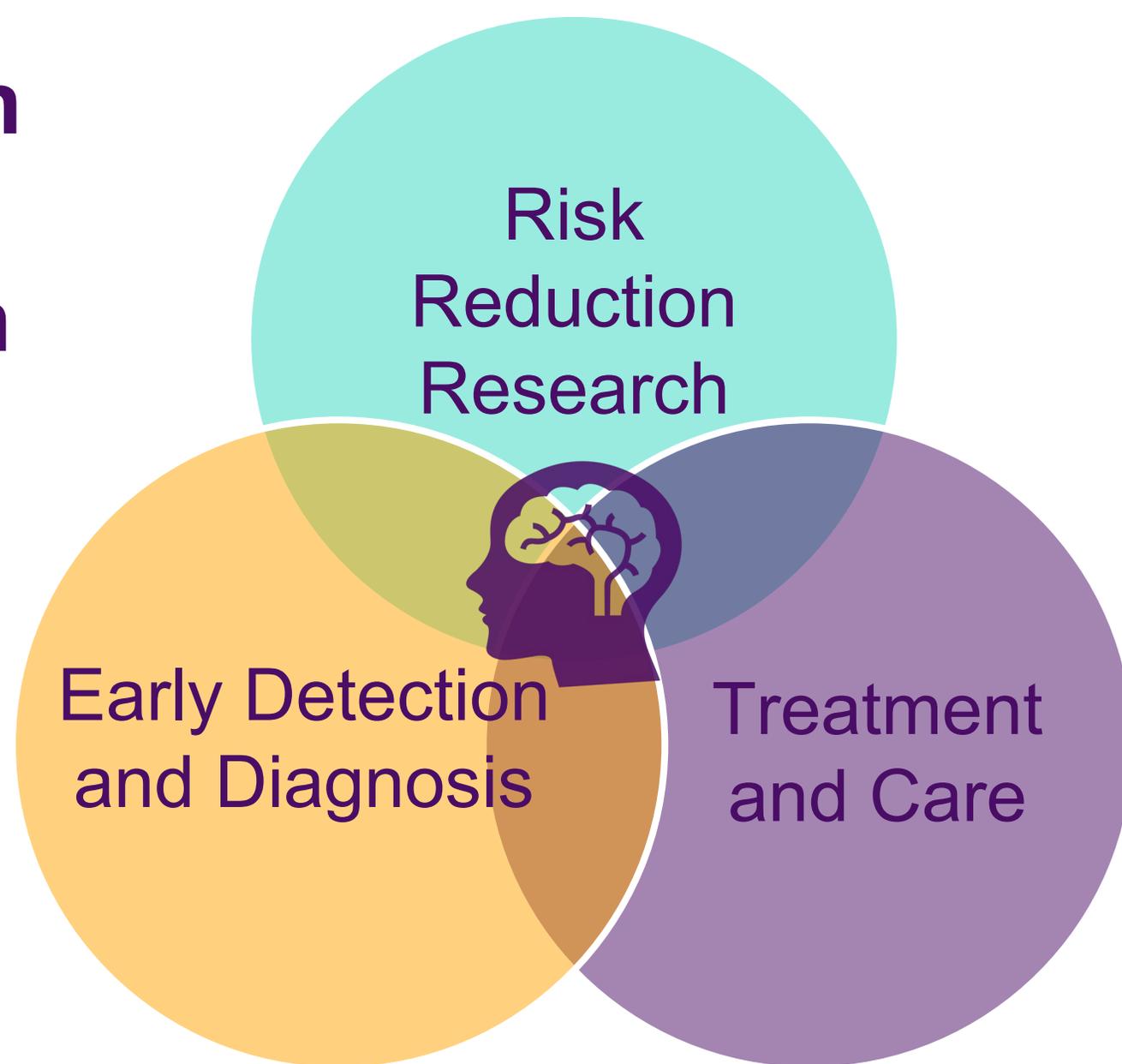
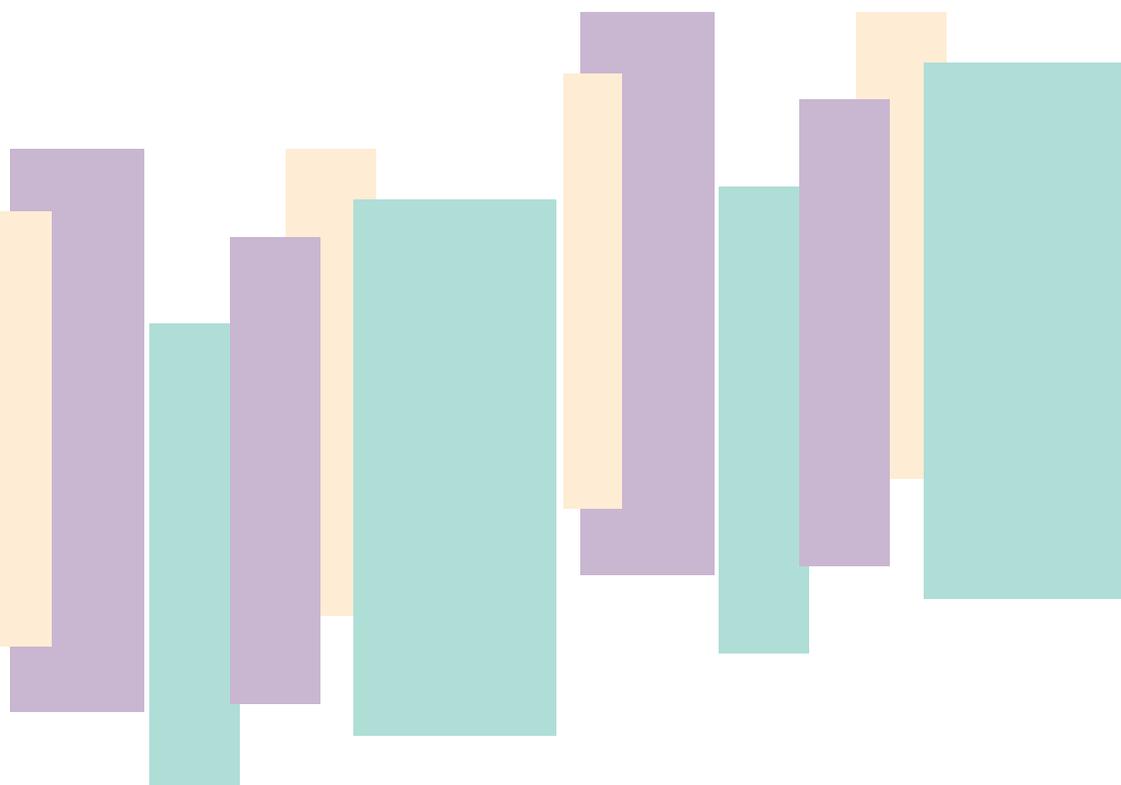
Distinguished Professor, Department of Neurosciences, Associate Dean Neurosciences Initiatives, Director, Sanford Institute for Empathy and Compassion University of California, San Diego School of Medicine



Alzheimer's and Dementia Research Updates

Courtney Kloske, Ph.D.
Director, Scientific Engagement
Medical & Scientific Relations

Recent Advances in Alzheimer's and Dementia Research





STUDY RESULTS

Initial Findings from the U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk



1

What we did



SG

6 facilitated peer team meetings over 2 years with general support from study navigator



Education & General Support

Met with study navigator 3 times per year to receive:

- Healthy lifestyle education
- Tangible tools to facilitate self-guided plans
- General support to encourage physical activity, a healthy diet, and cognitive and social stimulation



Health Monitoring

Blood laboratory results and blood pressure measurements were provided at clinic assessment visits

STR

38 facilitated peer team meetings over 2 years, with education, goal-setting, accountability and support from study interventionist and navigator



Physical Exercise

Aerobic, resistance, and stretching & balance exercise primarily at a community facility



Nutrition

Encouragement to follow the MIND diet, with extra support through telephone contacts with the interventionist



Cognitive and Social Challenge

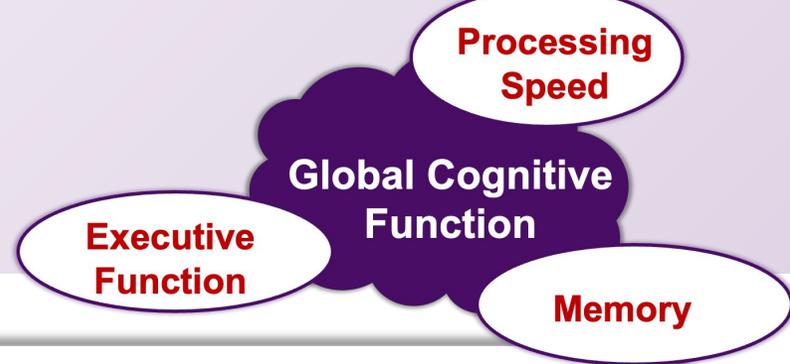
Home-based computer cognitive training and regular participation in intellectually & socially engaging activities



Guideline-Based Health Coaching

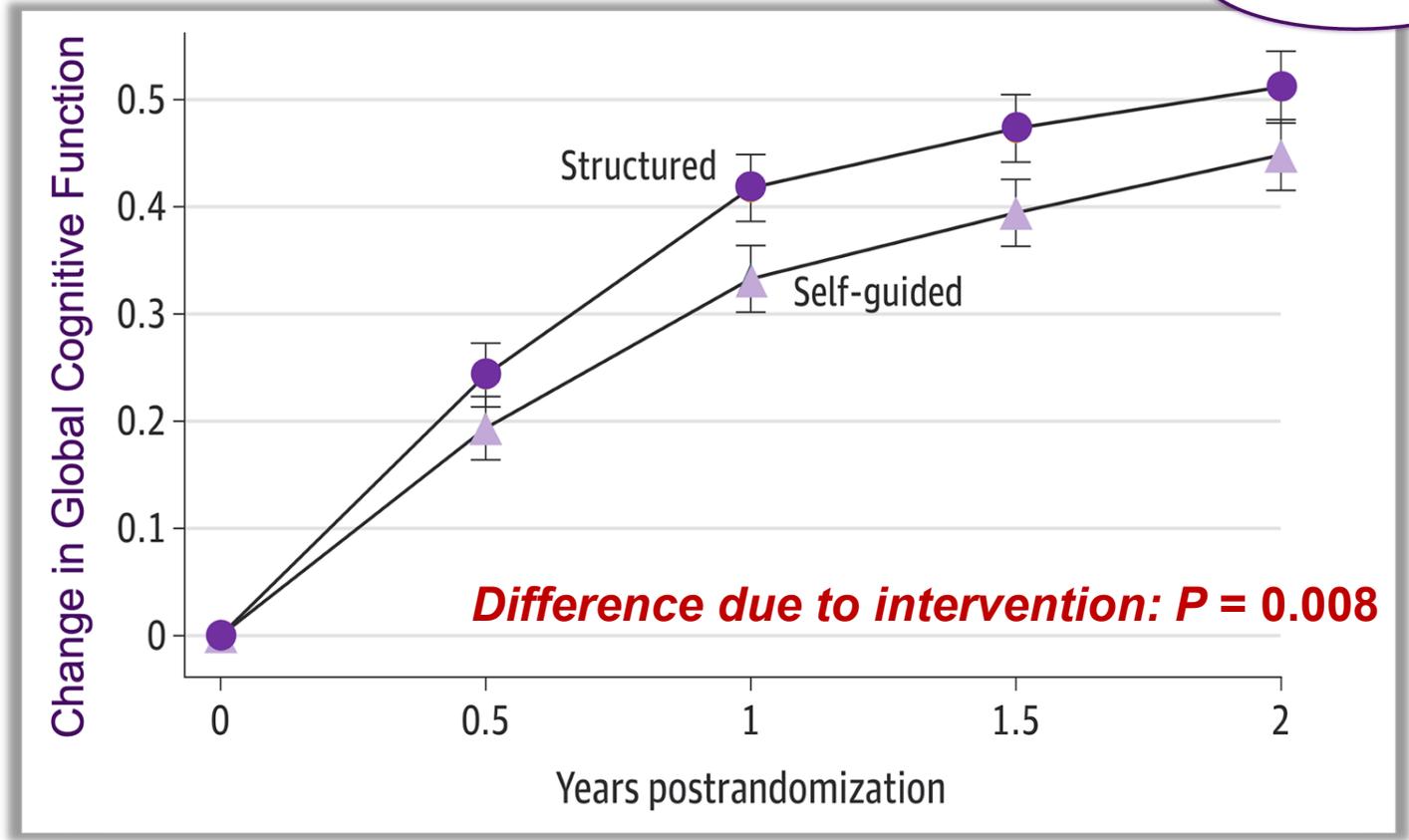
Medical advisor appointments every 6 months for goal-setting, and to review monthly blood pressure measurements and blood laboratory results provided at clinic visits

2 What we found



KEY TAKEAWAYS

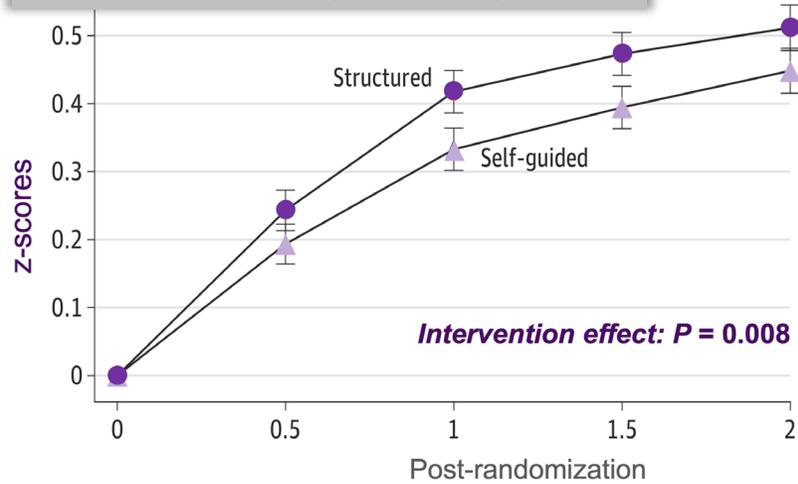
1. Cognitive function improved over time for BOTH groups
2. The Structured intervention had a significantly greater benefit



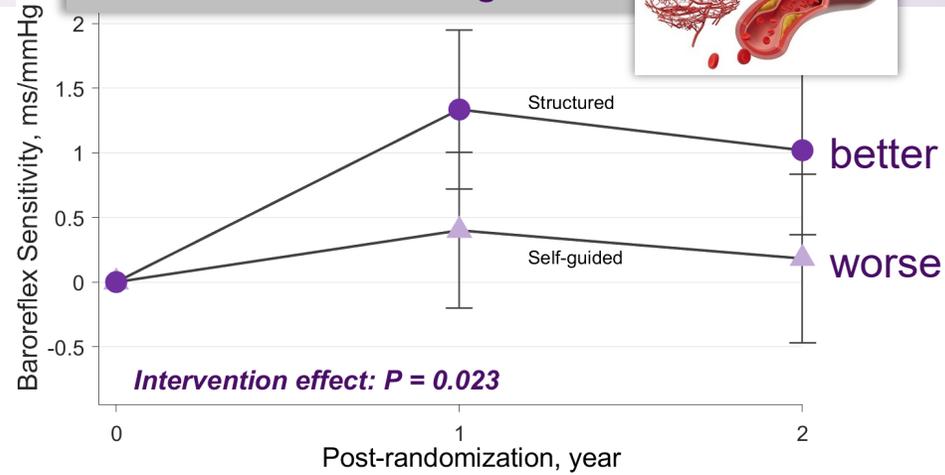
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Ancillary Study Results

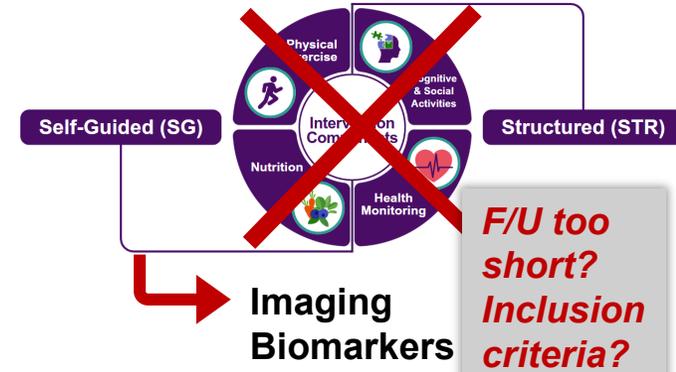
STR benefit on global cognition



STR benefit on BP regulation



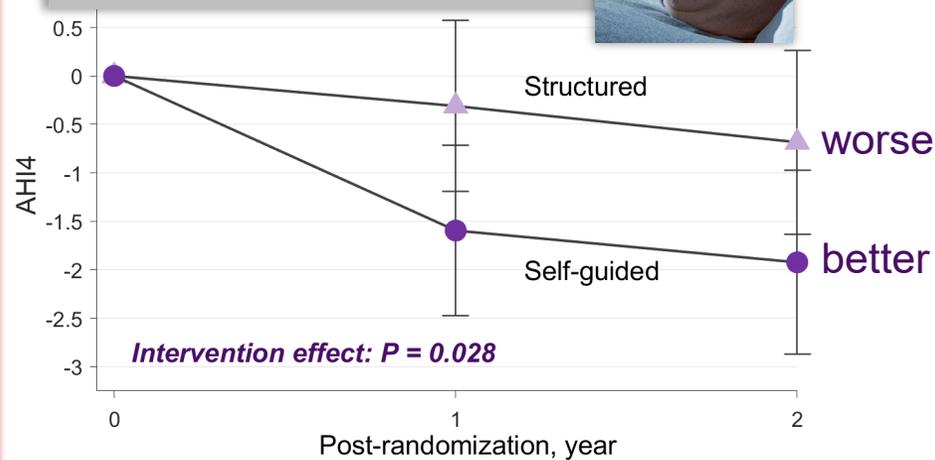
No intervention effects on 2-year imaging outcomes



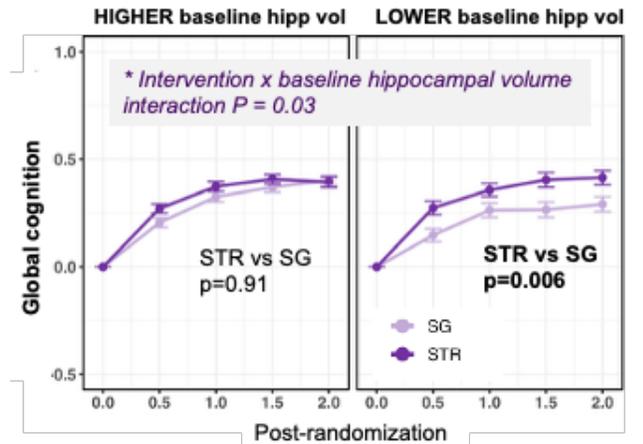
~ Take Home Message ~

U.S. POINTER's structured lifestyle intervention that improved cognition in older adults at risk for cognitive decline – also shows benefit on other health trajectories that impact brain function and resilience.

STR benefit on sleep apnea

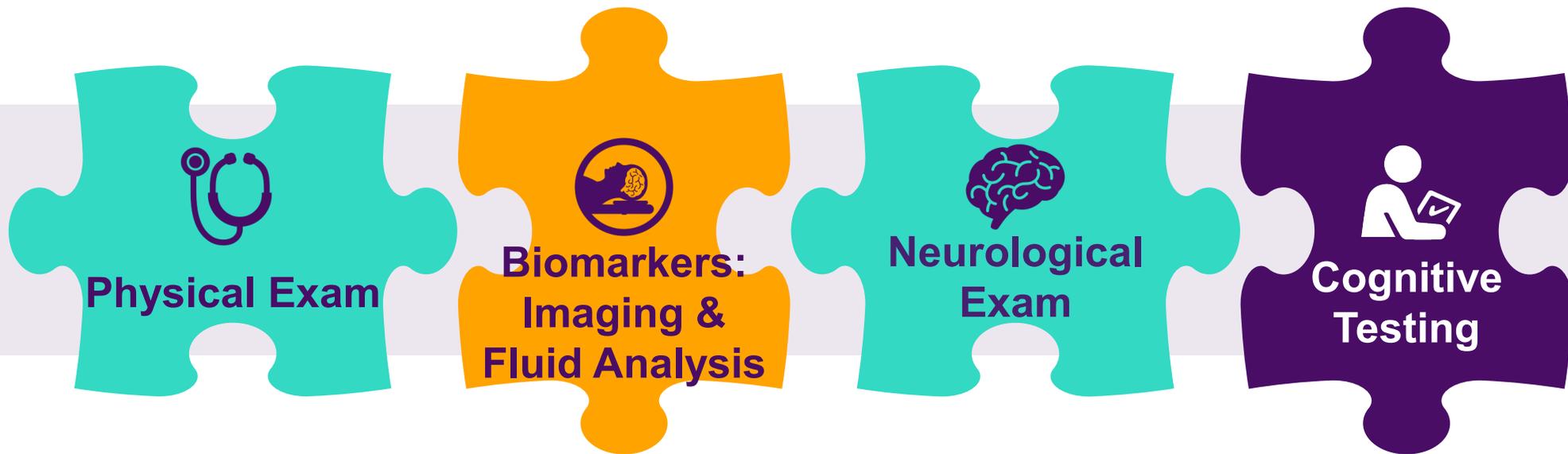


STR cognitive benefit greater for vulnerable adults with at-risk imaging biomarker profiles



How is Alzheimer's Currently Diagnosed?

There is no single test that can determine if a person is living with Alzheimer's disease or another dementia. Doctors use a combination of diagnostic tools combined with medical history to make an accurate diagnosis.



Lumipulse pTau217 / β -Amyloid 1-42 Plasma Ratio

LUMIPULSE BLOOD TEST

The first blood test to diagnose Alzheimer's Disease cleared for use by the FDA!

Measures & calculates ratio of **two blood plasma proteins:**

- *pTau217*
- *β -amyloid 1-42*

For adult patients (55+ years old) exhibiting Alzheimer's symptoms.

Early detection of **amyloid plaques** is associated with AD

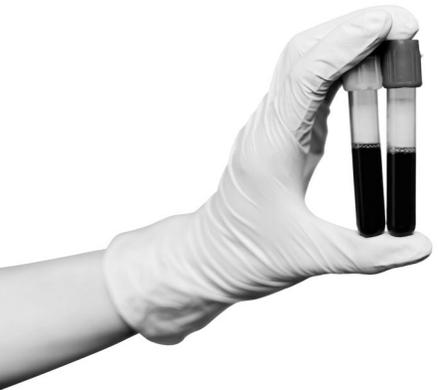
- up to 10 yrs ahead of symptoms

Only for people *with* Alzheimer's symptoms.

Being used in Primary Care settings

Could be DTC in the near future!

As per the FDA, this test is only intended for use by specialists.





Clinical Practice Guidelines in Development

A collaboration between the Alzheimer's Association, guideline panels of clinical and subject-matter experts, partner organizations, and patient representatives are working to build clinical guidance that distills the best available evidence and translates it into clear and actionable recommendations for clinical practice.

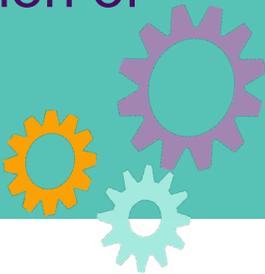
Blood-Based Biomarkers in specialty care

Can a BBM test be used as a **triaging test** for AD in the diagnostic work-up of patients with objective cognitive impairment in specialized care?

Can a BBM test be used as a **confirmatory test** for AD in specialty care settings?

Cognitive assessment tools for the detection of cognitive impairment in primary health care settings

In English- and Spanish-speaking adults aged 55+ in primary care, **which brief test should be used** for the early detection of cognitive impairment (including MCI and dementia)?



FDA-Approved Therapies for Alzheimer's

First description of disease 1906



Treat Symptoms: Cognition and Function

Treat Symptoms: Mood or Behavior

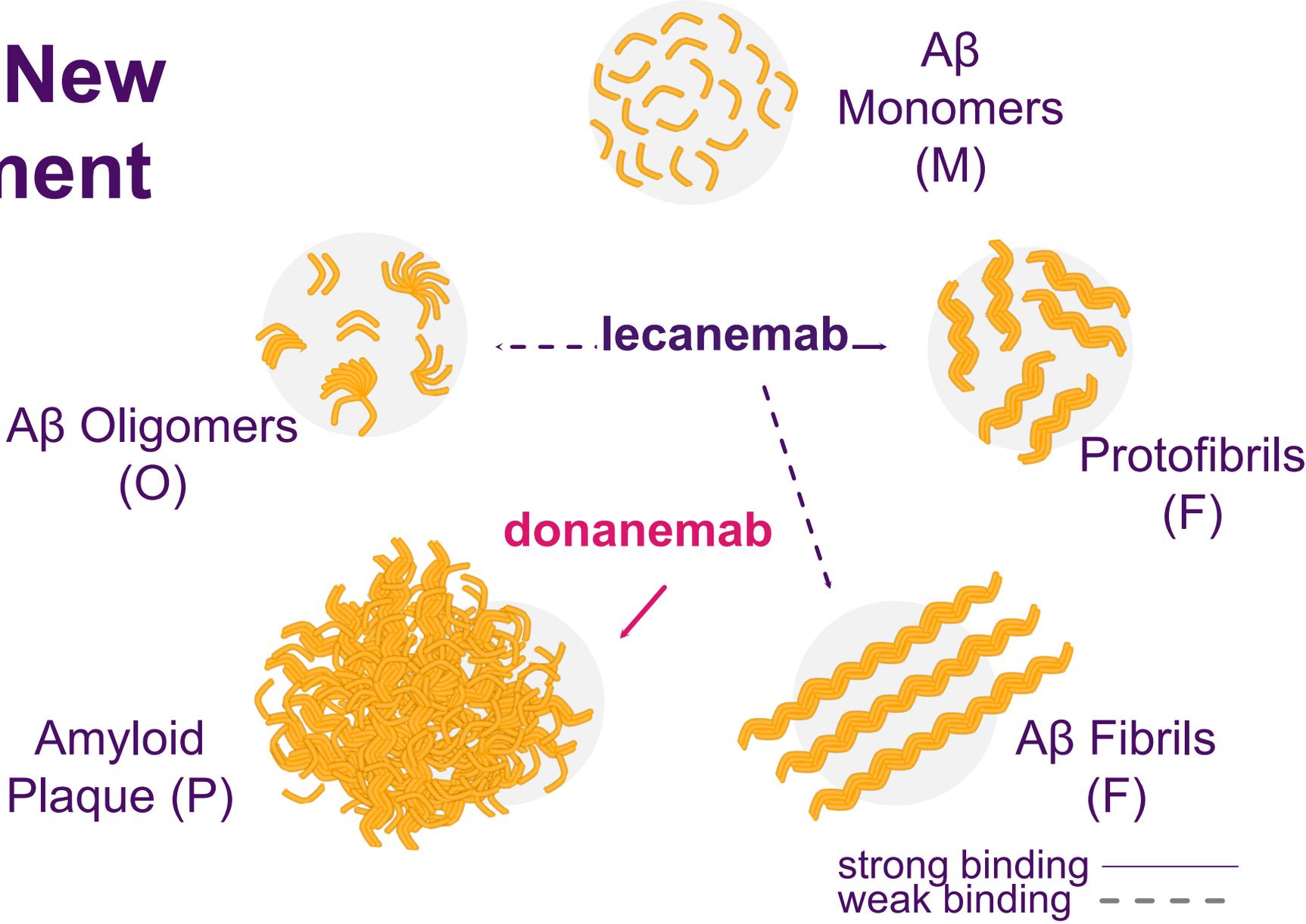
Slow Disease Progression: Cognition, Function and Behavior

| | | Asymptomatic | MCI | Mild Dementia | Moderate Dementia | Severe Dementia |
|------|----------------------------------|--------------|-----|---------------|-------------------|-----------------|
| 1996 | donepezil (Aricept) | | | | | |
| 2000 | rivastigmine (Exelon) | | | | | |
| 2001 | galantamine (Razadyne) | | | | | |
| 2003 | memantine (Namenda) | | | | | |
| 2014 | memantine + donepezil (Namzaric) | | | | | |
| 2020 | suvorexant* (Belsomra) | | | | | |
| 2023 | lecanemab (Leqembi) | | | | | |
| 2023 | brexpiprazole (Rexulti) | | | | | |
| 2024 | donanemab (Kisunla) | | | | | |
| 2024 | benzgalantamine (Zunveyl) | | | | | |

Deeper Dive: A New Phase of Treatment

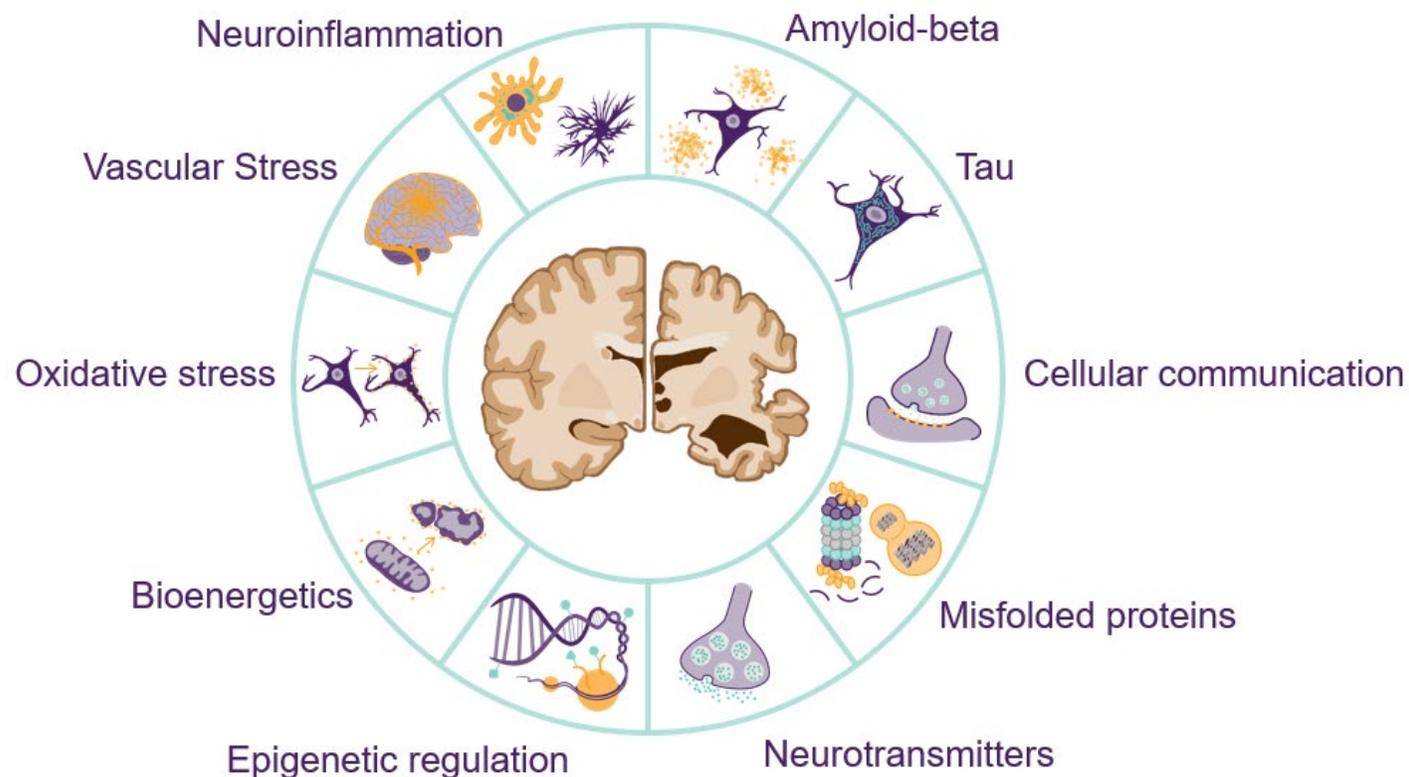
**lecanemab
(Leqembi)**
Approved in 2023
Targets Beta Amyloid

**donanemab
(Kisunla)**
Approved in 2024
Targets Beta Amyloid



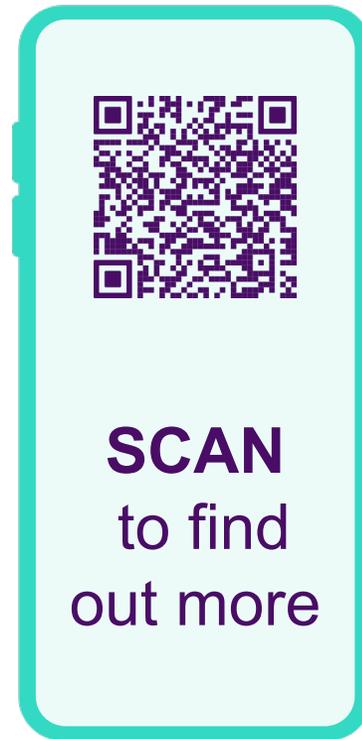
A New Phase of Treatment

Today, Over 135 Unique Therapies Being Tested in Clinical Trials that Target Multiple Aspects of Alzheimer's Biology



Get Involved in Research

- TrialMatch is a **free clinical studies matching service** designed to provide a **customized list** of potential study matches to each user.
- Healthy and cognitively impaired people from all backgrounds are needed to participate in Alzheimer's and dementia research.



trialmatch[®]

ALZHEIMER'S  ASSOCIATION[®]

**Over 370,000 users and includes 863+ clinical studies around the world.*



Research Resources



Association's Website | alz.org



Research at the Association | alz.org/research



Join a Clinical Trial | alz.org/trialmatch



Contact the 24/7 helpline | 800-272-3900

SAVE THE DATE

Be the first to know about the cutting-edge research announced at the Alzheimer's Association International Conference (AAIC) — the world's largest meeting on dementia science — at AAIC for All.

On July 16, 2026, participate in this unique opportunity to learn about the latest research directly from the world's leading dementia experts.

Registration opens in Spring 2026.



ALZHEIMER'S ASSOCIATION[®]
AAIC > 26 FOR ALL

LEADS 
Longitudinal Early-Onset
Alzheimer's Disease Study

 **ALZHEIMER'S[®]
ASSOCIATION**

**Younger-Onset
Dementia Family
Conference –
Presented by LEADS**

**March 7, 2026
San Francisco, CA and Online**



In Summary...

- The Alzheimer's Association is the global leader for Alzheimer's and dementia science
- Exciting time in research
- New tools for detection and diagnosis
- New approved treatments and more in the pipeline
- Strategies for risk reduction
- There is HOPE in research



**Care
& Support**



Advocacy



**Education
& Awareness**



**Research and
Medical Affairs**



**Community
Engagement**



Alzheimer's Disease Research in California

Alzheimer's Disease Program

Tina Fung, MPH

The Start of the Alzheimer's Disease Program

- 1984 - AB 2225
 - Established diagnostic centers and research grant program
- 1987 SB 139
 - Expanded state efforts in addressing Alzheimer's disease
- 2018-2019
 - Increase in funding to support research
 - 2019 Budget Act - \$2.4 million in 2019-20 (\$2.7 million annually thereafter) for research grants focused on understanding higher prevalence of AD among women and communities of color.

Publications

from 2018, 2019, 2022 grantees

- Enhancing Dementia Knowledge and Self-Efficacy of In-Home Supportive Services Caregivers Through Online Training
- Dysregulated bile acid receptor-mediated signaling and IL-17A induction are implicated in diet-associated hepatic health and cognitive function
- Intestinal Microbiota Remodeling Protects Mice from Western Diet-Induced Brain Inflammation and Cognitive Decline
- Uncovering the Gut-Liver Axis Biomarkers for Predicting Metabolic Burden in Mice
- Hospital Culture and Intensity of End-of-Life Care at 3 Academic Medical Centers
- Illuminating Potential Harms of the Physiologic Futility Standard
- Clinicians' Perceptions About Institutional Factors in Moral Distress Related to Potentially Nonbeneficial Treatments
- Hospital Ethics Committees and Consultants: How Do Clinicians Perceive their Utility in Resolving Disagreements About Life-Sustaining Treatments?
- Using Human-Centered Design to Improve Serious Illness Care for Older Adults with Advanced Dementia

Publications

from 2018, 2019, 2022 grantees (continued)

- Recognizing the Systemic Root Causes of Moral Distress
- Hospital Culture and Intensity of End-of-Life Care at Three Academic Medical Centers
- "Pre-analytic variable effects on segmentation and quantification machine learning algorithms for amyloid beta analyzes on digitized human brain slides"
- Advances in Deep Neuropathological Phenotyping of Alzheimer Disease: Past, Present, and Future
- Strengthening Primary Care Workforce Capacity in Dementia Diagnosis and Care: A Qualitative Study of Project Alzheimer's Disease-ECHO
- "The recent failure of the PROMESA clinical trial for multiple system atrophy raises the question—*are polyphenols a viable therapeutic option against proteinopathies?*"
- "Using FRET-based biosensor cells to study the seeding activity of tau and α -synuclein."
- Uncovering the Gut-Liver Axis Biomarkers for Predicting Metabolic Burden in Mice
- Metabolic dysfunctions predict the development of Alzheimer's disease: Statistical and machine learning analysis of EMR data

Current Funding

Research Focus

- Required
 - Populations Suffering from Health Disparities
- Optional
 - Caregiving
 - Prevention
 - Early Diagnosis and Detection
 - Long-Term Services and Support Systems/Health Services

Funded Researchers

1. **“Demonstrating the Efficacy of Unidos en el Cuidado: A Spanish-Language Program for Latino Caregivers of Persons Living with Dementia”**
2. **“Evaluating and Reducing Disparities from Early Dementia Detection and Genetic Testing in Underrepresented Populations”**
3. **“Evaluation of a new cognitive screening approach in primary care among underserved populations”**
4. **“The epidemiology, risk prediction, and health care utilization for Alzheimer’s disease and related dementias among California American Indian and Alaska Native Medicare Beneficiaries”**
5. **“The California Brain Health Registry (CAL-BHR): Advancing Alzheimer’s Disease Research in Diverse Communities”**
6. **“Understanding the Health and Long-Term Supports and Services Needs of Refugees and Immigrants with Dementia and their Caregivers in California”**
7. **“C-CARERS or ‘Centering Caregivers in Alzheimer’s Research on Equity, Representation, Services and Supports’”**

Looking Ahead

- Resource Hub
 - Highlight research projects
 - Connect researchers with health providers and local partners (local health jurisdictions and community-based organizations)
- Evaluation of
 - Initiatives
 - ADRD Prevalence in CA



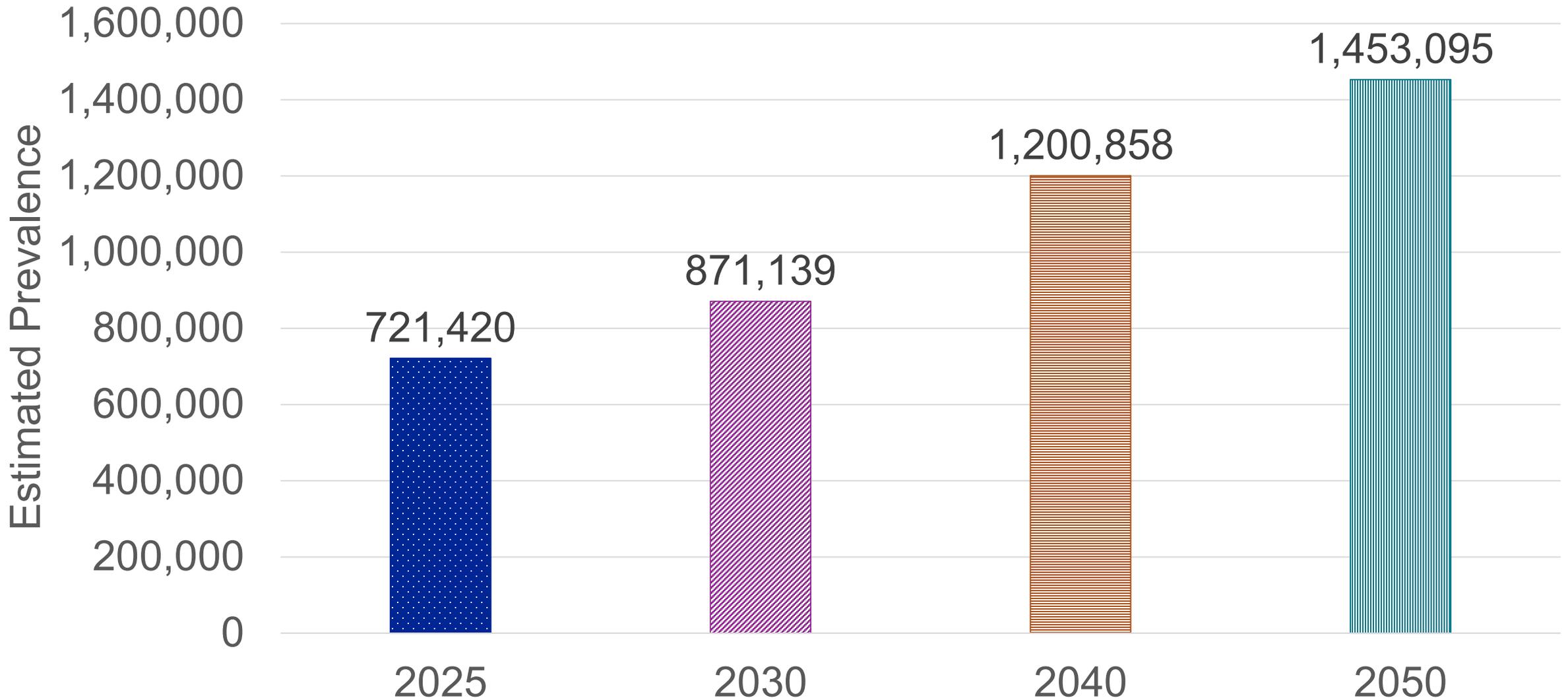
University of California
San Francisco

Alzheimer's Disease and Related Dementias Facts and Figures in California

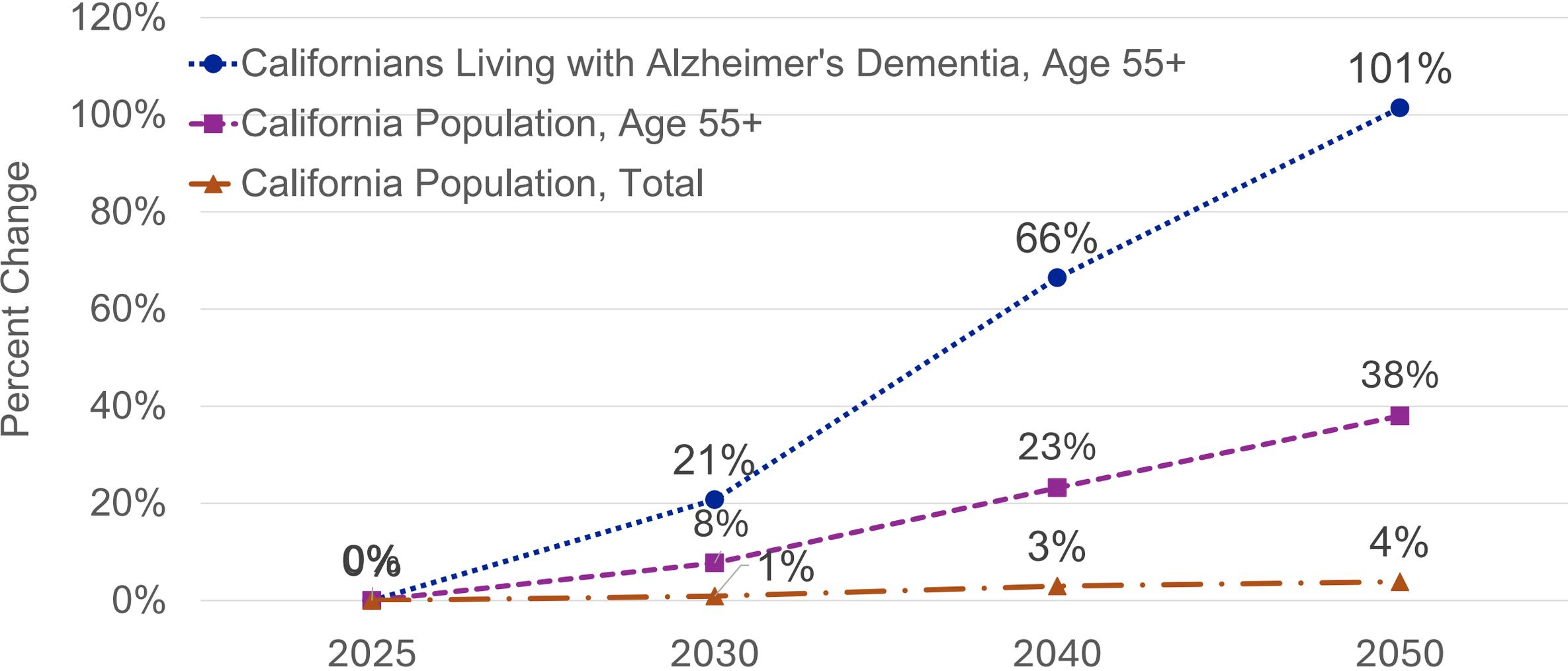
Current Status and Future Projections

Jarmin Yeh

Projected Number of Californians Age 55+ Living with Alzheimer's Dementia: 2025, 2030, 2040, 2050



Projected Percent Increase in Californians Age 55+ Living with Alzheimer's Dementia: 2025, 2030, 2040, 2050



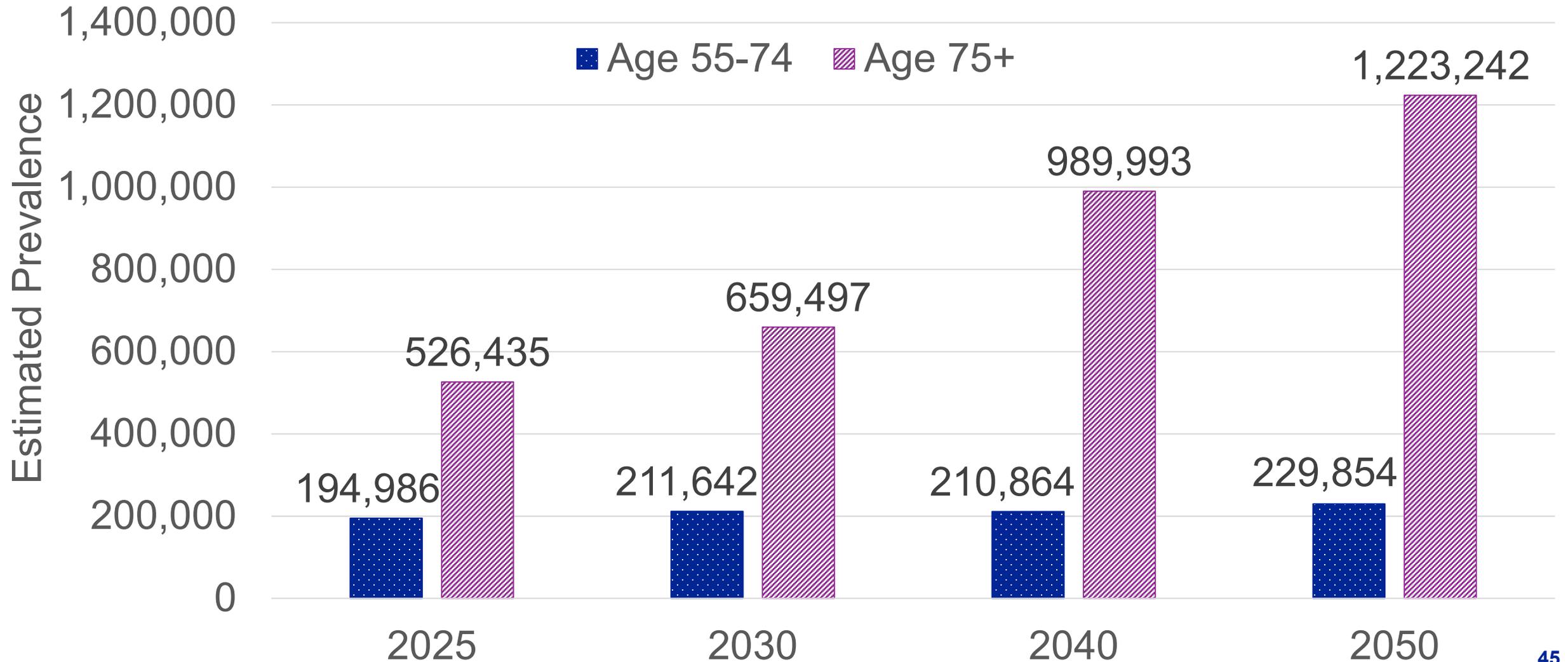
Key Projections (2025-2050)

Alzheimer's Dementia Prevalence

101% increase

721K → 1.45M

Projected Age Group Distribution of Californians Age 55+ Living with Alzheimer's Dementia: 2025, 2030, 2040, 2050



Key Projections (2025-2050)

Prevalence by Age

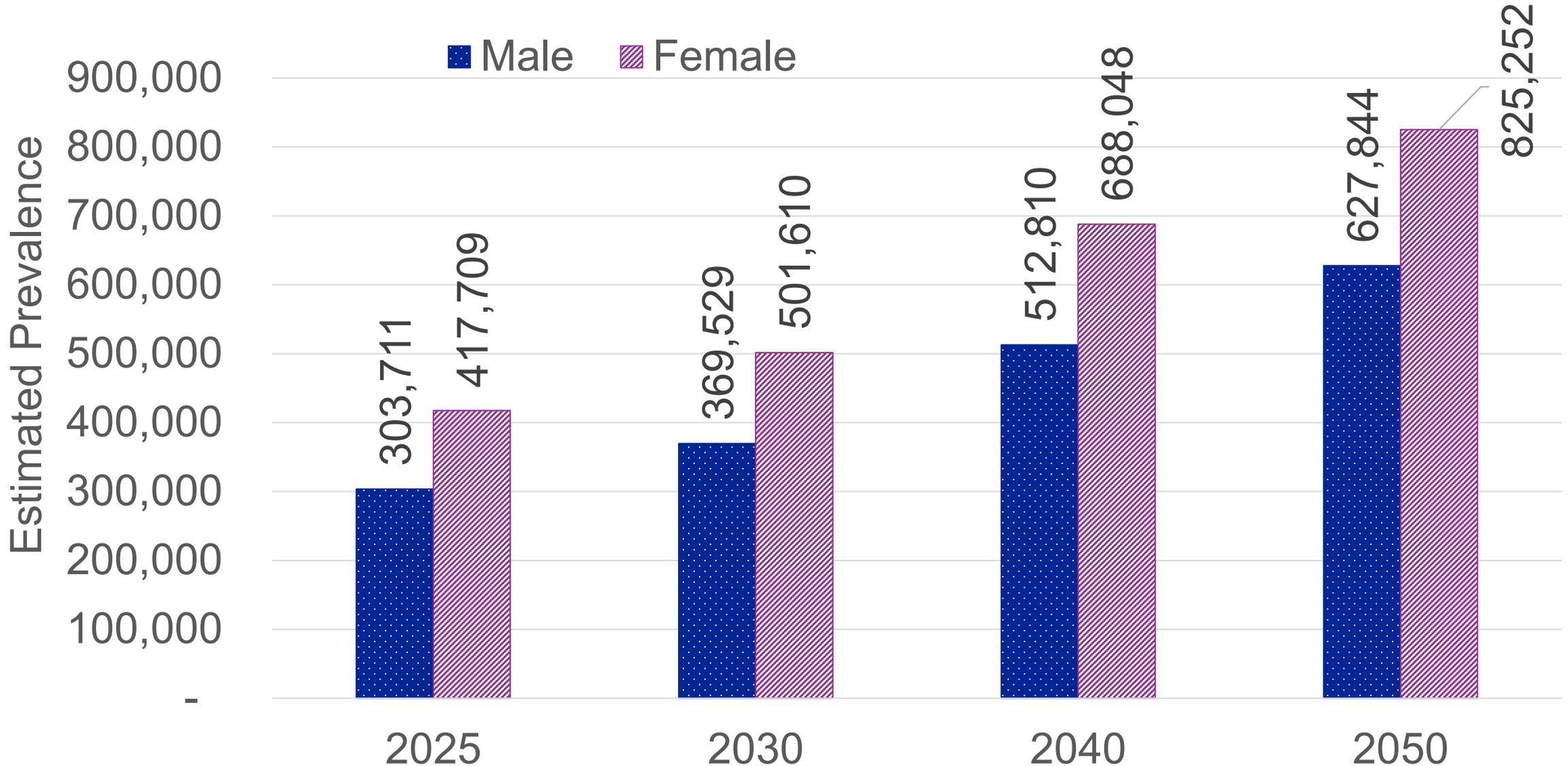
Age 75+: 132% increase

526K → 1.22M

Age 55-74: 18% increase

194K → 229K

Estimated Prevalence of Alzheimer's Dementia Among Californians Age 55+ by Sex: 2025, 2030, 2040, 2050



Key Projections (2025-2050)

Prevalence by Sex

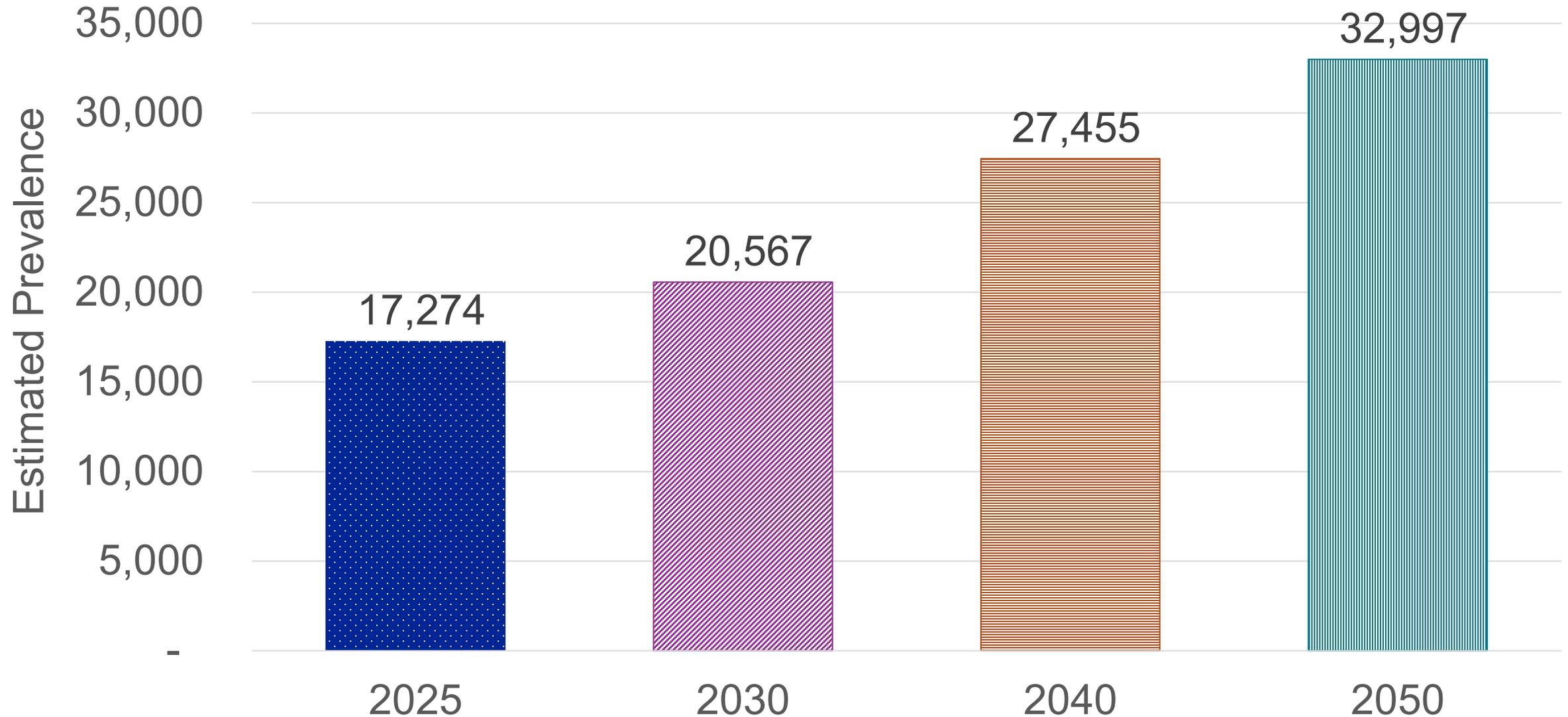
Males: 107% increase

303K → 627M

Females: 98% increase

417K → 825K

Estimated Prevalence of Alzheimer's Dementia Among Californians Age 55+ who are Lesbian, Gay, or Bisexual: 2025, 2030, 2040, 2050



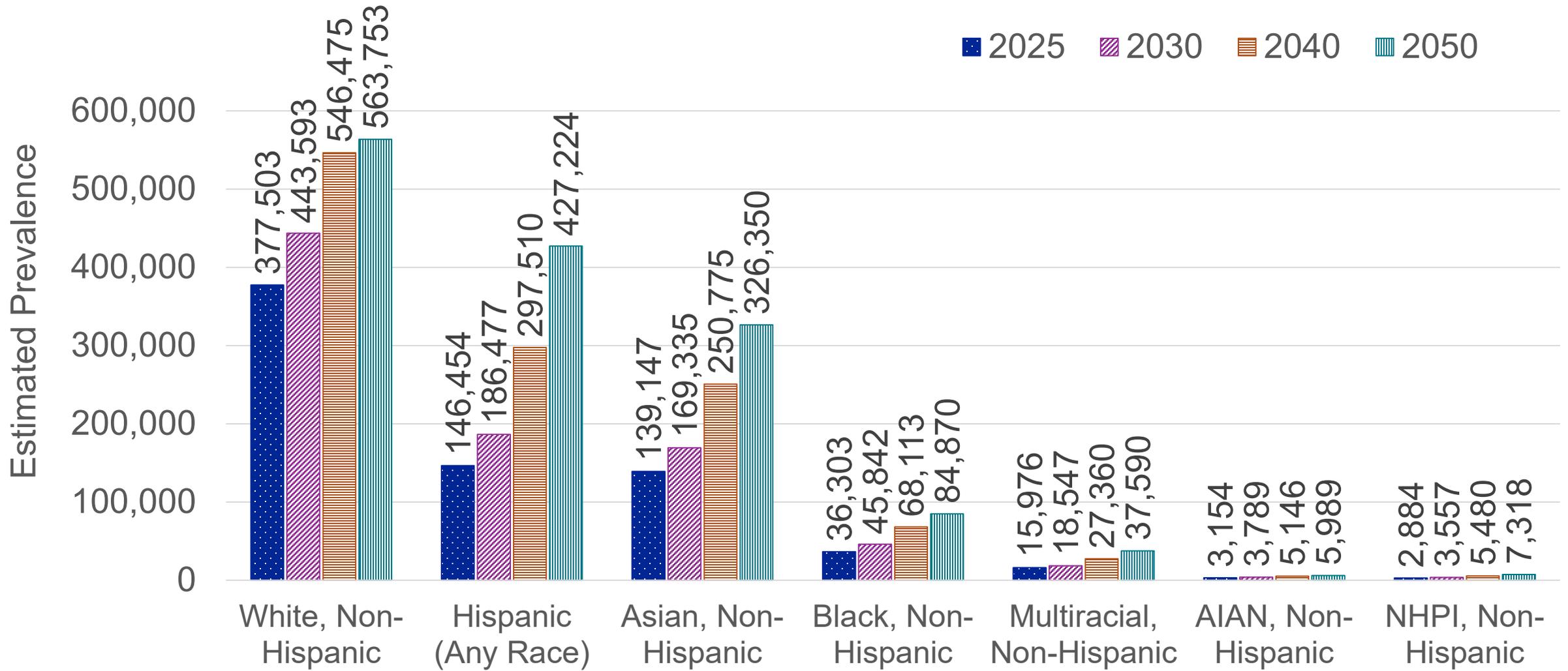
Key Projections (2025-2050)

Prevalence by Sexual Orientation

Lesbian, Gay, Bisexual: 91% increase

17K → 32K

Estimated Prevalence of Alzheimer's Dementia Among Californians Age 55+ by Race/Ethnicity: 2025, 2030, 2040, 2050



Key Projections (2025-2050)

Prevalence by Race/Ethnicity

Hispanic: 192% increase

146K → 427K

Native Hawaiian & Pacific Islander: 154% increase

2K → 7K

Key Projections (2025-2050)

Prevalence by Race/Ethnicity

Asian: 135% increase

139K → 326K

Multiracial: 135% increase

15K → 37K

Key Projections (2025-2050)

Prevalence by Race/Ethnicity

Black: 134% increase

36K → 84K

American Indian & Alaska Native: 90% increase

3K → 5K

Key Projections (2025-2050)

Prevalence by Race/Ethnicity

White: 49% increase

377K → 563K

Projected Number and Percent Change of Californians Age 55+ Living with Alzheimer's Dementia by Rural, Suburban, and Urban County Types: 2025, 2030, 2040, 2050

| County Type | 2025 | 2030 | 2040 | 2050 | % Increase 2025-2030 | % Increase 2030-2040 | % Increase 2040-2050 | % Increase 2025-2050 |
|-------------|---------|---------|-----------|-----------|----------------------|----------------------|----------------------|----------------------|
| Rural | 18,914 | 22,747 | 27,946 | 27,493 | 20% | 23% | -2% | 45% |
| Suburban | 118,436 | 141,001 | 184,647 | 206,801 | 19% | 31% | 12% | 75% |
| Urban | 584,070 | 707,391 | 988,265 | 1,218,801 | 21% | 40% | 23% | 109% |
| CA | 721,420 | 871,139 | 1,200,858 | 1,453,095 | 21% | 38% | 21% | 101% |

Key Projections (2025-2050)

Prevalence by County Type

Urban: 109% increase

584K → 1.21M

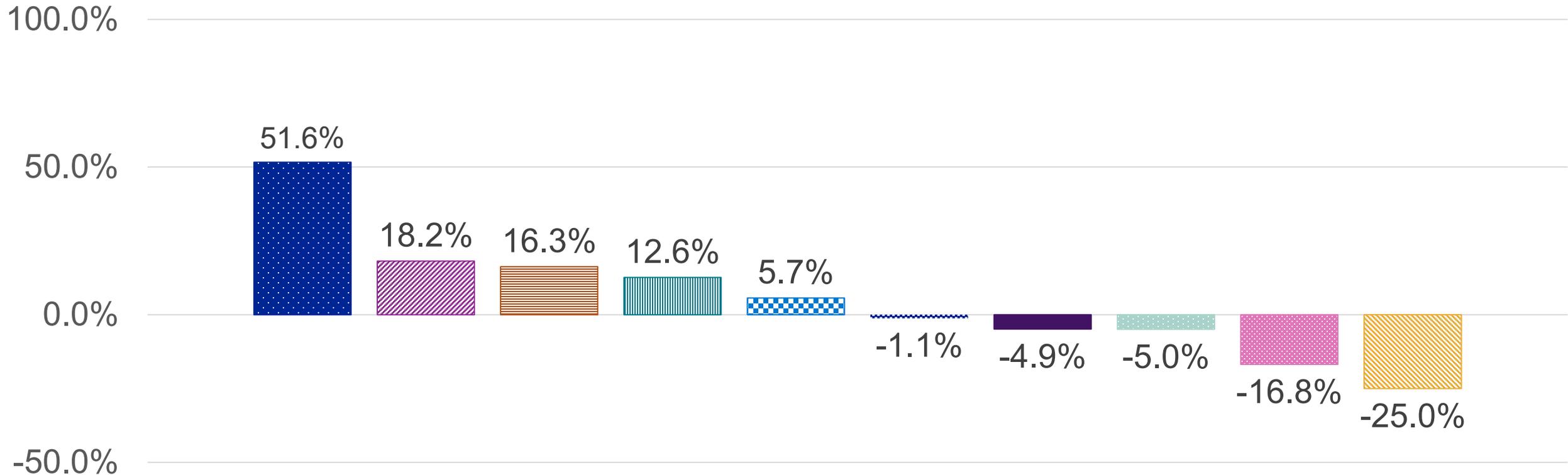
Suburban: 75% increase

118K → 206K

Rural: 45% increase

18K → 27K

Percent Change in Age-Adjusted Rates for Leading Causes of Death in California: 2018 to 2023



- Accidents = 51.6%
- Chronic Liver Disease/Cirrhosis = 18.2%
- Hypertension = 16.3%
- Diabetes = 12.6%
- Stroke = 5.7%
- Heart Disease = -1.1%
- Alzheimer's Disease = -4.9%
- Cancer = -5.0%
- Chronic Lower Respiratory Diseases = -16.8%
- Influenza/Pneumonia = -25.0%

Full report soon.

Thanks!

CONTACT INFORMATION



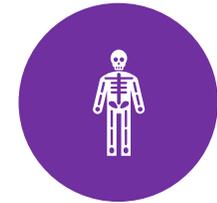
**PI: JARMIN
YEH**



**INSTITUTE FOR HEALTH &
AGING, BOX 0646
490 ILLINOIS STREET,
FLOOR 12
SAN FRANCISCO, CA 94118**



**JARMIN.YE
H@UCSF.E
DU**



415-502-7097

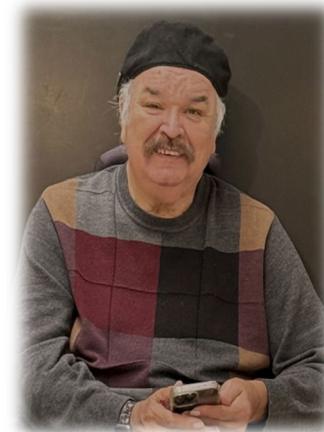
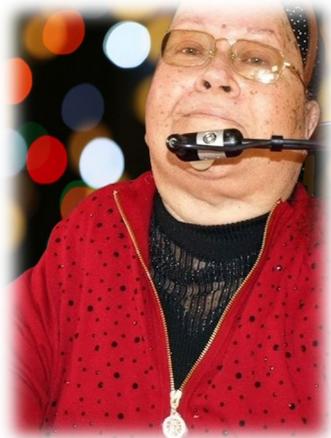
Aging and Disability Lived Experience Advisory Board (AD-LEAB) Update



Sarah Steenhausen

CDA Deputy Director, Division of Policy,
Research, and Engagement (DPRE)

Meet the Board Members



CDA Statewide Website Update, Supporting Caregivers



Connie Nakano

CDA Assistant Director

Office of Strategic Initiatives and Equity

Making Aging Information Easier to Find



Finding aging information should be simple



Many Californians do not know where to start



The website is often the first step

What We Are Hearing from Californians



Research, surveys,
and focus groups



Website analytics
and usability testing



Consistent themes
across all findings

What People Need Most



One clear place to start



Plain language and simpler navigation



Clear next steps

Why This Matters



Caregivers often search on behalf of someone else



Information is needed during moments of stress



Clear pathways reduce confusion and delay



What We Are Doing Now



Redesigning
Aging.ca.gov

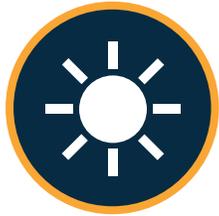


Clear organization
and plain language

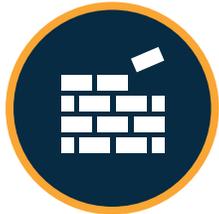


Built on research
and user behavior

What We Are Doing Now



Phased rollout beginning later this spring or early summer



Continued improvements over time



Shared as an informational update





Thank You

aging.ca.gov



Break

The meeting will resume at 12:00 p.m.

MPA Mid-Point Evaluation



Ross Lallian

Chief of Research, California Department of Aging (CDA)
Division of Policy, Research, & Engagement (DPRE)

Lori Peterson & Miranda Kunkel

Collaborative Consulting

Mid-Point Evaluation: Goals & Outcomes



Evaluation Goals

- Assess the implementation elements of the MPA.
- Understand what is working well and what improvements are needed.
- To raise MPA awareness and gain commitment from a variety of partners and stakeholders to advance the MPA implementation.

Mid-Point Evaluation: Framework



MPA Implementation Element

- State-Leadership
- Cross-Agency Development and Accountability
- Stakeholder and Consumer Engagement
- Data-Driven
- Living Document
- Broad Focus on Aging Throughout the Lifespan

Mid-Point Evaluation: Key Questions



| Evaluation Area | Example Questions |
|--|--|
| Fidelity & Progress | <ul style="list-style-type: none">• To what extent is the MPA being implemented as intended? |
| Barriers, Challenges, Facilitators & Supports | <ul style="list-style-type: none">• What barriers and challenges hinder the MPA implementation? |
| Perceived Value & Awareness | <ul style="list-style-type: none">• What would be lost if the MPA implementation elements no longer existed? |
| Sustainability & Recommendations for Improvement | <ul style="list-style-type: none">• What are recommendations for improving the MPA implementation? |

Mid-Point Evaluation: Project Timeline



| Project Phase | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sept |
|--|-------------------|-----|-----|-----------------|-----|-----|-----------------|-----|------|
| 0. Foundation | [Light blue bar] | | | | | | | | |
| 1. Stakeholder Engagement | [Medium blue bar] | | | | | | | | |
| 2. Data Review | [Dark blue bar] | | | | | | | | |
| 3. Reporting and Recommendations | | | | [Dark blue bar] | | | | | |
| 4. Implementation Planning and Dissemination | | | | | | | [Dark blue bar] | | |



Committee Question & Answer, and Discussion



Legislative Update

Barbra McLendon

Public Policy Director, Alzheimer's Los Angeles

Andrew Mendoza

Director of State Affairs, Alzheimer's Association



Alzheimer's **LOS ANGELES**

2026 State Legislative Session Update

Barbra McLendon, MSW
Associate VP, Public Policy
bmclendon@alzla.org

2026 State Legislative Session

Governor's Proposed Budget

- Deficit less than expected, \$2.9b instead of \$18b
- Budget includes expectation 500,000 people to lose access to Medi-Cal due to HR 1
- Additional administrative expenses for Cal Fresh due to HR 1

2026 State Legislative Session

Governor's Proposed Budget

In Home Supportive Services

- Cuts \$86 million General Fund from the IHSS program to effectively eliminate the IHSS Residual Program's role for IHSS recipients who become ineligible for Medi-Cal.
- Eliminates the IHSS Provider Backup System and reduces an associated \$3.5 million General Fund.
- Cuts \$233.6 million General Fund from the state's share of cost for IHSS hours per case growth beginning in 2027-28.

2026 State Legislation

Research Funding

SB 895 – SB-895 California Science and Health Research Bond Act.

- Would establish the California Foundation for Science and Health Research
- Topics funded include biomedical, behavioral, and climate research
- Authorizes issuance of bonds up to \$23b
- If passed, would be on ballot of next statewide election

Ballot Proposition

Research Funding

California Immunology Research and Cures Initiative

- On November 2026 ballot
- Would authorize \$8.4b in state bonds to create an institute at the UCLA Research Park
- At least 50% of the research funding is mandated for cancer, heart disease, and Alzheimer's disease.
- This initiative focuses on leveraging the human immune system to develop vaccines and therapies

2026 State Legislation

Emergency Preparedness

SB 837 – Disaster and Emergency Preparedness

- Requires Aging and Disability Resource Connection 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.
- Requires that the training raise awareness of existing resources and guidance such as those developed by the CA Department of Aging.

2026 State Legislation

Alzheimer's Los Angeles Proposal

Continuing Education for Mental Health Professionals

- Four hours – 3 on older adults and 1 on Alzheimer's and dementia
- One-time course required at renewal
- Applicable to all mental health professionals licensed by the Board of Behavioral Sciences or the CA Board of Psychology whose patient population is majority 30 years of age or older

Update on Past State Legislation

Wandering Guidelines

- [Commission on Police Officers Standards and Training \(POST\) issued final guidance](https://post.ca.gov/Publication-List)
<https://post.ca.gov/Publication-List>
- Video encouraging law enforcement to follow the new guidelines
[Did You Know - "Wandering"](https://www.youtube.com/watch?v=qTbU8u42Dzk)
<https://www.youtube.com/watch?v=qTbU8u42Dzk>

Hospital Access

- Effective as of January 1st of 2026
- Already helping caregivers stay with their loved ones while in the hospital

Alzheimer's Association Legislative Priorities

Andrew Mendoza, Government Relations Director

SB XX (Weber Pierson): Alzheimer's Disease Treatment Coverage

This legislation requires state regulated private health insurance plans to cover FDA approved treatments for Alzheimer's disease, bans step therapy for anti-amyloid therapies, provides non-restrictive coverage criteria and makes denial appeals exigent.

Budget Request: Dementia Care Aware

A \$5.4 million general fund budget request for the Dementia Care Aware (DCA) training program for dementia screening, care navigation and case management.

Dementia Care Aware has trained more than 7,250 individuals, largely clinical providers, in nearly every county with remote and in-person sessions.

These funds will sustain DCA for three years.

AB XX (Stefani): Older and Dependent Adult Victims – Vertical Prosecutions

This legislation enables a prosecutor assigned to a case where a minor, dependent or older adult is the victim in the alleged offense to receive a continuance when needed in court for other obligations.

This bill supports District Attorneys who dedicate resources for Elder Abuse units with vertical prosecutions, where an attorney handles each stage of the case without handoffs.

Public Comment



Time is reserved on the meeting agenda for public comment.

- **In-Person Comments:** Raise your hand or let the designated CDA staff member know you want to make a public comment.
- **Verbal Comments:** “Raise your hand” in the Reactions feature of Zoom or press *9 on your phone dial pad to enter the line for a verbal comment. The moderator will unmute your line and announce your name or the last 4 digits of your phone number.
- **Written Comments:** You may submit comments throughout the meeting using the Zoom Q&A or email Engage@aging.ca.gov.

Note: Public commentators will each have 2 minutes.



Finalize Recommendations for CalHHS Secretary Johnson and Meeting Topic Suggestions

2026 Meeting Schedule



- **May 7, 2026**
- **August 6, 2026**
- **October 29, 2026**

Committee meetings held in-person in
Sacramento with a virtual option

Meeting Resources



- [Master Plan for Aging \(MPA\)](#)
- [ADRCAC Member Biographies](#)
- [CalHHS Alzheimer's Disease & Related Conditions Advisory Committee](#)
- [MPA AR](#)
- [MPA Initiatives](#)
- [MPA Annual Report Press Release](#)
- [MPA Annual Report Social Media Toolkit](#)
- [ADRCAC Lived Experience Application](#)
- [AD-LEAB](#)



Visit the [CalHHS Alzheimer's Disease & Related Conditions Advisory Committee](#) webpage for:

- ❖ More information about the Committee
- ❖ Upcoming meeting dates
- ❖ Presentations and recordings of past meetings

**Thank
you!**

Stay Connected



Learn more about the MPA at MPA.aging.ca.gov

Contact: Engage@aging.ca.gov

Learn more about CDA at Aging.ca.gov



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