

August 12, 2025

Senator Anna Caballero
Chair, Appropriations
1020 O Street, Room 2200
Sacramento, CA 95814

RE: Oppose – AB 1105 as Amended July 3, 2025 (Quirk-Silva)

Dear Senator Caballero:

On behalf of Disability Rights California, Disability Rights Education & Defense Fund, and National Health Law Program, and Disability Voices United, we write in opposition to AB 1105 (Quirk-Silva), which expands the authority of probate conservators and courts to place individuals with “major neurocognitive disorders” into facilities that use alarmed doors and locked fences. While the stated goal of the bill is to address placement challenges for individuals with major neurocognitive disorders, its approach runs counter to longstanding efforts to protect the rights of people with disabilities and limit California’s reliance on locked and restrictive settings. The bill evokes the same false reasoning used to justify the federal administration’s July 24, 2025 Executive Order¹ which ignores research and elevates stereotypes of disabled people by regressively encouraging the warehousing of unhoused persons in long-term institutional settings.

We are particularly concerned about the following:

1. Dramatic Expansion of Locked Settings for a Broad and Poorly Defined Population

Currently, a conservator can place a conservatee in a secured perimeter Residential Care facility for the Elderly (RCFE). There are 379 Residential Care Facilities with Delayed Egress, Secured/Locked Perimeter, or both.²

¹ <https://www.whitehouse.gov/presidential-actions/2025/07/ending-crime-and-disorder-on-americas-streets/>

² Senate Committee on Human Services’ Analysis of July 3, 2025 Amendments to AB 1105, <https://trackbill.com/s3/bills/CA/2025/AB/1105/analyses/senate-human-services.pdf>.

AB 1105 authorizes probate conservators to place individuals with “major neurocognitive disorders” in an additional wide array of settings that use alarmed doors and locked gates—opening the door to almost 6,000 adult residential facilities,³ 1,230 skilled nursing facilities, and 1,160 intermediate care facilities becoming locked placements for people with disabilities.⁴

The term “major neurocognitive disorders”—while commonly associated with Alzheimer’s disease—can also include individuals with dementia resulting from traumatic brain injury, substance and medication use, HIV infection, and other unspecified medical conditions.⁵ Such a broad and vague definition increases the risk of disabled people being inappropriately and unnecessarily institutionalized in locked settings.

2. Setting a Troubling Precedent for Future Expansion and Increased Costs

California has made important strides toward compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court’s *Olmstead* decision, which requires public entities to provide services in the most integrated setting appropriate. Over the last decade California has also invested significant resources⁶ into coming into compliance with the federal Home and Community-Based (HCB) Settings Final Rule⁷, which requires that individuals who receive Medi-Cal services have full access to the benefits of community living and are able to receive services in the most integrated setting. AB 1105 undermines this progress by expanding court-approved pathways into locked environments, rather than investing in services that help people to live safely and meaningfully in the community.

³California Health Care Foundation, *What Is Assisted Living? Opportunities to Advance Community-Based Care for Medi-Cal Enrollees*, (August 2024), <https://www.chcf.org/resource/what-is-assisted-living>.

⁴California Hospital Foundation, *Facts and Statistics Long-Term Care Providers*, (last visited July 30, 2025), <https://www.cahf.org/About/Consumer-Help/Facts-and-Statistics>.

⁵ See Emmady PD, Schoo C, Tadi P. Major Neurocognitive Disorder (Dementia) [Updated 2022 Nov 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK557444/>.

⁶Cal. Dep’t Health Care Servs., HCBS Statewide Transition Plan (last visited July 30, 2025), <https://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx>

⁷ Centers for Medicare & Medicaid Services, *Home & Community Based Services Final Regulation* (last visited July 30, 2025), <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation>.

We are additionally concerned that the regulatory changes mandated by AB 1105—including revisions to Department of Social Services and Department of Public Health licensing rules— also signal an intent to dramatically increase the use of alarmed doors and locked fences across multiple facility types. We fear this precedent will be exploited to justify broader use of coercive and restrictive care models under the guise of “specialized care.”

Moreover, increasing placements in locked facilities will be costly. While the Senate Human Services analysis notes that the bill has not yet been analyzed by a fiscal committee, by expanding the types of facilities where conservatees can be placed, there will necessarily be costs associated with court hearings for placements. Placement in facilities is also far more costly than serving people in the community.⁸ Adding alarmed doors and locked gates only adds to these costs. Given the myriad additional benefits available through CalAIM’s Enhanced Care Management and Community Supports, there is more opportunity than ever to support people with disabilities in community rather than institutional settings.

3. Better Alternatives Are Available

The author notes that unlike systems established for people with intellectual and developmental disabilities, there is no dedicated system of community-based support for people with major neurocognitive disorders. As a result, this population often end up in emergency departments, shelters, and jails.

We agree that emergency departments, shelters, and jails are not the answer. But expanding conservatorship powers and locked settings is not the answer either. The answer instead lies in making sure that people with major neurocognitive disorders have access to a dedicated system of community-based support, just like the one California has built for people with intellectual and developmental disabilities have, and all people with disabilities deserve.

AB 1105 arrives at a time when federal policy is dangerously moving in the opposite direction of decades of disability rights progress. California should remain a national model for resisting unnecessary institutionalization,

⁸ For example, the annual cost of someone receiving Home & Community Based Alternatives Waiver Services in the community is \$24,648. The average annual cost in a skilled nursing facility is \$112,992. Cal. Dep’t Health Care Servs., 2025 Medi-Cal May Revise at 713, [2025 May Revise](#).

upholding the ADA and the principles in the *Olmstead* decision, and expanding evidence-based, community-driven alternatives.

For these reasons, we respectfully urge you to vote **NO** on AB 1105.

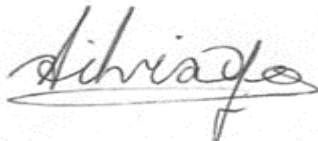
Sincerely,

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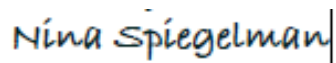
Eric Harris
Associate Executive Director of External Affairs
Disability Rights California

A handwritten signature in blue ink, appearing to read "Elizabeth Zirker".

Elizabeth Zirker
Senior Attorney
The National Health Law Program

A handwritten signature in black ink, appearing to read "Silvia Yee".

Silvia Yee
Public Policy Director
Disability Rights & Education Defense Fund

A handwritten signature in blue ink, appearing to read "Nina Spiegelman".

Nina Spiegelman
Policy Director
Disability Voices United

cc: Honorable Members, Assembly Appropriations Committee
The Honorable Sharon Quirk-Silva
Michelle Cisneros, Legislative Assistant, Office of
Assemblymember Quirk-Silva