

Date of Hearing: June 17, 2026

ASSEMBLY COMMITTEE ON EDUCATION
Darshana R. Patel, Chair
SB 1133 (Strickland) – As Amended March 23, 2026

SENATE VOTE: 36-0

SUBJECT: Pupil instruction: preventative health instruction

SUMMARY: Requires that when the Health Education Curriculum Framework is next revised, the Instructional Quality Commission (IQC) consider including information on evidence-based preventative health instruction, including information on nutrition, food literacy, sleep, movement, stress management, and digital balance in an integrated manner that discusses these key health factors and the interrelationship and balance between them. Specifically, **this bill:**

- 1) Requires that when the health curriculum framework is next revised after January 1, 2027, the IQC consider including information on evidence-based preventative health instruction, including information on nutrition, food literacy, sleep, movement, stress management, and digital balance in an integrated manner that discusses these key health factors and the interrelationship and balance between them.
- 2) Requires that the information to be considered for inclusion include, but not be limited to:
 - a) How nutrition affects metabolism, inflammation, and long-term disease risk;
 - b) The role of exercise and physical activity in physical and mental health;
 - c) How stress and sleep influence hormones, weight, immunity, and cognition;
 - d) The impacts and responsible use of social media, artificial intelligence, and digital platforms;
 - e) How environmental factors such as air quality, water quality, and food environments impact health; and
 - f) How daily choices influence the body and mental health.

EXISTING LAW:

- 1) Requires the IQC, during its next revision of the Health Education Curriculum Framework, on or after January 1, 2025, to consider including content on sextortion, as defined. (Education Code (EC) 33546.2)
- 2) Requires the IQC, during its next revision of the Health Education Curriculum Framework, on or after January 1, 2025, to consider including information on evidence-based schoolwide programs to support pupils in developing skills in mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation. (EC 33546.4)

- 3) Requires the IQC, during the next revision of the publication Health Education Framework, to consider developing, and recommending for adoption by the State Board of Education (SBE), a distinct category on mental health instruction to educate students about all aspects of mental health. (EC 51900.5 (a))
- 4) Requires each school district, county office of education, state special school, and charter school that offers one or more courses in health education to pupils in middle or high school to include instruction in mental health, as specified. (EC 51925)

FISCAL EFFECT: According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, negligible state costs.

COMMENTS:

Need for the bill. According to the author, “Healthy students are better prepared to learn. The Ready to Learn, Ready for Health Act encourages the inclusion of evidence-based preventative health education in California’s Health Education Framework. By helping students understand the importance of nutrition, sleep, physical activity, stress management, and healthy technology habits, we can support both academic success and lifelong health.

SB 1133, the ‘Ready to Learn, Ready for Health’ Act, simply requires that these preventative health topics be considered for inclusion in our public school health framework the next time it is revised.”

Existing content on these topics in the Health Framework. This bill requires the IQC, during its next revision of the Health Education Framework, to consider including information on evidence-based preventative health instruction, including information on nutrition, food literacy, sleep, movement, stress management, and digital balance in an integrated manner that discusses these key health factors and the interrelationship and balance between them.

According to the Senate Education Committee, most, if not all, of these topics and connections can already be found throughout the existing health framework. Such examples include, but are not limited to:

- ***Nutrition, food literacy, and disease risk:*** Transitional Kindergarten and Kindergarten students learn that vitamin D from the sun and calcium from chickpeas, tofu, white beans, leafy greens, and dairy products make the bones that support their bodies stronger, and the vitamins in carrots are good for their eyes. Instruction for first graders builds on kindergarten foundations, allowing them to learn that nutritious food that is high in vitamins and minerals can keep their immune system strong. Seventh and eighth grade students learn about the long-term health benefits associated with proper nutrition, such as a decreased risk of heart disease, stroke, certain types of cancers, and obesity.
- ***Sleep, mental health, and cognition:*** In kindergarten, students learn through storytelling and discussion how adequate sleep helps them perform better in school, sports, and activities, and makes them feel good mentally. In fifth grade, teachers can lead students in activities to study classroom sleep patterns and better understand the best practices for healthy sleep habits. In grades seven and eight, students learn how their individual decisions may have subsequent positive or negative health outcomes. For instance,

staying up late to watch videos or study for a test leads to poor sleep and feeling tired the next day—the outcome may be poor performance in school, sports, or activities.

- *Digital balance and social media impacts on health:* In fourth grade, teachers may facilitate conversations with students about “netiquette,” safe internet use, and the importance of seeking the help of a trusted adult when feeling personally threatened or unsafe on the internet, or elsewhere. In grades seven and eight, students analyze the influences of culture, media, social media, and technology on their health decisions and the consequences of their decisions.
- *Environmental impacts on health:* In fourth grade, students build on the foundations of their science education to discover the direct connections between their health, the movement of potentially harmful materials from human activities like cleaning, and the safety of the water they drink, the air they breathe, and the food they eat. In seventh and eighth grade, students learn about local environmental challenges that affect their community’s health, like air, water, and noise pollution, or pesticide use, and are encouraged to develop information campaigns to raise awareness.

Content Standards, Frameworks, and Model Curricula. The Legislature has vested the IQC and the SBE with the authority to develop and adopt state curriculum and instructional materials. The IQC develops curriculum frameworks in each subject by convening expert panels, developing drafts, and holding public hearings to solicit input. Changes are frequently made in response to public comment. The SBE then adopts the frameworks in a public meeting. The SBE also adopts, in a public process, instructional materials aligned to those frameworks for grades K-8. School district governing boards and charter schools then adopt instructional materials aligned to these standards and frameworks. This process has traditionally occurred on a regular schedule, giving schools a predictable timetable to plan and budget for changes to the curriculum. Local adoption of new curricula involves significant local costs, including resources for professional development.

These existing processes involve practitioners and experts who have an in-depth understanding of curriculum and instruction, including the full scope and sequence of the curriculum in each subject and at each grade level, constraints on instructional time and resources, and the relationship of curriculum to state assessments and other measures of student progress.

Curriculum development and adoption process under review. The 2025-26 budget, through AB 121 (Committee on Budget), Chapter 8, Statutes of 2025, included \$1 million for a study on the processes by which other states develop curriculum guidance, and to make recommendations about how to improve and streamline California’s processes. This report is to be completed by January 1, 2027.

The report is required to include, among other topics:

- The roles and responsibilities of the California Department of Education (CDE), the IQC, the SBE, the Legislature, local educational agencies (LEAs), educators, parents and guardians, and the public; and

- The processes and cycles for developing, revising, and adopting content standards, curriculum frameworks, and other instructional guidance, and how available instructional time in elementary and secondary schools is considered.

Governor’s veto message states that changes to curriculum should wait until curriculum study is complete and recommendations adopted. In 2025, the Governor vetoed AB 86 (Boerner), which would have required the SBE to adopt instructional materials for health education for kindergarten through 8th grade, on or before July 1, 2028, with the following message:

The Budget Act of 2025 authorized a Curriculum Guidance Study to evaluate and improve the current state-level curriculum guidance adoption process to improve efficiency and consistency across all content areas. Proposals like AB 86 should only be considered after this study is complete and changes to the process are adopted. In the meantime, local governing boards continue to have the authority to evaluate and select a range of materials that align with the state standards and the associated curriculum framework.

Two-house curriculum bill policies. For several Sessions, the Assembly and Senate Education Committees have adopted identical policies on curriculum measures. These policies state, in part:

- The Committee strongly discourages the introduction of measures which require, or require consideration of, modifications to state curriculum through changes to the curriculum framework, or the course of study, which require that specific curriculum be taught, or which require the development of new model curricula or any other state-adopted curriculum.
- The Committee encourages Members to engage in the existing administrative processes for modifying state curricula. Members may wish, for example, to provide written comments or public testimony to the Instructional Quality Commission, the State Board of Education, or the Superintendent of Public Instruction. Committee staff can share a model letter to the Instructional Quality Commission. Members may also wish to engage with the Legislative Members who are appointed to serve on the Instructional Quality Commission, or to engage in the Legislature’s oversight or appointment processes for this purpose.

The policies also state that bills proposing changes to the curriculum frameworks, instructional materials, or the course of study shall either request or require that the IQC consider including content not already included in the existing or draft curriculum frameworks, instructional materials, the course of study, model curricula, or any other state-adopted curriculum, to be added in the next regularly scheduled revision of a framework. ***The Committee may wish to consider*** that this bill conforms to this provision.

Arguments in support. End Chronic Disease writes, “Chronic disease is increasingly affecting children and adolescents across the United States. Today, more than 40% of school-aged children live with at least one chronic health condition, such as obesity, type 2 diabetes, asthma, and conditions like high blood pressure. Many of these are strongly influenced — and often preventable — by modifiable lifestyle factors such as poor nutrition, inadequate sleep and physical activity, and stress.

S.B. 1133 takes a thoughtful and practical step toward addressing these trends by ensuring that,

when the Health Education Framework for California Public Schools is next updated, the Instructional Quality Commission considers strengthening evidence-based preventive health instruction in grades K-12.

Importantly, the bill works within California's existing curriculum framework revision process. It does not mandate new coursework, impose curriculum requirements on school districts, or create new state programs, while still encouraging schools to incorporate foundational health concepts that support student well-being and academic success.

Helping students understand the building blocks of health – and ensuring that this information is consistently delivered from K-12 – can empower them to develop habits that reduce their long-term risk of chronic disease while improving focus, learning, and overall quality of life.”

Related legislation. AB 1766 (Krell) of the 2025-26 Session would require the IQC, the next time it revises the health curriculum framework, to consider including specified content on human trafficking and sexual exploitation.

AB 2053 (Mathis), Chapter 695, Statutes of 2024, requires that instruction about adolescent relationship abuse and intimate partner violence include the resources available to students related to adolescent relationship abuse and intimate partner violence, including the National Domestic Violence Hotline and local domestic violence hotlines that provide confidential support services for students that have experienced domestic violence or stalking, and that are available by telephone 24 hours a day.

AB 1071 (Hoover), Chapter 65, Statutes of 2023, requires the CDE to post on its website resources on teen dating violence prevention, local and national hotlines and services for youth experiencing teen dating violence, and other relevant sources for parents, guardians, and other caretakers of students.

AB 1861 (Rodriguez), Chapter 807, Statutes of 2018, requires that students receive instruction on how social media and mobile device applications are used in human trafficking, by adding it to the content included in comprehensive sexual health education.

AB 1868 (Cunningham), Chapter 428, Statutes of 2018, authorizes school districts to include, as part of comprehensive sexual health education, instruction on the risks and consequences of creating or sharing sexually suggestive or explicit materials using cellular telephones, social networking websites, computer networks, or other digital media.

AB 2601 (Weber), Chapter 495, Statutes of 2018, requires charter schools to ensure that all pupils in 7th through 12th grade receive comprehensive sexual health education and HIV prevention education.

SB 316 (Rubio), Chapter 270, Statutes of 2019, requires public schools, including charter schools, and private schools, that serve students in any of grades 7 to 12, and public and private institutions of higher education that issue pupil or student identification cards, to print the telephone number for the National Domestic Violence Hotline and local domestic violence hotlines on those identification cards.

AB 643 (Frazier), Chapter 574, Statutes of 2017, requires that content on the early warning signs of adolescent relationship abuse and intimate partner violence be included in mandated sexual health instruction.

SB 1435 (Jackson) Chapter 633, Statutes of 2016, requires, when the health curriculum framework is next revised after January 1, 2017, the IQC to consider including comprehensive information for kindergarten and grades 1 to 8, inclusive, on the development of healthy relationships, as specified.

SB 592 (Leyva) of the 2015-16 Session would have required school districts to provide educational programs that promote healthy relationships and prevent adolescent relationship abuse to students in grades 6-12, required the Superintendent of Public Instruction (SPI) to provide information for use by schools, and required school safety plans to include procedures and policies to prevent and respond to adolescent relationship abuse. SB 592 was held in the Senate Appropriations Committee. AB 329 (Weber), Chapter 398, Statutes of 2015, makes instruction in sexual health education a requirement, revises HIV prevention education content, expands topics covered in sexual health education, requires this instruction to be inclusive of different sexual orientations, and clarifies parental consent policy.

SB 695 (de Leon), Chapter 424, Statutes of 2015, requires the IQC to consider adding content to the health curriculum framework for grades 9-12 on sexual harassment and violence, including the affirmative consent standard, and requires school districts which require a health course for graduation to include this content.

AB 1227 (Bonta), Chapter 558, Statutes of 2017, establishes the Human Trafficking Prevention Education and Training Act, which allows schools to provide training on human trafficking, and makes changes to the Commercially Sexually Exploited Children Program by, among other things, including educational entities among the groups with whom a county must collaborate, as specified.

SB 1165 (Mitchell), Chapter 713, Statutes of 2014, requires the IQC to consider including sexual abuse and sex trafficking prevention education in the health framework when it is next revised.

REGISTERED SUPPORT / OPPOSITION:

Support

Alameda County Office of Education
The California Baptist Capitol Ministry

Opposition

None on file

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