
CONSENT

Bill No: SB 1133
Author: Strickland (R)
Amended: 3/23/26
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 4/15/26
AYES: Pérez, Ochoa Bogh, Cabaldon, Choi, Cortese, Gonzalez, Reyes

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SUBJECT: Pupil instruction: preventative health instruction

SOURCE: End Chronic Disease

DIGEST: This bill requires the Instructional Quality Commission (IQC) to consider including information on evidence-based preventative health instruction, as specified, at the next regularly scheduled revision of the Health Education Framework.

ANALYSIS:

Existing law:

- 1) Requires the IQC, during its next revision of the Health Education 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 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)

This bill:

- 1) Requires the IQC, during its next revision of the Health Education Framework, on or after January 1, 2027, 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.
- 2) Specifies that the information considered for inclusion shall include, but not be limited to, the following:
 - 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.
 - f) How daily choices influence the body and mental health.

Comments

- 1) *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.”

- 2) *The IQC and the SBE.* 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 through a process involving 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. Changes are frequently made in response to public comment. The frameworks are then adopted by the SBE in a public meeting.

The resulting curriculum framework is intended to serve as a guidance document for educators and administrators on how to plan for and provide quality, skills-based, standards-aligned instruction on the various content areas.

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.

The respective revision and adoption processes have 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 also involves significant local cost and investment of resources for professional development.

- 3) *Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve.* In May 2019, the SBE adopted the Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve (the Framework) to provide instructional guidance and support to California teachers, administrators, curriculum specialists, other educators, and school boards for implementation of the health education content standards. According to the California Department of Education (CDE), the Framework was designed to “help students build strong and healthy relationships with their families, friends, and communities while strengthening their resiliency and personal decision-making skills for healthy living.” The Framework covers six content areas of health education:

- a) Nutrition and Physical Activity;

- b) Growth and Development;
- c) Injury Prevention and Safety;
- d) Alcohol, Tobacco, and Other Drugs;
- e) Mental, Emotional, and Social Health; and
- f) Personal and Community Health.

The six content areas are woven throughout the grade spans and build upon each other to ensure students gain a holistic understanding of health.

- 4) *What's missing?* 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. However, it is worth noting that most, if not all, of these topics and connections can already be found throughout the existing Health Education Framework. Such examples include, but are not limited to:
- a) *Nutrition, food literacy, and disease risk:* TK 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.
 - b) *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.

- c) *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.
- d) *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.

As discussed in Comment #2, curriculum frameworks are intended to provide educators and administrators with guidance on how to plan for and provide standards aligned instruction to students. Educators are not required to follow the Framework exactly and are encouraged to design their lesson plans to meet the needs of their students and communities, so long as they maintain alignment with standards. This also means they retain the flexibility to draw greater connections between the foundational concepts and topics taught in previous grade levels.

- 5) *The Curriculum Guidance Study and future of curriculum development and adoption.* The 2025-26 budget, through AB 121 (Committee on Budget, Chapter 8, Statutes of 2025), included \$1 million for a Curriculum Guidance Study to evaluate the processes by which other states develop curriculum guidance, and to make recommendations about how to improve and streamline California’s processes across all content areas. The report is required to include, among other topics:
 - a) The roles and responsibilities of the CDE, the IQC, the SBE, the Legislature, LEAs, educators, parents and guardians, and the public; and
 - b) 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.

This report is to be completed by January 1, 2027.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 4/27/26)

End Chronic Disease (source)

OPPOSITION: (Verified 4/27/26)

None received

Prepared by: Therresa Austin / ED. / (916) 651-4105
4/28/26 16:33:35

**** **END** ****