SENATE THIRD READING
SB 971 (Choi)
As Amended August 5, 2026
Majority vote

SUMMARY

Authorizes a local health department, area agency on aging, community college, public or private college, public or private university, or other appropriate county department, may establish community-based programs for older adults designed to promote healthy aging, social engagement, and independent living in collaboration with relevant local entities, including school districts, libraries, faith institutions, and community organizations.

Major Provisions

1) Provides that if a local entity establishes a community-based program, the program activities may include, but are not limited to, technology assistance, physical activity, music or arts programming, cultural programming, language learning opportunities, shared meals, and other community-based enrichment activities that support healthy aging and social connection.

2) Defines "older individual" with the same definition in Welfare and Institutions Code (WIC) Section 9018

3) Provides that these programs are not mandatory for any local entity or department to implement.

4) Provides that implementation is subject to the availability of local resources and partnerships.

COMMENTS

Aging in California: A recent compiled data report by the Public Policy Institute of California titled "California's Aging Population" states:

By 2040, California's older adult population (aged 65 and over) is projected to increase by a remarkable 59%, from 5.7 million to just over 9 million. This growth stands in stark contrast to the projected changes in other age groups. The working-age population (20–64 years old) is expected to increase only 3%, while the population under age 20 is anticipated to decrease by 23%. California is projected to have 3.4 million more older adults aged 65 and over, and 1.7 million fewer residents less than 65 years old.

This disproportionate growth in the older population will lead to a significant shift in the state's age structure. Almost one-quarter of Californians (22%) will be age 65 or older by 2040, a substantial increase from 14% in 2020. The old-age dependency ratio (the number of older adults per 100 adults of working ages) is projected to grow from 24 to 38. In other words, there will be 38 older adults for every 100 working adults in the state.

The most dramatic growth is projected among the oldest age groups—or the oldest old. The population aged 80 and over is expected to more than double, increasing by nearly 1.8 million in 2040. This rapid growth in the oldest age groups, driven by both the aging of the baby boomers

and increases in longevity, is especially significant because of this group's relatively high personal care and health care needs.[1]

Life expectancy continues to rise,[2] however during 2019-2021 overall life expectancy for Californians fell from 81.4 years to 78.4 years. For Hispanics, life expectancy declined by nearly 6 years, a difference three times greater than their white counterparts. And the difference between those in California's highest and lowest income brackets increased by three-and-a-half years to greater than 15 years (11.5 years before the pandemic to more than 15 years in 2021).[3]

It is important to note that the COVID-19 pandemic caused a brief (and traumatic) deviation from the long-term pattern of increases in life expectancy. The latest estimates suggest that life expectancy has resumed its pre-pandemic trend of gradually increasing longevity. The Department of Finance projects moderate increases in life expectancies through 2060. [4]

Area Agencies on Aging: the California Department of Aging (CDA) administers programs serving older adults through contracts with local agencies in 33 locations across the state which provide a wide array of services on a community level to seniors and adults with disabilities. AAAs are designated to address the needs and concerns of older adults at the regional and local level. Each county is required to have an AAA to ensure all communities have access to local aging programs and provide information and services for older adults. While California is home to 58 counties, not all counties have a stand-alone AAA. Some AAAs represent multiple counties to serve the region.

Older Adult Education: Older adult education is noncredit courses offered to promote lifelong learning. Previously, older adult education programs were overseen by local school districts, with funding provided to those school districts to provide services to older adults. After the Great Recession of 2008, older adult education was consolidated into the community college system. This consolidation effectively eliminated older adult specific education as a distinct public service. California's older adult education is now done primarily through the California Adult Education Program which offers free, noncredit, flexible courses on topics such as digital literacy and health.

According to the Author
"California's older adult population is growing rapidly, yet no designated public system is responsible for coordinating education and prevention services tailored to their real-life needs. SB 971 addresses this gap by establishing a statutory framework that authorizes counties to deliver older adult education. By partnering with community-based organizations, this approach aims to improve health outcomes, promote independence, and enhance quality of life for Californians age 55 and over."

Arguments in Support
This bill is sponsored by the California Senior Legislature (CSL) which writes in support, as California's older adult population continues to grow rapidly, too many seniors face barriers to essential information, social connection, and preventive health education. CSL continues that this

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[1] https://www.ppic.org/publication/californias-aging-population/
[2] https://longevity.stanford.edu/the-new-map-of-life-initiative/
[3] https://newsroom.ucla.edu/releases/covid-life-expectancy-drops-by-race-and-income
[4] www.cdc.gov/nchs/data/databriefs/db492.pdf

bill offers a community-based approach by allowing local health departments to partner with trusted local entities to deliver programs tailored to older adults' needs. CSL states that the focus on digital literacy, fall prevention, nutrition, health care navigation, emergency preparedness, civic engagement, and emotional well-being, combined with communal meals, reflects best practices for promoting healthy aging and reducing isolation. CSL concludes that it believes that this bill will strengthen local capacity to serve older adults, improve health outcomes, and foster greater community connection.

Arguments in Opposition
The Association of Community and Continuing Education (ACCE), opposes this bill, stating that this bill does nothing to provide the resources or structural support necessary to implement new programs effectively. ACCE first states this bill fails to recognize California Community Colleges as existing, central providers of older adult education and instead creates a framework that overlooks the system best positioned to deliver these services. ACCE continues this bill establishes new expectations for coordination, planning, and reporting, yet it includes no funding to support these activities. ACCE further notes that nothing in this bill requires statutory change; community colleges, local public health departments, and partners already have full authority to collaborate, share information, and design programs that support older adults. ACCE further contends that local public health departments across the state face staffing shortages, rising responsibilities, and ongoing post-pandemic recovery challenges and this bill adds new expectations without addressing the capacity issues these departments face, which may divert attention from core public health functions. ACCE concludes that California must invest in meaningful, sustainable strategies to support its rapidly growing older adult population, and this bill does not advance these goals and is not needed

FISCAL COMMENTS

None. This bill has been keyed nonfiscal by the Office of Legislative Counsel.

VOTES

SENATE FLOOR: 38-0-2
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Niello, Padilla

ASM AGING AND LONG-TERM CARE: 7-0-0
YES: Ahrens, Ellis, Arambula, Ávila Farías, Jeff Gonzalez, Blanca Rubio, Sharp-Collins

ASM HEALTH: 15-0-1
YES: Bonta, Sanchez, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Jeff Gonzalez, Mark González, Patel, Patterson, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani
ABS, ABST OR NV: Johnson

UPDATED

VERSION: August 5, 2026

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