SENATE THIRD READING
SB 977 (Weber Pierson)
As Amended June 15, 2026
Majority vote

SUMMARY

Requires a chain restaurant that sells a children's meal to offer at least one children's meal that meets specified minimum nutrition standards including, among others, that the meal not contain more than 550 calories and that the meal include at least two servings of specified types and quantities of food.

COMMENTS

Childhood obesity. Childhood obesity is a challenging public health concern. According to a 2023 continuing education activity published in the *National Library of Medicine* titled "Obesity Effects on Child Health," the prevalence of childhood obesity has alarmingly increased. The overall burden of obesity has almost tripled since 1975 and an eightfold increase in obesity burden in the 5 to 19 years age group has been noted between 1975 and 2016. According to the Department of Public Health's (DPH) Nutrition and Food Branch, between 2021 and 2022, 14.8% of children ages two to 11 were overweight for their age, and 37.1% adolescents ages 12 to 17 were overweight or obese. Obesity can lead to severe health conditions, including non-insulin-dependent diabetes, cardiovascular problems, bronchial asthma, obstructive sleep apnea, hypertension, hepatic steatosis, gastroesophageal reflux, and psychosocial issues.

Taste preferences are shaped at a young age. According to Healthy Eating Research, a national program of the Robert Wood Johnson Foundation, preferences for food are learned and acquired through experiences shaped by caregiving. Establishing healthy eating behaviors early in life is an important health promotion goal with long-lasting impacts. Childhood is a critical period for the development of eating behaviors and habits that last into adulthood and play a vital role in growth, development, overall health, and the prevention of obesity and other lifelong, diet-related chronic diseases.

Legislative landscape on menu labeling and children's meals. SB 1420 (Padilla), Chapter 600, Statutes of 2008 requires every food facility that is part of a chain of at least 20 food facilities with the same name that sell substantially the same menu items, to disclose to consumers specified nutritional information, including the calorie content, for all standard menu items. Subsequently, as part of the Patient Protection and Affordable Care Act of 2010 (ACA), the federal government enacted a similar requirement. Following the enactment of the ACA, the state menu labeling law was repealed (contingent on enactment of the federal implementing regulations) in order to have California conform to the similar federal requirements. Under the federal regulations, chain restaurants must disclose the number of calories contained in standard items on menus and menu boards. For self-service foods and foods on display, the calories must be listed in close proximity and clearly associated with the standard menu item. The restaurants must also provide, upon request, the following written information for standard menu items: total calories; total fat; saturated fat; trans fat; cholesterol; sodium; total carbohydrates; sugars; fiber; and, protein. In addition, two statements must be displayed on all forms of the menu or menu board, one indicating this written information is available upon request, and the other about daily

calorie intake, indicating that 2,000 calories a day is used for general nutrition advice, but calorie needs may vary.

SB 1192 (Monning), Chapter 608, Statutes of 2018 requires restaurants that sell children's meals to make either water, milk, or a nondairy milk alternative the default beverage that is offered with the children's meal. This bill builds upon SB 1192 by requiring chain restaurants to offer a meal that meets specified nutrition requirements, which are based off Kids Live Well 2.0 standards.

Kids Live Well 2.0 Standards. According to its website, the National Restaurant Association launched Kids LiveWell (KLW) in 2011 to help parents and children select healthier menu options when dining out. Restaurants that participate in this voluntary program commit to offering healthful meal items for children with a particular focus on increasing consumption of fruits and vegetables, lean protein, whole grains, and low-fat dairy while limiting unhealthy fats, sugars, and sodium. The National Restaurant Association "relaunched" this effort in 2021, which they refer to as KLW 2.0, to better align with the current nutrition science. Restaurants participating in KLW agree to offer at least two children's meals (compared to just one under this bill) that meet the specified criteria. The limits on calories, calories from saturated fat, added sugars, and sodium, as well as the exclusion of trans fat, are the same in both this bill and KLW. Likewise, both KLW and this bill require the meals to include servings from at least two of five specified food groups, and that at least one of the servings must be a fruit or vegetable. KLW explicitly states that 100% fruit juice meets the requirements for a 1/2-cup serving of fruit. As such, this bill specifies that 100% fruit juice is considered a fruit.

According to the Author
The author states that she is deeply committed to ensuring that all children in California have access to healthy meals that support their growth and development. The author notes that as a physician, she has seen the alarming impact of poor nutrition on children's health, and as a mother, she knows how challenging it can be to find healthy options when dining out. The author asserts that currently, California faces a childhood obesity crisis, and the state must take action now to reverse these trends. The author continues that this bill will require chain restaurants to offer healthier meal options for children, helping families make better food choices when dining out. The author also states that by setting clear nutritional standards and providing training for restaurant employees, this bill makes it easier for parents to provide healthy meals for their kids, no matter where they eat. The author concludes that this bill will help ensure that children's meals not only meet basic nutritional standards but also support their long-term health and that it is time to prioritize our children's well-being and take steps toward a healthier California for all.

Arguments in Support
The American Heart Association (AHA) and the American Diabetes Association (ADA) are co-sponsors of this bill and state in support, this bill takes an important step toward improving the dietary environment for California's children and protecting them from early risk factors tied to type 2 diabetes, obesity, and cardiovascular disease. AHA and ADA continue that restaurants are a frequent source of food for American families, with families dining out at an average of four to five times each week. AHA and ADA continue that when children dine out, they tend to consume more calories, more sugars, more sugary drinks, and higher levels of saturated fat and sodium than they would at home. AHA and ADA state that excess consumption contributes to increased risk for high blood pressure, type 2 diabetes, and other chronic diseases later in life. AHA and ADA argue that this bill directly helps address these concerns by ensuring parents and

guardians have at least one clearly identifiable, healthier children's meal that aligns with recommended dietary guidelines.

Arguments in Opposition
None to the current version of the bill.

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

1) The California Association of Environmental Health Administrators (CAEHA) anticipates the need for local environmental health agencies to hire specially trained staff to conduct the inspections, at a cost in the hundreds of thousands of dollars to $1 million per year, per jurisdiction, for a statewide total in the millions of dollars per year. CAEHA notes that due to the ubiquity of fast food restaurants, the workload to analyze their menus for compliance will be intense, especially in urban areas. If the Commission on State Mandates determines this bill imposes a reimbursable mandate, the state will be required to reimburse local governments for the costs of enforcing this bill (General Fund).

2) No costs to the California Department of Public Health.

VOTES

SENATE FLOOR: 36-0-4
YES: Allen, Alvarado-Gil, Archuleta, Ashby, Becker, Blakespear, Cabaldon, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Weber Pierson, Wiener
ABS, ABST OR NV: Arreguín, Caballero, Valladares, Wahab

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

ASM APPROPRIATIONS: 14-1-0
YES: Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta
NO: Tangipa

UPDATED

VERSION: June 15, 2026

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