

Sex Education Model Legislation

This model comprehensive sex education legislation is drafted to garner the support and partnership of key constituencies in your state, including parents, educators, and health professionals. The bill has been endorsed by [Advocates for Youth](#), the [American Civil Liberties Union](#), [Planned Parenthood Federation of America](#), and [SIECUS: Sex Ed for Social Change](#).

Although this bill refers to “comprehensive sex education,” you may use other terminology (e.g., sexuality education, health education, or sexual health education) to be consistent with existing state policy terminology or for strategic purposes in alignment with polling that has been done in various areas of the country about which terminology resonates best.

While comprehensive sex education includes abstinence as a sexual behavior, this legislation does not use the term “abstinence” or “sexual risk avoidance” to define instruction as both are synonymous with “abstinence-only-until-marriage” programs that consider abstinence until marriage, in and of itself, to be the goal of the instruction. Conversely, the goal of comprehensive sex education is to provide adolescents with the information and skills they need to lead healthy lives at any age. Message testing has shown that advocates can safely drop the term “abstinence,” which reinforces the notion that sex is inherently harmful, and replace it with the phrase “delaying sexual activity” without losing support for sex education. Nevertheless, in some communities advocates may feel that they need to use abstinence terminology in order to build consensus.

Of course, passing comprehensive sex education legislation does not ensure that school districts and individual schools actually comply with the state law. To that end, it is crucial that comprehensive sex education legislation have enforcement provisions or “teeth.” For example, this model bill has a reporting requirement to assist advocates in determining whether school districts are implementing appropriate curricula once the law is in effect. We have also included clear language that would allow parents to take legal action if their school district refuses to comply with the law.

When reading the model bill, keep in mind the following points:

- Bracketed fields need to be adapted for your particular state.
- Footnotes provide useful background information, and should be eliminated entirely before introduction to remain consistent with legislative language and formatting.
- You may need to modify language throughout the document to be consistent with any existing state statutes governing sex education instruction.
- If it is politically feasible in your state, we suggest working with legislators to secure appropriations for teacher training, purchase of curricula, evaluation of sex education programs, etc.
- When setting an effective date, give the Department and school districts a reasonable time frame for compliance. If the next school year is less than six months away, you may want to make the Act effective at the start of the following school year, especially as teacher training is recommended prior to implementation.

SECTION 1. SHORT TITLE.

This Act may be cited as the “*Education for Healthy Youth Act.*”

Note: *Alternative titles: “Healthy Teen Act” or “Education For Life Act” or “Comprehensive Sex Education Act”*

SECTION 2. LEGISLATIVE FINDINGS AND INTENT.

Note: *We include the following section to provide a framework for what such a section could look like. Consider whether a findings section is standard in your legislature, and whether to use statistics that will likely change significantly in the near future. It may be that the content below is better suited for testimony in your state. See the Appendix at the end of this document for background and further information on each finding, as well as up-to-date statistics nationally and for your state. If you do use statistics, make sure that you use the most up-to-date information available. As comprehensive sex education is intended to support health promotion and not just prevent negative health outcomes, where possible, include data beyond unintended teen pregnancy, HIV, and other sexually transmitted infection (STI) rates. Include only one set of statistics per bullet, to present the most compelling rationale for sex education in your state.*

(a) The Legislature finds, determines, and declares that:

(1) Whereas, sex education can encourage better sexual health outcomes, reduce stigma, and prepare young people to lead healthy and fulfilling lives. For example, [see *Building a Foundation for Sexual Health is a K–12 Endeavor: Evidence Underpinning the National Sexuality Standards* for examples of data that may be appropriate to cite in your state].

(2) Whereas, students that receive lesbian, gay, bisexual, transgender, and queer- inclusive sex education report less bullying and harassment based on sexual orientation, gender identity, or gender expression.¹

(3) Whereas, parents, the general public, and young people overwhelmingly support comprehensive sex education. In fact, polling has found that ninety-six percent of parents support providing sex education in high school and 93 percent support it in middle school.²

(4) Whereas, the leading health and education organizations support sex education that includes information about both delaying sexual activity and effective contraception use.

(5) Whereas , students in [State] often lack the education they need to prevent unintended pregnancy, HIV and other sexually transmitted infections, and to develop healthy relationship and decision-making skills.

¹ Blake et al., “Preventing Sexual Risk Behaviors Among Gay, Lesbian, and Bisexual Adolescents: The Benefits of Gay-Sensitive HIV Instruction in Schools.” *AJPH* June 2001, Vol. 91, No. 6.

² Let’s Talk Poll (2015). New York: Planned Parenthood Federation of America and Center for Latino Adolescent and Family Health.

(b) It is therefore the intent of the Legislature that comprehensive sex education promotes awareness of and healthy attitudes about growth and development, body image, gender identity, gender expression, sexuality, sexual health, sexual orientation, dating, relationships, and family, and should be designed to positively affect adolescent behavior. Sex education should provide K–12 students with the information, skills, and support they need to acquire accurate information and make healthy decisions throughout their lives.

SECTION 3. SEX EDUCATION REQUIREMENTS.

(a) No later than the [2017-2018] school year, each school district shall provide medically accurate, age-, developmentally-, and culturally-appropriate sex education in grades K–12 in all public elementary and secondary schools.

[Note: This subsection requires that all districts provide sex education that meets the bill's requirements. In some states, a mandate to all districts will not be politically feasible. A more limited bill would require only those school districts that offer sex education to comply with the law. Although comprehensive sex education includes K-12 sequential instruction, it may be necessary to adjust the minimum required grade level given the political climate in your state legislature.]

(b) Comprehensive Sex Education shall:

1) Include instruction on all of the following topics, as age-, developmentally- and culturally-appropriate:

(A) The physical, social, and emotional changes of human development;

(B) Human anatomy, reproduction, and sexual development;

(C) Healthy relationships, including friendships and within families, that are based on mutual respect and the ability to distinguish between healthy and unhealthy relationships;

i) Developing effective communication, negotiation and refusal skills, including the skills to recognize and report inappropriate or abusive sexual advances;

ii) Understanding bodily autonomy, setting and respecting personal boundaries, practicing personal safety, and consent;

iii) Examining the harm of gender-role stereotypes, violence, coercion, bullying and intimidation in relationships; and

iv) Exploring the way that gender stereotypes can limit all people.

(D) Healthy decision-making skills about sexuality and all relationships;

i) Critical thinking, problem solving, self-efficacy, and decision making;

ii) Exploring individual values and attitudes;

iii) Promoting positive body image among students, developing an understanding that there are a range of body types and to feel positive about students' own body types;

iv) How to respect others and stay safe on the internet and when using other forms of digital communication;

v) Information on local services and resources where students can obtain additional information related to bullying, dating violence and sexual assault, suicide prevention, and other related care;

vi) Encouraging youth to communicate with their parents or guardians, faith, health and social service professionals, and other trusted adults about sexuality and intimate relationships;

vii) Creating a safe environment for all students and others in society; and

viii) Examples of varying types of relationships, couples, and family structures. Discussion of healthy relationships must include affirmative representation of lesbian, gay, bisexual, and transgender LGBT individuals, relationships, and families.

(E) The benefits of abstinence, and the use of condoms, medication, and birth control and sexually transmitted infection prevention measures, and the options for pregnancy, including parenting, adoption, and abortion [**Note:** *In some states we recognize that "including parenting, adoption, and abortion" may not be feasible, and suggest including only "the options for pregnancy"*];

i) The importance of effectively using condoms and preventive medication to protect against sexually transmitted infections, including HIV/AIDS;

ii) The benefits of effective contraceptive and condom use in avoiding unintended pregnancy;

iii) The relationship between substance use and sexual health and behaviors; and

iv) Information about local health services where students can obtain additional information and services related to sexual and reproductive health and other related care.

(F) Affirmative recognition of the roles that traditions, values, religion, norms, gender roles, acculturation, family structure, health beliefs, and political power play in how students make decisions that affect their sexual health;

i) Include examples of varying types of race, ethnicities, cultures and families, including single-parent households and young families.

(G) Age appropriate information about gender identity and sexual orientation for all students;

i) Affirmative recognition that people have different sexual orientations, gender identities, and gender expressions [**Note:** *Instructional definitions of these terms are provided in Section 7(g)1 and Section 7(h) 1-2*]; and

ii) Include referrals to community resources that can provide additional support for lesbian, gay, bisexual, and transgender students.

(H) Opportunities to explore the roles that race, ethnicity, immigration status, disability status, economic status, and language within different communities play in how students make decisions that affect their sexual health;

2) Reflects the characteristics of effective programs.

3) Use and implement curricula that is trauma-informed. [**Note:** *We recognize that these curricula are not widely available and that it may be necessary to include “Develop” or “Where possible” at the beginning of this provision.*]

4) Use or adapt curricula that are inclusive and address the experiences and needs of all youth in the school. In particular, instruction should be accessible to pupils with disabilities, including, but not limited to, the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.

5) Not discriminate on the basis of sex, race, ethnicity, national origin, disability, religion, gender expression, gender identity, or sexual orientation.

6) Allow Instructors to answer questions initiated by a student or students that are related to and consistent with the material of the course.

(c) All instruction and materials shall align with and support the purposes of this chapter as set forth in Section 3(b) inclusive, and may not be in conflict with them.

SECTION 4. PARENTAL REQUESTS.

(a) School districts shall make curriculum available for viewing upon request.

(b) A student shall only be excused from any part of the instruction provided in accordance with this Act at the written request of a parent or guardian.

(c) A student may not be subject to disciplinary action, academic penalty, or other sanction if the student’s parent or guardian requests the student not receive the instruction provided under this Act. In event of a student’s parent or guardian requesting that the student not receive the instruction provided under this act, school districts are encouraged to provide alternate assignments on a related topic.

SECTION 5. IMPLEMENTATION OF PROGRAMS.

(a) The Department shall promulgate rules to implement, administer, and ensure compliance with the provisions of this Act.

(b) The Department shall develop, maintain, and make publicly available state standards and current list of curricula that are consistent with this Act.

(c) The Department shall require minimum education and training qualifications for comprehensive sex education instructors.

[Note: Review your state statutes and regulations to find appropriate references to teacher training that may be cross-referenced; minimum requirements may be set by the Department in some states, or by local boards of education. Prior to including specific language indicating that training is to be provided, consult with education professionals and local advocates about existing teacher training structures and requirements, including how training is generally mandated and provided: by the school district, by the department of education, or by some other government agency. While training requirements may add financial costs to the bill, trained sex educators are critical to ensure the quality of the instruction. A good resource for working with the Department of Education to establish qualifications is available at [FoSE Teach Prep Standards](#)]

(d) The Department shall, through existing reporting mechanisms, direct each school district to identify any curricula used to provide comprehensive sex education, whether the instruction was provided by a teacher in the school or a community group, the number of students receiving instruction, the number of students excused from instruction, and the duration of instruction, and shall report the results of this inquiry to the Legislature biennially, beginning one year after the enactment date.

[Note: Reporting helps with enforcement of the bill, but can be burdensome for local school districts and may lead to opposition from education administrators. The reporting requirement should therefore not unduly burden districts; and may need to be taken out to build coalition support. Consult with education groups in your state to get their buy-in and support before including this provision.]

SECTION 6. ENFORCEMENT.

(a) The Department may promulgate regulations setting forth a complaint procedure to enforce this Act, subject to subsection (b). A final determination of a complaint by the Department shall be appealable to the *[state district court]*.

(b) Any parent or guardian with a child enrolled in a school district, or any student having legal capacity enrolled in a school district, who believes that the school district is not complying with the requirements of this Act may file a case in state court to enforce the provisions of this Act.

[Note: Your state may have a general statutory provision for school complaints that would obviate the need for this section. Or, there may be complaint procedures specified for other education law, such as sex- or racial-discrimination; in such case it is sufficient for this section to read "The procedure for a complaint under subsection (a) shall be the same as a complaint under §----."]

SECTION 7. DEFINITIONS.

For the purposes of this Act, the following terms shall have the following meanings:

(a) “Age- and developmentally appropriate” means topics, messages, and teaching methods suitable to particular age, age group of children and adolescents, or developmental levels, based on cognitive, emotional, social, and behavioral capacity of most students at that age level.

(b) “Department” means the Department of Education *[or other appropriate state agency that oversees school instruction]*.

(c) “Medically accurate and complete” means the information provided through the instruction is verified or supported by the weight of research conducted in compliance with accepted scientific methods and is published in peer-reviewed journals, where applicable; or the program contains information that leading professional public health or medical organizations, government agencies, and scientific advisory groups with relevant expertise in the field recognize as accurate, objective, and complete; and the program does not withhold information about external anatomy involved in sexual functioning or the effectiveness and benefits of correct and consistent use of condoms and other contraceptives.

(d) “Culturally appropriate” means materials and instruction that respond to culturally diverse individuals, families and communities in an inclusive, respectful and effective manner; including materials and instruction that are inclusive of race, ethnicity, languages, cultural background, religion, gender, gender identity, sexual orientation, and different abilities.

(e) “Comprehensive sex education” means instruction part of a comprehensive school health education approach which addresses the physical, mental, emotional, and social dimensions of human sexuality; designed to motivate and assist students to maintain and improve their sexual health, prevent disease and reduce sexual health-related risk behaviors; and enable and empower students to develop and demonstrate developmentally appropriate sexuality and sexual health-related knowledge, attitudes, skills, and practices.

(f) “Characteristics of effective programs” means the aspects of evidence-based programs, including development, content, and implementation of such programs, that

(1) have been shown to be effective in terms of increasing knowledge, clarifying values and attitudes, increasing skills, and impacting upon behavior; and

(2) are widely recognized by leading medical and public health agencies to be effective in changing sexual behaviors that lead to sexually transmitted infections, including HIV, unintended pregnancy, and dating violence and sexual assault among young people.

(g) “Sexual orientation” means homosexuality, heterosexuality, or bisexuality

1) For the purposes of curriculum and instruction “sexual orientation” includes an individual’s attraction, including physical or emotional, to the same and/or different genders.

(h) “Gender identity” means the gender-related identity, appearance, mannerisms, or other gender-related characteristics of an individual, regardless of the individual’s designated sex at birth.

1) For the purposes of curriculum and instruction “gender identity” includes a person’s deeply held sense or knowledge of their own gender; such as male, female, both or neither.

2) For the purposes of curriculum and instruction “gender expression” includes the expression of one’s gender, such as through behavior, clothing, haircut, or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

(j) “Inclusive” means curriculum that ensures that students from historically marginalized communities -- including but not limited to communities of color, immigrant, lesbian, gay, bisexual, and transgender communities, people with disabilities, and others whose experiences have been traditionally left out of sex education programs and policies -- see themselves reflected in classroom materials and lessons.

(k) “Consent” means affirmative, conscious, and voluntary agreement to engage in interpersonal, physical, or sexual activity.

(l) “Trauma-Informed” means addressing vital information about sexuality and well-being that takes into consideration adverse life experiences and their potential influence on sexual decision making.

(n) “Sexual development “ means the lifelong process of physical, behavioral, cognitive, and emotional growth and change as it relates to an individual’s sexuality and sexual maturation, including puberty, identity development, socio-cultural influences, and sexual behaviors.

Appendix: Background Information and Statistics

1. Efficacy and positive health outcomes of more comprehensive approaches to sex education:

- Future of Sex Education, *Comprehensive Sex Education: Research and Results*. Available at: www.futureofsexed.org/compsexed.html.
- Sue Alford, Advocates for Youth, *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (2d ed. 2008). Available at: www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>.
- Douglas Kirby, The National Campaign to Prevent Teen and Unplanned Pregnancy, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases, 127-136* (2007). Available at: <https://thenationalcampaign.org/resource/emerging-answers-2007%E2%80%9494full-report>http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf.
- Douglas Kirby et al., *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries* 26-42 (Family Health Int'l, Working Paper No. 2, 2005), Available at: www.ibe.unesco.org/fileadmin/user_upload/HIV_and_AIDS/publications/DougKirby.pdf.

2. Positive outcomes on bullying and harassment from inclusive, comprehensive sex education:

- Shannon D. Snapp et al., *LGBTQ-inclusive curricula: why supportive curricula matter*, *Sex education: Sexuality, Society and Learning* 15: 6 (2015). Available at: www.tandfonline.com/doi/full/10.1080/14681811.2015.1042573.

3. Public support for more comprehensive approaches to sex education:

- Planned Parenthood Federation of America, *Parents and Teens Talk About Sexuality: A National Poll* (2012). Available at: www.plannedparenthood.org/files/8313/9610/5916/LT_2012_Poll_Fact_Sheet_final_2.pdf.
- Many states also have had recent statewide polling on support for comprehensive sex education. Please contact us if you have questions about public support in your state.

4. Statements by leading health & education organizations supporting comprehensive sex education:

- American Medical Association:
 - Am. Med. Ass'n House of Delegates, *Policy H-170.968: Sexuality Education, Abstinence, and Distribution of Condoms in Schools*, POL'Y FINDER, www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/policyfinder.page
 - Am. Med. Ass'n House of Delegates, *Report 7 of the Council on Science and Public Health (A-09): An Updated Review of Sex Education Programs in the United States* (2009) Available at: www.gprhe.org/IMG/pdf/AMA_Updated_Review_on_Sex_Education_Programs_2009.pdf<http://www.ama-assn.org/ama1/pub/upload/mm/443/csaph-rep7-a09.pdf>;
 - Victoria Stagg Elliott, *AMA Meeting: Comprehensive Sex Ed Said to Have Most Impact*, AM. MED. NEWS, (July 6 2009) Available at <http://www.ama-assn.org/amednews/2009/06/29/prsh0629.htm>
- American Nurses Association. Mary Jean Schumann, *Prevention of Adolescent Pregnancy and Sexually Transmitted Disease: A Moral Imperative, a Public Health Imperative or Both?* 2 AM. NURSES ASS'N ETHICS & HUM. RTS. ISSUES UPDATE (Spring 2002).

- American Academy of Pediatrics. Comm. on Psychosocial Aspects of Child and Family Health & Comm. on Adolescence, Am. Acad. of Pediatrics, *Sexuality Education for Children and Adolescents*, 108 PEDIATRICS at 498 (2001). Available at <http://pediatrics.aappublications.org/content/108/2/498.full>.
- American Colleges of Obstetricians & Gynecologists. COMM. ON ADOLESCENT HEALTH CARE, AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, STRATEGIES FOR ADOLESCENT PREGNANCY PREVENTION 6 (2007). Available at <http://demoiselle2femme.org/wp-content/uploads/StrategiesForAdolescentPregnancyPrevention.pdf><http://www.acog.org/~media/Departments/Adolescent%20Health%20Care/StrategiesForAdolescentPregnancyPrevention.pdf>.
- American Public Health Association. Am. Pub. Health Ass'n, Policy No. 2005-10: *Sexuality Education as Part of a Comprehensive Health Education Program in K-12 Schools*, POL'Y STATEMENT DATABASE, (2014) Available at: www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/23/09/37/sexuality-education-as-part-of-a-comprehensive-health-education-program-in-k-to-12-schools.
- Institute of Medicine. COMM. ON HIV PREVENTION STRATEGIES IN THE U.S., INST. OF MED., NO TIME TO LOSE: GETTING MORE FROM HIV PREVENTION 8 (Monica S. Ruiz et al. eds., Nat'l Acad. Press 2001) Available at: www.nap.edu/catalog.php?record_id=9964#toc.
- Society for Adolescent Health & Medicine. John Santelli et. al., Soc'y for Adolescent Med., *Abstinence-only Education Policies and Programs: A Position Paper of the Society for Adolescent Medicine*, 38 J. OF ADOLESCENT HEALTH at 83 (2006) Available at: www.jahonline.org/article/S1054-139X%2805%2900276-4/fulltext.
- American Federation of Teachers. Am. Fed'n of Teachers, *Support for Reproductive Rights*, AFT RESOLUTIONS (2006) Available at: www.aft.org/about/resolution_detail.cfm?articleid=1429.
- National Education Association, Nat'l Educ. Ass'n, *B-51: Sex Education*, 2012-2013 NEA RESOLUTIONS.

5. State by state sex education policies and practices:

- National Conference of State Legislatures, *State Policies on Sex Education in Schools* (2016) Available at www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx.
- U.S. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention, *HIV, Other STD, and Pregnancy Prevention Education in Public Secondary Schools – 45 States, 2008-2010*, 61 MORBIDITY AND MORTALITY WKLY. REP. at 222-28 (Apr. 6, 2012) Available at: www.cdc.gov/mmwr/pdf/wk/mm6113.pdf.

6. State-specific sexual health behaviors and outcomes:

- U.S. Dep't of Health & Human Services, Centers for Disease Control.
 - Youth Risk Behavior Surveillance, United States. Available at: www.cdc.gov/healthyYouth/yrbs/index.htm
 - School Health Profiles. Available at: www.cdc.gov/healthyYouth/profiles/
 - About Teen Pregnancy. Available at: www.cdc.gov/teenpregnancy/about/index.htm
 - Reportable STDs in Young People 15-24 Years of Age, by State. Available at www.cdc.gov/std/stats/by-age/15-24-all-stds/default.htm
- Sexuality Information and Education Council of the United States. *State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States*. Available at: www.siecus.org/stateprofiles2015
- Future of Sex Education. Statistics and Profiles. Available at: www.futureofsexed.org/statistics
- For other state specific statistics, check with your state health department.