

HOUSE BILL REPORT

HB 1855

As Reported by House Committee On:

Health Care & Wellness

Appropriations

Title: An act relating to providing sexual health education in schools that is consistent with the 2005 guidelines for sexual health information and disease prevention.

Brief Description: Regarding sex education in schools.

Sponsors: Representatives Schual-Berke, Kessler, Walsh, Appleton, Linville, Darneille, Hankins, Kenney, Lantz, Green, McCoy, Quall, Morrell, Haigh, Fromhold, Hunt, Dunshee, P. Sullivan, McDermott, McIntire, Wood, Dickerson, Ericks, Moeller, Pedersen, Conway, Hasegawa, Roberts, Seaquist, Kagi, Sells, Upthegrove, Williams, Goodman, Simpson, Springer, Chase and Jarrett.

Brief History:

Committee Activity:

Health Care & Wellness: 2/5/07 [DPS];

Appropriations: 2/15/07, 2/19/07 [DPS(HCW)].

Brief Summary of Substitute Bill

- Requires public schools that offer sexual health education to ensure that it is consistent with the 2005 *Guidelines for Sexual Health Information and Disease Prevention*, including being medically and scientifically accurate, and provides information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 8 members: Representatives Cody, Chair; Morrell, Vice Chair; Barlow, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

Minority Report: Do not pass. Signed by 4 members: Representatives Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Campbell and Condotta.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff: Chris Cordes (786-7103).

Background:

By statute, public school curricula must teach the minimum requisites for good health, including methods to prevent exposure to and transmission of sexually transmitted diseases. The State Board of Education rules, however, allow local school boards to decide whether to have sex education or human sexuality courses in their districts and permit parents to excuse their children from such classes. The No Child Left Behind Act of 2001 permits the use of federal funds to provide sex education or HIV prevention education in schools as long as the instruction is age appropriate and the health benefits of abstinence are part of the curriculum.

In January 2005, the Department of Health (DOH) and the Office of the Superintendent of Public Instruction (OSPI) jointly released *Guidelines for Sexual Health Information and Disease Prevention (Guidelines)*. The stated purpose of its 19 guidelines is to: describe effective sex education and its outcomes; provide a tool for evaluating programs, curricula, or policy; enhance and strengthen sex education programs; and to educate organizations involved in educating youth.

For effective sex education programs, the *Guidelines* state, among other things, that the programs should:

- provide information about both abstinence and contraception, including that abstinence is the only certain way to avoid pregnancy and sexually transmitted diseases;
- be age and culturally appropriate;
- use information that is medically and scientifically accurate and objective;
- encourage communication with adults;
- enlighten youth to develop health promoting behaviors;
- provide information about sexual anatomy and physical growth and development, and about sexually transmitted diseases; and
- promote respect and healthy self-esteem.

Every two years, schools and local health agencies participate in the federal Centers for Disease Control and Prevention's School Health Profiles. These surveys are used to assess school health programs.

Summary of Substitute Bill:

Curriculum Standards for Sexual Health Education

By September 1, 2008, a public school that offers sexual health education must assure that it:

- is medically and scientifically accurate, including the information, instruction, and materials;
- is age-appropriate and appropriate for students regardless of gender, race, disability status, or sexual orientation;

- includes information about abstinence and other methods of preventing unwanted pregnancy and sexually transmitted diseases, but abstinence may not be taught to the exclusion of other instruction on contraceptives and disease prevention; and
- is consistent with the January 2005 *Guidelines for Sexual Health Information and Disease Prevention (Guidelines)*.

"Medically and scientifically accurate" means information verified by research in compliance with scientific methods that is published in peer-review journals, where appropriate, and recognized as accurate and objective by expert professional organizations, such as the American College of Obstetricians and Gynecologists, the DOH, and the federal Centers for Disease Control and Prevention.

Model Sexual Health Education Curricula

The Office of the Superintendent of Public Instruction (OSPI), in consultation with Department of Health (DOH), must develop a list of sexual health education curricula that are consistent with the *Guidelines*, to be updated at least annually and posted on the agencies' websites. Schools are encouraged to review their sexual health curricula and choose from the list. The DOH may adopt rules to establish what constitutes a comprehensive sexual health education curriculum that is consistent with the *Guidelines*.

The OSPI and the DOH must make the *Guidelines*, and any model policies and curricula related to sexual health education, available on their websites.

Parental Right to Excuse Children from Sexual Health Education

Parents and legal guardians are permitted to excuse their children from planned sexual health education by filing a written request with the school district board. A parent or legal guardian may review the sexual health education curriculum offered by filing a written request with the school district board or the school principal.

Other Provisions

The OSPI must, through an existing reporting mechanism, ask schools to identify any curricula used to provide sexual health education. The OSPI must report the results to the Legislature biennially beginning with the 2008-09 school year.

These provisions are to be known as the Healthy Youth Act.

Substitute Bill Compared to Original Bill:

The substitute bill (1) clarifies that the provisions apply to public K-12 schools and codifies the provisions with other curriculum-related laws; (2) deletes a discretionary provision for the Department of Health to adopt rules to determine curriculum consistent with the *Guidelines*; (3) deletes a reference to State Board of Health rules; and (4) requires a biennial, not annual, report to the Legislature on the curricula used in public schools for sexual health education.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony:

(In support, from testimony on related bill HB 1297) We should no longer be tolerating inaccuracy in what children are told about human sexuality; there should be "truth in sex ed." Children make bad choices and engage in sexual activity earlier if they are not given accurate information. The rates of HIV/AIDS are increasing, and although teenage pregnancy is dropping, many students are still at risk. This is an important public health issue. The decline in teenage pregnancy is partly because of safe sex practices. Some students do not have a source of sexual health information except other students. They need knowledge of safe sexual practices. Life skills need to include skills in dealing with sexual health, and many students and parents are too embarrassed to talk frankly. There needs to be a dialog between parents and the schools. Schools need to be the resource for accurate information. A good sexual health program includes a discussion of abstinence and HIV/AIDS. Some school's student organizations support the bill. The bill will give school administrators support and the tools they need when making choices about following the *Guidelines*.

(Opposed, from testimony on related bill HB 1297) The private schools should be exempted from the bill because it raises concerns about their educational autonomy. The majority of private schools are faith-based. The state should not control local curricula. It is not the school's job to teach values. How would parents appeal if they disagreed with the curricula approved by the agencies? The bill has a number of ambiguities. For example, it is not clear who determines medical accuracy or what it is, or what is age-appropriate curricula. Children are different and mature differently; one course cannot be appropriate for all. Some approved curricula contain medical inaccuracies. The bill also sends mixed messages. The *Guidelines* are poorly written and based on a design that violates scientific protocol. There is no data to correlate outcomes with teaching students about contraception. The state needs data about which programs work. Many students receive instruction in both abstinence and contraception use, but teen pregnancy is still a problem. Teaching abstinence should be a choice, and teaching contraception should not eliminate abstinence courses. Abstinence courses teach healthy choices, with goals and boundaries, and the benefits of abstinence. Some programs with so-called abstinence actually encourage experiences that are not abstinence. Some schools will not teach sexual health at all if the guidelines require comprehensive sexual health education. Schools should have to give prior notice to parents about instruction in sexual health and the curriculum should be readily available for viewing. Parents do not have good information about the curricula being used. Requiring parents to send a notice to the school board will not work because they meet only once a month.

Persons Testifying: (In support, from testimony on related bill HB 1297) Representative Schual-Berke, prime sponsor; Ashley Thomas; Janet Blanding; Dr. Barry Lawson,

Washington Chapter of American Academy of Pediatrics; Austin Hensler; Brian Peyton, Department of Health; Russ Laymen, Olympia School Board; Jodi Bernstein, Planned Parenthood; and Alissa Haslam, National Abortion and Reproductive Rights Action League.

(Opposed, from testimony on related bill HB 1297) Judy Jennings, Washington Federation of Independent Schools; Donna Christianson, Washington State Catholic Conference; Lisa Merrifield, Life Choices; Bob Higley; Ryan Merrifield; Adrienne Grenfell, Ric Burleson, Jim Grenfell, and Kayla Fisher, Aware; Brad Henning, Life Resources; Dr. Mark Snell; Sharon Hanek; Ty Carlton; and Jay Milstein.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Health Care & Wellness be substituted therefor and the substitute bill do pass. Signed by 24 members: Representatives Sommers, Chair; Dunshee, Vice Chair; Anderson, Cody, Conway, Darneille, Ericks, Fromhold, Grant, Haigh, Hunt, Hunter, Kagi, Kenney, Kessler, Linville, McDermott, McIntire, Morrell, Pettigrew, Schual-Berke, Seaquist, P. Sullivan and Walsh.

Minority Report: Do not pass. Signed by 9 members: Representatives Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Haler, Assistant Ranking Minority Member; Buri, Chandler, Dunn, Kretz, McDonald and Priest.

Staff: Ben Rarick (786-7349).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony:

(In support) The Washington State Parent Teacher Association supports this bill. It is imperative to provide medically accurate information to students about sexual health. Better sexual education relieves a burden on the taxpayers since teen pregnancies are a major cost to society. As an educator who is HIV positive, I support the bill. It is long overdue. It addresses public health concerns that can be helped by accurate sexual education and curriculum. Sexually Transmitted Disease rates in this state are getting worse, not better. Furthermore, risky heterosexual sex accounts for over 84 percent of reported HIV cases. Of

reported HIV cases for women, 40 percent fall within the 13-19 age span. Young people, if given accurate sexual health information, can make better choices about their sexual lifestyle. According to a recent Washington survey, over 85 percent of parents support comprehensive sex education. Sexual education was important to my children; it helped them learn how to "say no." My son was addicted to methamphetamine for three years and contracted HIV during that time period due to risky sexual behavior. I support the bill because I think it can make a difference in children's lives.

(With concerns) The Catholic Conference believes that the bill should be more explicit about providing prior notice to parents on when sexual education will be provided to their child, how it will be provided, and how much notice they must provide to inspect the curriculum prior to instruction taking place, or to opt out of the curriculum for their children.

(Opposed) None.

Persons Testifying: (In support) Gina O'Daniel, Sherry Smarlin and Kari Wilkinson, Parent Teacher Association of Washington; Vicki Kirkpatrick, Washington State Alliance of Local Public Health Officials; and Judith Billings, Governor's Advisory Council on HIV/AIDS.

(With concerns) Antonio Cube, Washington State Catholic Conference.

Persons Signed In To Testify But Not Testifying: None.