
**Health Care & Wellness
Committee**

ESSB 5297

Brief Description: Regarding providing medically and scientifically accurate sexual health education in schools.

Sponsors: Senate Committee on Early Learning & K-12 Education (originally sponsored by Senators Haugen, Tom, Prentice, Keiser, Pridemore, Murray, Regala, Fraser, Kilmer, Rockefeller, McAuliffe, Shin, Weinstein, Kline, Marr, Kohl-Welles and Oemig).

Brief Summary of Engrossed 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 that it provides information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases.

Hearing Date: 3/15/07

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 and the Office of the Superintendent of Public Instruction 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

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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.

School districts must have a policy that prohibits bullying (including harassment or intimidation) of students. School employees, students, and volunteers are prohibited from retaliating against a victim, witness, or other person with reliable information about an act of bullying. School employees, students, or volunteers who witness or have reliable information about a student subjected to bullying are encouraged to report incidents to appropriate school officials. Bullying includes acts motivated by the student's race, color, religion, ancestry, national origin, gender, sexual orientation, or disability.

Summary of Bill:

Curriculum Standards for Sexual Health Education

By September 1, 2008, a 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)*.

A school may choose to use separate speakers or prepared curriculum to teach different content areas within the comprehensive sexual health program as long as the program complies with the required standards.

"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 Washington State Department of Health (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 the 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 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 or the school principal. 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 requirement to report bullying under the school bullying law applies to the sexual health education 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.

Appropriation: None.

Fiscal Note: Available.

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