

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1163 Session of
2009

INTRODUCED BY WAGNER, BRADFORD, BRENNAN, BRIGGS, BROWN, BUXTON,
DePASQUALE, FRANKEL, GERGELY, HALUSKA, HARKINS, JOSEPHS,
MAHONEY, MANDERINO, McILVAINE SMITH, MILNE, MOUL, MUNDY,
M. O'BRIEN, PARKER, PASHINSKI, PAYTON, READSHAW, ROEBUCK,
ROSS, SABATINA, SANTARSIERO, SANTONI, SHAPIRO, SIPTROTH,
M. SMITH, STURLA, WALKO, WHEATLEY, WHITE AND YOUNGBLOOD,
APRIL 23, 2009

REFERRED TO COMMITTEE ON EDUCATION, APRIL 23, 2009

AN ACT

1 Amending the act of March 10, 1949 (P.L.30, No.14), entitled "An
2 act relating to the public school system, including certain
3 provisions applicable as well to private and parochial
4 schools; amending, revising, consolidating and changing the
5 laws relating thereto," providing for comprehensive sex
6 education, parental requests, implementation and oversight
7 and for funding.

8 The General Assembly finds and declares as follows:

9 (a) Discussion between youth and their parents or guardians
10 helps youth make responsible and healthy life decisions.

11 (b) However, Pennsylvania's schools and other community
12 groups have a responsibility to help ensure youth have the
13 knowledge and skills necessary to enable them to make
14 responsible life decisions, to protect their sexual and
15 reproductive health, and to prevent unintended pregnancy and
16 reduce the risk of sexually transmitted infections (STIs).

17 (c) Research has identified highly effective sex education
18 and HIV prevention programs that affect multiple behaviors and

1 achieve positive health impacts. Behavioral outcomes have
2 included delaying the initiation of sex, as well as reducing the
3 frequency of sex, the number of partners, and the incidence of
4 unprotected sex, and increasing the use of condoms and
5 contraception among sexually active participants. Long-term
6 impacts have included lower STI and pregnancy rates.

7 (d) Lowering STI and pregnancy rates may reduce costs for
8 Pennsylvania's health care delivery system. In 2004, teen
9 pregnancy cost taxpayers \$389 million.

10 (e) Despite State and national declines between 2001 and
11 2005, teen birth ratios increased in several high population
12 areas of the State, and rates continue to be higher than the
13 State average among minority youth and in many rural counties.

14 (f) Rates of the two most common STIs (chlamydia and
15 gonorrhea) are higher in females age 15-19 than any other age
16 group. According to the Center for Disease Control (CDC) 26
17 percent of girls age 15-19 (approximately 3 million girls) are
18 infected with at least one STI. The percentage among young
19 African-American women is significantly higher - 48% compared
20 with 20% of young white women. The lifetime medical costs
21 associated with STIs in young people is estimated to be at least
22 \$6.5 billion.

23 The General Assembly of the Commonwealth of Pennsylvania
24 hereby enacts as follows:

25 Section 1. The act of March 10, 1949 (P.L.30, No.14), known
26 as the Public School Code of 1949, is amended by adding a
27 section to read:

28 Section 1512.2. Healthy Youth Act.--(a) A school district
29 required to comply with 22 Pa. Code § 4.29 (relating to HIV/AIDS
30 and other life-threatening and communicable diseases) shall also

be required to provide students with sex education. This education must meet all the following criteria:

(1) Instruction and materials shall be age appropriate.

(2) All information presented shall be medically accurate.

(3) Teachings shall include the following information:

(i) The benefits of and reasons for not engaging in sexual intercourse.

(ii) Not engaging in sexual intercourse is the only certain way to prevent pregnancy and to reduce the risk of sexually transmitted infections (STIs) including HIV.

(iii) How alcohol and drug use can affect responsible decision making.

(4) Provide students with accurate information that includes the following:

(i) Side effects, health benefits, effectiveness, safety and proper use of all FDA-approved contraceptive methods in preventing pregnancy.

(ii) STI information including how STIs are and are not transmitted and the effectiveness of all FDA-approved methods of reducing the risk of contracting STIs.

(5) Addresses healthy relationships and social pressures related to sexual behaviors.

(6) Discuss sexual activity as it relates to risk for STIs and pregnancy.

(7) Encourages youth to communicate with parents/guardians and other trusted adults about sexuality.

(8) Instructors are permitted to answer in good faith any questions initiated by a student or students that is germane to the material of the course.

(9) Instructions and materials shall be appropriate for use

1 with, and shall not promote bias against, pupils of all races,
2 genders, sexual orientations, ethnic and cultural backgrounds,
3 gender identities, sexually active pupils, and pupils with
4 disabilities.

5 (b) (1) A student shall be excused from any part of the
6 instruction in this section if the student's parent or guardian
7 provides a written request to the school.

8 (2) Curriculum shall be available for viewing upon the
9 request of a student's parent or guardian.

10 (c) The Department of Education, in consultation with the
11 Department of Health, shall develop and maintain a list of
12 sexual health education curricula that are consistent with the
13 requirements of this act. This list should be updated at least
14 annually and made available on the Department of Education's
15 Internet website. The Department of Education shall promulgate
16 rules reasonably necessary to implement, administer and provide
17 oversight for the provisions of this act.

18 (d) No funds appropriated by the Commonwealth for sex
19 education shall contravene the provisions of this act.

20 (e) As used in this section, the following words and phrases
21 shall have the meanings given to them in this subsection:

22 (1) "Age appropriate" shall mean topics, messages, and
23 teaching methods suitable to particular ages or groups of
24 children and adolescents, based on developing cognitive,
25 emotional and behavioral capacity typical for the age or age
26 group.

27 (2) "Medically accurate" shall mean information supported by
28 peer-reviewed research conducted in compliance with accepted
29 scientific methods and recognized as accurate by leading
30 professional organizations and agencies with relevant

1 experience, including the American Medical Association and the
2 Department of Health.

3 Section 2. This section shall apply beginning with the next
4 full school year after the effective date of this section and
5 all subsequent school years.

6 Section 30. This act shall take effect in 90 days.