

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, MUNDY,
M. O'BRIEN, PARKER, PASHINSKI, PAYTON, READSHAW, ROEBUCK,
ROSS, SABATINA, SANTARSIERO, SANTONI, SHAPIRO, SIPTROTH,
M. SMITH, STURLA, WALKO, WHEATLEY, WHITE, YOUNGBLOOD,
R. TAYLOR, GERBER, CURRY, DERMODY, MANN, LENTZ, COHEN,
THOMAS, BEYER AND JOHNSON, APRIL 23, 2009

AS REPORTED FROM COMMITTEE ON EDUCATION, HOUSE OF
REPRESENTATIVES, AS AMENDED, MAY 3, 2010

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," IN TERMS AND COURSES OF STUDY, ←
6 providing for comprehensive sex education, parental requests,
7 implementation and oversight 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

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

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

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

15 (f) Rates of the two most common STIs (chlamydia and
16 gonorrhea) are higher in females age 15-19 than any other age
17 group. According to the Center for Disease Control (CDC) 26
18 percent of girls age 15-19 (approximately 3 million girls) are
19 infected with at least one STI. The percentage among young
20 African-American women is significantly higher - 48% compared
21 with 20% of young white women. The lifetime medical costs
22 associated with STIs in young people is estimated to be at least
23 \$6.5 billion.

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

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

29 Section 1512.2. ~~Healthy Youth Act~~ COMPREHENSIVE SEXUAL
30 HEALTH EDUCATION.--(a) A school district required to comply



1 with 22 Pa. Code § 4.29 (relating to HIV/AIDS and other life-
2 threatening and communicable diseases) shall also be required to ←
3 provide students with ~~sex~~ SEXUAL HEALTH education. This ←
4 education must meet all the following criteria:

5 (1) Instruction and materials shall be age appropriate.

6 (2) All information presented shall be medically accurate.

7 (3) Teachings shall include the following information:

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

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

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

15 (IV) SELF-CONTROL, TEMPERANCE, RESTRAINT, SELF-DISCIPLINE, ←
16 DISCRETION, DISCERNMENT, SAGACITY AND RESPECT FOR THE OPPOSITE
17 GENDER AS THOSE CHARACTERISTICS RELATE TO RELATIONSHIPS.

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

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

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

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

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

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

(b) (1) A student shall be excused from ALL OR any part of the ~~instruction in~~ SEXUAL HEALTH EDUCATION REQUIRED BY this section if the student's parent or guardian provides a written request to the school.

(2) Curriculum shall be available for viewing upon the request of a student's parent or guardian. INFORMATION ABOUT THE SCHOOL DISTRICT'S SEXUAL HEALTH INSTRUCTION, INCLUDING CURRICULUM, INFORMATION BEING PROVIDED TO STUDENTS AND A LIST OF WRITTEN AND AUDIO-VISUAL MATERIALS USED FOR THE EDUCATION, SHALL BE MADE PUBLICLY AVAILABLE TO PARENTS AND GUARDIANS THROUGH THE SCHOOL DISTRICT'S INTERNET WEBSITE, IF AVAILABLE, THE SCHOOL DISTRICT'S STUDENT MANUAL OR ANY OTHER MEANS OF COMMUNICATION CURRENTLY USED BY THE SCHOOL DISTRICT. A FORM FOR EXCUSING A STUDENT FROM ALL OR ANY PART OF THE SEXUAL HEALTH EDUCATION SHALL ALSO BE MADE AVAILABLE TO PARENTS AND GUARDIANS IN THE SAME MANNER.

(3) A STUDENT WHOSE PARENT OR GUARDIAN SUBMITS A WRITTEN REQUEST FOR THE STUDENT TO BE EXCUSED FROM ALL OR ANY PART OF THE SEXUAL HEALTH EDUCATION SHALL NOT BE SUBJECT TO DISCIPLINARY ACTION OR ACADEMIC PENALTY FOR EXERCISING THE RIGHT TO BE EXCUSED FROM THE EDUCATION.

1 (c) The Department of Education, in consultation with the
2 Department of Health, shall develop and maintain a list of
3 sexual health education curricula that are consistent with the
4 requirements of this act. This list should be updated at least
5 annually and made available on the Department of Education's
6 Internet website. The Department of Education shall promulgate
7 rules reasonably necessary to implement, administer and provide
8 oversight for the provisions of this act.

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

11 (E) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO APPLY TO
12 PAROCHIAL OR PRIVATE SCHOOLS.

13 (F) IN FULFILLING THE EDUCATION REQUIREMENTS ENUMERATED IN
14 SUBSECTION (A):

15 (1) LOCAL SCHOOL DISTRICTS SHALL APPROVE AND SELECT
16 CURRICULA, TEXTBOOKS AND INSTRUCTIONAL MATERIALS THAT ARE
17 APPROPRIATE FOR THE STUDENTS OF THE DISTRICT COVERED BY THIS
18 ACT;

19 (2) THE CURRICULA SELECTED SHALL BE CONSISTENT WITH THE
20 CRITERIA IN SUBSECTION (A); AND

21 (3) ANY SEX EDUCATION CURRICULUM RESOURCES ADOPTED BY THE
22 COMMONWEALTH SHALL BE CONSTRUED AS A GUIDE FOR LOCAL SCHOOL
23 DISTRICTS AS THEY DEVELOP THEIR EDUCATIONAL PROGRAM IN
24 ACCORDANCE WITH THIS ACT.

25 ~~(e)~~ (G) As used in this section, the following words and
26 phrases shall have the meanings given to them in this
27 subsection:

28 (1) "Age appropriate" shall mean topics, messages, and
29 teaching methods suitable to particular ages or groups of
30 children and adolescents, based on developing cognitive,

1 emotional and behavioral capacity typical for the age or age
2 group.

3 (2) "Medically accurate" shall mean information supported by
4 peer-reviewed research conducted in compliance with accepted
5 scientific methods and recognized as accurate by leading
6 professional organizations and agencies with relevant
7 experience, including the American Medical Association and the
8 Department of Health.

9 Section 2. ~~This section~~ THE ADDITION OF SECTION 1512.2 OF
10 THE ACT shall apply beginning with the next full school year
11 after the effective date of this section and all subsequent
12 school years.

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

