

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 416 Session of 2011

INTRODUCED BY WAGNER, BRADFORD, BUXTON, DEASY, DePASQUALE, FABRIZIO, FRANKEL, JOSEPHS, MIRABITO, MUNDY, M. O'BRIEN, PAYTON, ROEBUCK, ROSS, SANTARSIERO, SHAPIRO, M. SMITH, STURLA AND YOUNGBLOOD, FEBRUARY 3, 2011

REFERRED TO COMMITTEE ON EDUCATION, FEBRUARY 3, 2011

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
 18 and HIV prevention programs that affect multiple behaviors and
 19 achieve positive health impacts. Behavioral outcomes have

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

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

9 (e) Despite State and national declines between 2001 and
10 2008, teen birth ratios increased in several high population
11 areas of the State, and rates continue to be higher than the
12 State average among minority youth and in many rural counties.

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

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

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

27 Section 1512.2. Comprehensive Sexual Health Education.--(a)
28 A school district required to comply with 22 Pa. Code § 4.29
29 (relating to HIV/AIDS and other life-threatening and
30 communicable diseases) shall also provide students with sexual

1 health education. This education must meet all the following
2 criteria:

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

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

5 (3) Teachings shall include the following information:

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

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

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

13 (iv) Self-control, temperance, restraint, self-discipline,
14 discretion, discernment, sagacity and respect for the opposite
15 gender as those characteristics relate to relationships.

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

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

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

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

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

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

30 (8) Instructors are permitted to answer in good faith any

1 questions initiated by a student or students that is germane to
2 the material of the course.

3 (9) Instructions and materials shall be appropriate for use
4 with, and shall not promote bias against, pupils of all races,
5 genders, sexual orientations, ethnic and cultural backgrounds,
6 gender identities, sexually active pupils, and pupils with
7 disabilities.

8 (b) (1) A student shall be excused from all or any part of
9 the sexual health education required by this section if the
10 student's parent or guardian provides a written request to the
11 school.

12 (2) Information about the school district's sexual health
13 instruction, including curriculum, information being provided to
14 students and a list of written and audio-visual materials used
15 for the education, shall be made publicly available to parents
16 and guardians through the school district's Internet website, if
17 available, the school district's student manual or any other
18 means of communication currently used by the school district. A
19 form for excusing a student from all or any part of the sexual
20 health education shall also be made available to parents and
21 guardians in the same manner.

22 (3) A student whose parent or guardian submits a written
23 request for the student to be excused from all or any part of
24 the sexual health education shall not be subject to disciplinary
25 action or academic penalty for exercising the right to be
26 excused from the education.

27 (c) The Department of Education, in consultation with the
28 Department of Health, shall develop and maintain a list of
29 sexual health education curricula that are consistent with the
30 requirements of this act. This list should be updated at least

1 annually and made available on the Department of Education's
2 Internet website. The Department of Education shall promulgate
3 rules reasonably necessary to implement, administer and provide
4 oversight for the provisions of this act.

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

7 (e) Nothing in this section shall be construed to apply to
8 parochial or private schools.

9 (f) In fulfilling the education requirements enumerated in
10 subsection (a):

11 (1) local school districts shall approve and select
12 curricula, textbooks and instructional materials that are
13 appropriate for the students of the district covered by this
14 act;

15 (2) the curricula selected shall be consistent with the
16 criteria in subsection (a); and

17 (3) any sex education curriculum resources adopted by the
18 Commonwealth shall be construed as a guide for local school
19 districts as they develop their educational program in
20 accordance with this act.

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

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

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

1 professional organizations and agencies with relevant
2 experience, including the American Medical Association and the
3 Department of Health.

4 Section 2. The addition of section 1512.2 of the act shall
5 apply beginning with the next full school year after the
6 effective date of this section and all subsequent school years.

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