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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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SENATE BILL

No. 1338 Session of  
2015

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INTRODUCED BY TEPLITZ, SCHWANK, HAYWOOD AND HUGHES,  
JUNE 29, 2016

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REFERRED TO EDUCATION, JUNE 29, 2016

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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 sexual health education.

7 The General Assembly finds and declares as follows:

8 (1) Discussions between youth and their parents or  
9 guardians are the most important ways to help youth make  
10 responsible and healthy life decisions.

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

17 (3) Research has identified highly effective sex  
18 education and HIV prevention programs that affect multiple  
19 behaviors and achieve positive health impacts. Behavioral  
20 outcomes have included delaying the initiation of sex, as

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

6 (4) Lowering STI and pregnancy rates may reduce costs  
7 for Pennsylvania's health care delivery system. According to  
8 the most recent statistics, in 2010, teen pregnancy cost  
9 taxpayers \$409 million.

10 (5) Despite significant State and national declines in  
11 teen pregnancy since 1991, teen birth ratios are still  
12 elevated in several high population urban areas of this  
13 Commonwealth. The rates continue to be highest among minority  
14 youth.

15 (6) Rates of the two most common STIs (Chlamydia and  
16 HPV) are higher in females 15 to 19 years of age than any  
17 other age group. One in four adolescent girls will contract  
18 an STI. According to the Centers for Disease Control and  
19 Prevention (CDC), nearly half of newly diagnosed STIs each  
20 year are among sexually active youth, 15 to 24 years of age.  
21 African-American youth are over four times more likely to  
22 have reported cases of STIs than Hispanics and Caucasians.  
23 The lifetime medical cost associated with STIs in young  
24 people is estimated to be more than \$6.5 billion.

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

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

30 Section 1512.2. Sexual Health Education.--(a) A school

1 district required to comply with 22 Pa. Code § 4.29 (relating to  
2 HIV/AIDS and other life-threatening and communicable diseases)  
3 shall provide students with sexual health education that meets  
4 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 others as  
17 those characteristics relate to relationships.

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

20 (i) Side effects, health benefits, effectiveness, safety and  
21 proper use of all contraceptive methods approved by the Food and  
22 Drug Administration in preventing pregnancy.

23 (ii) STI information, including how STIs are and are not  
24 transmitted and the effectiveness of all methods of reducing the  
25 risk of contracting STIs approved by the Food and Drug  
26 Administration.

27 (5) Addresses healthy relationships and social pressures  
28 related to sexual behaviors that include the following:

29 (i) An affirmative consent standard shall be established to  
30 emphasize healthy sexual behaviors. The standard shall include

1 the following information:

2 (A) It is the responsibility of both parties to ensure that  
3 affirmative consent has been established before proceeding with  
4 any sexual activity.

5 (B) The absence of protest or resistance does not comply  
6 with affirmative consent.

7 (C) Past sexual relations and/or existing relationships are  
8 not indicative of affirmative consent.

9 (ii) Sexual health education shall emphasize the dangers and  
10 risks of the social pressures of sexting. The emphasis shall  
11 include the following information:

12 (A) Images are easily shared and can be made publicly  
13 available online.

14 (B) Once distributed online, images can be difficult to  
15 remove.

16 (C) Consequences of sexting in some cases include charges of  
17 criminal activity such as child pornography and disseminating of  
18 indecent material to minors.

19 (6) Discusses sexual activity as it relates to risk for STIs  
20 and pregnancy.

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

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

26 (9) Instructions and materials shall be appropriate for use  
27 with, and shall not promote bias against, pupils of all races,  
28 genders, sexual orientations, ethnic and cultural backgrounds,  
29 gender identities, sexually active pupils and pupils with  
30 disabilities.

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

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

15 (3) A student whose parent or guardian submits a written  
16 request for the student to be excused from all or any part of  
17 the sexual health education shall not be subject to disciplinary  
18 action or academic penalty for exercising the right to be  
19 excused from the education.

20 (c) The Department of Education, in consultation with the  
21 Department of Health, shall develop and maintain a list of  
22 sexual health education curricula that are consistent with the  
23 requirements of this section. The list should be updated at  
24 least annually and made available on the Department of  
25 Education's publicly accessible Internet website. The Department  
26 of Education shall promulgate rules reasonably necessary to  
27 implement, administer and provide oversight for the provisions  
28 of this section.

29 (d) No funds appropriated by the Commonwealth for sex  
30 education shall contravene the provisions of this section.

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

3 (f) In fulfilling the education requirements enumerated in  
4 subsection (a):

5 (1) local school districts shall approve and select  
6 curricula, textbooks and instructional materials that are  
7 appropriate for the students of the district covered by this  
8 section;

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

11 (3) any sex education curriculum resources adopted by the  
12 Commonwealth shall be construed as a guide for local school  
13 districts as they develop their educational program in  
14 accordance with this section.

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

17 (1) "Affirmative consent" in relation to sexual activities  
18 by both parties of legal age, shall mean affirmation,  
19 willingness and conscious agreement to sexual activity.

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

25 (3) "Medically accurate" shall mean information supported by  
26 peer-reviewed research conducted in compliance with accepted  
27 scientific methods and recognized as accurate by leading  
28 professional organizations and agencies with relevant  
29 experience, including the American Medical Association and the  
30 Department of Health.

1       (4) "Sexting" shall mean the procurement or distribution of  
2 sexually explicit photographs or messages via electronic means  
3 such as a cell phone.

4       Section 2. The addition of section 1512.2 of the act shall  
5 apply to school years beginning after the effective date of this  
6 section.

7       Section 3. This act shall take effect in 90 days.