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**HOUSE BILL 2184**

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**State of Washington 66th Legislature 2019 Regular Session**

**By** Representatives Stonier and Santos

AN ACT Relating to requiring comprehensive sexual health education, which includes affirmative consent curriculum, in all public schools by the 2022-23 school year in accordance with the recommendations of the sexual health education work group established in section 503(3) of the 2019-2021 omnibus operating appropriations act; and amending RCW 28A.300.475.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

**Sec.**  RCW 28A.300.475 and 2007 c 265 s 2 are each amended to read as follows:

(1) ((~~By September 1, 2008,~~)) (a)(i) In accordance with the requirements in this section and any recommendations of the sexual health education work group established in the 2019-2021 omnibus operating appropriations act that are enacted by the legislature, every public school ((~~that offers~~)) shall provide comprehensive sexual health education ((~~must assure that~~)) to each student by the 2022-23 school year. The curriculum, instruction, and materials used to provide the comprehensive sexual health education ((~~is~~)) must be medically and scientifically accurate, age-appropriate, and appropriate for students regardless of gender, race, disability status, or sexual orientation, and must include((~~s~~)) information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases. ((~~All sexual health information, instruction, and materials must be medically and scientifically accurate.~~)) Abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention.

(ii)(A) Beginning in the 2020-21 school year, any public school that provides comprehensive sexual health education must ensure that the curriculum, instruction, and materials include information about affirmative consent and bystander training.

(B) The school district boards of directors of one or more public schools that are not providing comprehensive sexual health education in either the 2019-20 school year, the 2020-21 school year, or both, must prepare for incorporating information about affirmative consent and bystander training into the comprehensive sexual health education curriculum, instruction, and materials required by this section. In satisfying the requirements of this subsection (1)(a)(ii)(B), school district boards of directors must also, no later than the 2020-21 school year, consult with parents and guardians of students, local communities, and the Washington state school directors' association.

(b) A public school may choose to use separate, outside speakers or prepared curriculum to teach different content areas or units within ((~~the~~)) its comprehensive sexual health education program ((~~as long as~~)) if all speakers, curriculum, and materials used are in compliance with this section.

(c) Comprehensive sexual health education must be consistent with the Washington state health and physical education K-12 learning standards and the January 2005 guidelines for sexual health information and disease prevention developed by the department of health and the office of the superintendent of public instruction.

(2) ((~~As used in chapter 265, Laws of 2007, "medically and scientifically accurate" means information that is verified or supported by research in compliance with scientific methods, is published in peer-review journals, where appropriate, and is recognized as accurate and objective by professional organizations and agencies with expertise in the field of sexual health including but not limited to the American college of obstetricians and gynecologists, the Washington state department of health, and the federal centers for disease control and prevention.~~)) (a) Beginning in the 2021-22 school year, comprehensive sexual health education must be provided to all public school students in grades six through twelve.

(b) Beginning in the 2022-23 school year, comprehensive sexual health education must be provided to all public school students that are not receiving comprehensive sexual health education under (a) of this subsection.

(3) The office of the superintendent of public instruction and the department of health shall make the Washington state health and physical education K-12 learning standards and the January 2005 guidelines for sexual health information and disease prevention available to public schools ((~~districts~~)), teachers, and guest speakers on their web sites. Within available resources, the office of the superintendent of public instruction and the department of health shall also make any related information, model policies, curricula, or other resources available ((~~as well~~)) on their web sites.

(4) The office of the superintendent of public instruction, in consultation with the department of health, shall develop a list of comprehensive sexual health education curricula that are consistent with the 2005 guidelines for sexual health information and disease prevention, the Washington state health and physical education K-12 learning standards, and this section. This list ((~~shall be intended to~~)), which may serve as a resource for schools, teachers, or any other organization or community group, ((~~and shall~~)) must be updated ((~~no less frequently than~~)) at least annually, and must be made available on the web sites of the office of the superintendent of public instruction and the department of health.

(5) Public schools that ((~~offer~~)) provide comprehensive sexual health education are encouraged to review their ((~~sexual health~~)) curricula and choose a curriculum from the list developed under subsection (4) of this section. Any public school that ((~~offers~~)) provides comprehensive sexual health education may identify, choose, or develop any other curriculum((~~,~~)) if ((~~the curriculum chosen or developed~~)) it complies with the requirements of this section.

(6) Any parent or legal guardian who wishes to have his or her child excused from any planned instruction in comprehensive sexual health education may do so upon filing a written request with the school district board of directors or its designee, or the principal of the school his or her child attends, or the principal's designee. The person or entity to whom the request is directed must grant the written request to have the student excused from this instruction in accordance with this subsection. In addition, any parent or legal guardian may review the comprehensive sexual health education curriculum ((~~offered~~)) provided in his or her child's school by filing a written request with the school district board of directors, the principal of the school his or her child attends, or the principal's designee.

(7) The office of the superintendent of public instruction ((~~shall~~)), through its Washington state school health profiles survey or other existing reporting mechanism, ((~~ask~~)) shall request public schools to ((~~identify any~~)) submit the curricula used to provide comprehensive sexual health education((~~,~~)). School districts shall submit the requested information in a timely manner and the office of the superintendent of public instruction shall report the results of ((~~this inquiry~~)) the submissions to the legislature on a biennial basis, beginning with the 2008-09 school year.

(8) The requirement to report harassment, intimidation, or bullying under RCW 28A.600.480(2) applies to this section.

(9) For the purposes of this section:

(a) "Affirmative consent" means a conscious and voluntary agreement to engage in sexual activity as a requirement before sexual activity; and

(b) "Medically and scientifically accurate" means information that is verified or supported by research in compliance with scientific methods, is published in peer-reviewed journals, where appropriate, and is recognized as accurate and objective by professional organizations and agencies with expertise in the field of sexual health including but not limited to the American college of obstetricians and gynecologists, the Washington state department of health, and the federal centers for disease control and prevention.

**--- END ---**