

FINAL BILL REPORT

ESSB 5297

C 265 L 07

Synopsis as Enacted

Brief Description: Regarding providing medically and scientifically accurate sexual health education in schools.

Sponsors: Senate Committee on Early Learning & K-12 Education (originally sponsored by Senators Haugen, Tom, Prentice, Keiser, Pridemore, Murray, Regala, Fraser, Kilmer, Rockefeller, McAuliffe, Shin, Weinstein, Kline, Marr, Kohl-Welles and Oemig).

Senate Committee on Early Learning & K-12 Education

House Committee on Health Care & Wellness

House Committee on Appropriations

Background: By statute, public schools must stress the minimum requisites for good health, including methods to prevent exposure to and transmission of sexually transmitted diseases. Beginning in the fifth grade, public schools must annually teach about the life-threatening dangers of acquired immunodeficiency syndrome (AIDS) and its prevention. However, under the State Board of Education rules, local school boards may decide whether or not to have sex education or human sexuality courses in their districts and to permit parents to excuse their children from such classes.

The No Child Left Behind Act of 2001 permits the use of federal funds to provide sex education or HIV prevention education in schools as long as the instruction is age appropriate and the health benefits of abstinence are part of the curriculum.

In January 2005, the Washington State Department of Health (DOH) and the Office of the Superintendent of Public Instruction (OSPI) released Guidelines for Sexual Health Information and Disease Prevention. The purpose of the guidelines is to describe effective sex education and its outcomes; provide a tool for evaluating programs, curricula, or policies; enhance and strengthen sex education programs; and educate organizations involved in educating youth.

Summary: By September 1, 2008, every public school that offers sexual health education must assure that it is medically and scientifically accurate; age appropriate; appropriate for students regardless of gender, race, disability status, or sexual orientation; and includes information about abstinence; however, abstinence may not be taught to the exclusion of instruction on other methods of preventing unintended pregnancy and sexually transmitted disease prevention. A school may use outside speakers or curriculum to teach units within a sexual health program as long as they are in compliance with this act. "Medically and scientifically accurate" is defined. Sexual health education must be consistent with the Guidelines for Sexual Health Information and Disease Prevention (Guidelines). OSPI and DOH must make the Guidelines and any model policies or curricula related to sexual health education available on their web sites.

The Superintendent of Public Instruction (SPI), in consultation with DOH, must develop a list of sexual health education curricula, consistent with the Guidelines, to serve as resources for schools, teachers, or other organizations. The list must be updated annually and posted on the agencies' web sites. Public schools are encouraged to review their sexual health curricula and choose from the list, or they may choose or develop other curriculum if it complies with the requirements of this legislation.

Any parent or guardian may have his or her child excused from planned instruction in sexual health education by filing a written request with the school board or principal. In addition, any parent may review the sexual health curriculum offered by filing a written request with the school board or the principal.

OSPI, through an existing reporting mechanism, must ask public schools to identify any curricula used to provide sexual health education and report the results to the Legislature biennially, beginning with the 2008-09 school year. The requirement to report harassment, intimidation or bullying under RCW 28A.600.480 applies to this bill.

This act may be known as the "Healthy Youth Act."

Votes on Final Passage:

Senate	30	19
House	63	34

Effective: July 22, 2007