
HOUSE BILL 2648

State of Washington

66th Legislature

2020 Regular Session

By Representatives Klippert, Eslick, and McCaslin

Read first time 01/16/20. Referred to Committee on Education.

1 AN ACT Relating to sexual health and HIV/AIDs education, medical
2 accuracy, and parental review for public schools; amending 2007 c 265
3 s 1 (uncodified); adding a new section to chapter 28A.300 RCW;
4 creating a new section; repealing RCW 28A.230.070 and 28A.300.475;
5 and declaring an emergency.

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

7 NEW SECTION. **Sec. 1.** This act may be known and cited as the
8 sexual health education and parental choice act.

9 **Sec. 2.** 2007 c 265 s 1 (uncodified) is amended to read as
10 follows:

11 ((~~1~~)) The legislature finds that young people should have the
12 knowledge and skills necessary to build healthy relationships, and to
13 protect themselves from unintended pregnancy and sexually transmitted
14 infections and subsequent diseases, including HIV infection. The
15 primary responsibility for sexual health education is with parents
16 and guardians. (~~However, this responsibility also extends to schools~~
17 ~~and other community groups.~~) It is in the public's best interest to
18 ensure that young people are equipped with medically and
19 scientifically accurate, age-appropriate information that will help
20 them avoid unintended pregnancies, remain free of sexually

1 transmitted diseases, and make informed, responsible decisions
2 throughout their lives.

3 ~~((2) The legislature intends to support and advance the
4 standards established in the January 2005 guidelines for sexual
5 health information and disease prevention developed by the office of
6 the superintendent of public instruction and the department of
7 health. These guidelines are a fundamental tool to help school
8 districts, teachers, guest speakers, health and counseling providers,
9 community groups, parents, and guardians choose, develop, and
10 evaluate sexual health curricula to better meet the health and safety
11 needs of adolescents and young adults in their communities.))~~

12 NEW SECTION. **Sec. 3.** A new section is added to chapter 28A.300
13 RCW to read as follows:

14 (1) Every public school that offers sexual health education must
15 assure that sexual health education is: Medically and scientifically
16 accurate; age-appropriate; appropriate for students regardless of
17 gender, race, disability status, sexual orientation, creed, or
18 religion; includes information about abstinence and other methods of
19 preventing unintended pregnancy and sexually transmitted infections
20 and subsequent diseases; teaches age of majority under RCW 26.28.010;
21 and teaches child support enforcement requirements. Except as
22 otherwise specifically provided by law, age of majority means being
23 at the age of eighteen years.

24 (2) All sexual health information, instruction, and materials
25 must be medically and scientifically accurate and developmentally
26 appropriate based on age and the ability to mitigate the consequences
27 of given behaviors. Abstinence must be taught with the inclusion of
28 other materials. Instruction on contraceptives and disease prevention
29 may be included only when it is developmentally and educationally
30 appropriate.

31 (3) (a) Each school district shall, at least one month before
32 teaching sex education classes including HIV/AIDS prevention
33 education or in any classroom, conduct at least one presentation
34 during weekend and evening hours for the parents and guardians of
35 students concerning the curricula and materials that will be used for
36 the education. The parents and guardians must be notified by the
37 school district of the presentation through parent and/or school
38 email, on the school and/or school district web site, and on the
39 forms provided for families who choose to not participate.

1 (b) Parents must be notified that curricula and materials are
2 made available for inspection on the school and/or school district
3 web site and on the forms provided for families who choose to not
4 participate. A student may not be required to participate in sex
5 education, HIV/AIDS prevention, or sexual health education if the
6 student's parent or guardian objects in writing to the participation.

7 (4) All sexual health education programs must include an emphasis
8 on abstinence as the only one hundred percent effective means of
9 preventing unintended pregnancy, HIV, and other sexually transmitted
10 infections and subsequent diseases with equal time given to
11 motivation, benefits, and skills for choosing abstinence as is given
12 to the teaching of birth control, contraceptive methods, and gender
13 identity. The construct of gender identity, including the health
14 risks associated with gender identity, may not be taught as a
15 construct earlier than eighth grade.

16 (5) All materials must explain the potential consequences of
17 sexual intercourse, with or without condoms, including, but not
18 limited to, disease, unwanted pregnancy, and economic, social, and
19 emotional impacts.

20 (6) Sexually transmitted infections and HIV/AIDS prevention
21 education must stress the life-threatening dangers of contracting
22 AIDS and must stress that abstinence from sexual activity is the only
23 certain means for the prevention of the spread or contraction of the
24 HIV virus through sexual contact. It must also teach that condoms and
25 other artificial means of birth control are not a certain means of
26 preventing the spread of the sexually transmitted infections,
27 including HIV/AIDS, and reliance on condoms puts a person at risk for
28 exposure to the disease.

29 (7) A school may choose to use separate, outside speakers or
30 prepared curriculum to teach different content areas or units within
31 the sexual risk avoidance education as the primary prevention health
32 program as long as all speakers, curriculum, and materials used are
33 in compliance with this section. All sexual health materials, names,
34 and contact information for qualified outside speakers, including all
35 ancillary materials and outline content, must be available at the
36 district office and school campus for parental inspection and review
37 throughout the year. Sexual health education must be consistent with
38 the local school guidelines in order to respect community standards
39 and local district committee guidelines for sexual health information
40 and disease.

1 (8) Public schools that offer sexual health education are
2 encouraged to review their sexual health curricula to keep the
3 content current. Any public school that offers sexual health
4 education may identify, choose, or develop any other curriculum if
5 the curriculum chosen or developed complies with the requirements of
6 this section. A local curriculum must stress that parents,
7 appropriate community groups, and local school districts are to work
8 in concert in designing, selecting, and evaluating the sexual health
9 curriculum.

10 (9) Any parent or legal guardian who wishes to have his or her
11 child excused from any planned instruction in sexual health and HIV/
12 AIDS education may do so upon filing a written request with the
13 school district board of directors, its designee, the principal of
14 the school his or her child attends, or the principal's designee. In
15 addition, any parent or legal guardian or local citizen may review
16 the sexual health education curriculum offered through their local
17 school district on the web site or in person. Instructors or
18 administrators that ignore the parental request for excusal must be
19 reported to the local district superintendent and school board,
20 included in the teacher performance evaluation records, and the
21 number of those noncompliance reports must be included in the
22 district's biannual report to the state legislature.

23 (10) Alternative educational opportunities must be allowed for
24 excused students. Parents may provide alternative activities to be
25 completed during that time or may choose activities provided by the
26 school. A student may not be penalized in grades or credit due to the
27 decision made to not participate in the sexual health instruction or
28 HIV/AIDS classes. The requirement to report harassment, intimidation,
29 or bullying under RCW 28A.600.480 applies to this subsection.

30 (11) The office of the superintendent of public instruction shall
31 develop a reporting mechanism to ask public schools to identify any
32 curricula used to provide sexual health education, and shall report
33 the results of this inquiry to the legislature and make it available
34 on the office of the superintendent web site, on a biennial basis,
35 beginning with the 2019-20 school year.

36 (12) Every public school must identify, using the definitions in
37 subsection (13) of this section, the type of sexual education being
38 taught at each grade level in the school.

39 (13) For purposes of this section:

1 (a) "Abstinence" means delaying sexual activity. Abstinence is
2 one hundred percent effective in avoiding sexually transmitted
3 infections and reducing teen pregnancies. It is not a contraceptive
4 method. It is a decision that uses the logic of primary prevention
5 seeking optimal health outcomes. Abstinence may not be for a lifetime
6 but it is until there is maturity, a committed relationship, and the
7 ability to cope with the formation of a healthy family. Abstinence
8 education teaches communication, goal setting skills, advantages, and
9 relationship skills to increase success in the optimal health
10 outcomes of delayed sexual activity and family formation.

11 (b) "Age appropriate" means deemed appropriate by the local
12 school board and in accordance with the following guidelines that
13 consider the developmental capabilities and legal guidelines for the
14 health and safety of the minor child. The local school board is the
15 entity with the greatest capability to respond to the local culture
16 and needs.

- 17 (i) Personal safety and hygiene are appropriate for K-3;
18 (ii) Social skills, ethics in relationships, hygiene, and
19 personal safety are appropriate for fourth through sixth grades;
20 (iii) Body changes, hygiene, friendship, refusal skills,
21 pornography dangers, cyber safety, harassment, and sexual abuse
22 prevention are appropriate for seventh and eighth grades; and
23 (iv) Community appropriate sexual health is appropriate for ninth
24 through twelfth grades.

25 (c) "Comprehensive sex education" means a program that includes
26 sexual violence, abortion access, global reproductive rights,
27 confidentiality in health care growth and development, school health
28 equity programs, contraceptive access, youth leadership, reproductive
29 justice, LGBTQ health and rights, HIV/AIDS, racial justice, and
30 intersectionality.

31 (d) "Medically and scientifically accurate" means information
32 that is verified or supported by research in compliance with
33 scientific methods, may be published in peer-review journals, where
34 appropriate, and is recognized as accurate and objective by
35 recognized organizations and agencies with expertise in the field of
36 sexual health including, but not limited to, the American college of
37 obstetricians and gynecologists, the Washington state department of
38 health, the federal centers for disease control and prevention, and
39 research organizations performing research under state or federal
40 projects.

1 (e) "Sexual health education" means reproductive health education
2 that includes the diseases, disorders, and conditions that affect the
3 functioning of the male and female reproductive systems during all
4 stages of life. Disorders of reproduction include birth defects,
5 developmental disorders, low birth weight, premature birth, reduced
6 fertility, impotence, and menstrual disorders.

7 (f) "Sexual risk avoidance education" means an approach to sex
8 education that focuses on risk avoidance instead of sexual risk
9 reduction or comprehensive sex education when it comes to sexual
10 activity. Sexual risk avoidance education communicates how this
11 approach mirrors other public health models designed to encourage
12 avoidance instead of reduction of risky behavior, such as underage
13 drinking or the use of illegal drugs. Sexual risk avoidance education
14 teaches that avoiding sexual activity before marriage is the surest
15 way to avoid its risks. It also encourages youth to pursue good
16 decision-making skills. Sexual risk avoidance education normalizes
17 the optimal health behavior of avoiding nonmarital sexual activity,
18 with a focus being on the future health, psychological well-being,
19 and economic success of youth. Further, it addresses the social
20 culture, psychological, and health gains to be realized by refraining
21 from nonmarital sexual activity and engaging in healthy
22 relationships. Sexual risk avoidance education addresses adverse
23 cultural and adverse childhood experiences. Sexual risk avoidance
24 education teaches participants how to voluntarily refrain from
25 nonmarital sexual activity. Sexual risk avoidance programs also teach
26 the benefits associated with self-regulation, success sequencing for
27 poverty prevention, healthy relationships, goal setting, and
28 resisting sexual coercion, dating violence, and other youth risk
29 behaviors such as underage drinking or illicit drug use without
30 normalizing teen sexual activity.

31 (g) "Support enforcement" means the collection of child support
32 moneys from noncustodial parents. Teaching support enforcement
33 includes teaching the heavy consequences for noncompliance under
34 chapter 388-14A WAC.

35 NEW SECTION. **Sec. 4.** The following acts or parts of acts are
36 each repealed:

37 (1) RCW 28A.230.070 (AIDS education in public schools—Limitations
38 —Program adoption—Model curricula—Student's exclusion from
39 participation) and 1994 c 245 s 7 & 1988 c 206 s 402; and

1 (2) RCW 28A.300.475 (Medically accurate sexual health education—
2 Curricula—Participation excused—Parental review) and 2007 c 265 s 2.

3 NEW SECTION. **Sec. 5.** This act is necessary for the immediate
4 preservation of the public peace, health, or safety, or support of
5 the state government and its existing public institutions, and takes
6 effect immediately.

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