

SENATE BILL REPORT

ESHB 1282

As Reported By Senate Committee On:
Early Learning, K-12 & Higher Education, March 30, 2005

Title: An act relating to sexual health education.

Brief Description: Regarding sexual health education.

Sponsors: House Committee on Health Care (originally sponsored by Representatives Schual-Berke, Tom, Cody, Jarrett, Fromhold, Hankins, Appleton, Haler, Murray, Nixon, Dickerson, Kagi, Hasegawa, Roberts, Springer, DeBolt, Lantz, Chase, Hunter, Upthegrove, Darneille, Moeller, Morrell, Hunt, Simpson, Williams, Green, Wood, Kenney, Wallace, Linville, Ormsby, Kilmer, Haigh, Santos, McIntire and Walsh).

Brief History: Passed House: 3/04/05, 61-36.

Committee Activity: Early Learning, K-12 & Higher Education: 3/17/05, 3/30/05[w/oRec-HEA, DNP].

Health & Long-Term Care: 3/31/05.

SENATE COMMITTEE ON EARLY LEARNING, K-12 & HIGHER EDUCATION

Majority Report: That it be referred to Committee on Health & Long-Term Care without recommendation.

Signed by Senators McAuliffe, Chair; Pridemore, Vice Chair; Weinstein, Vice Chair; Berkey, Eide, Kohl-Welles, Rasmussen, Rockefeller and Shin.

Minority Report: Do not pass.

Signed by Senators Schmidt, Ranking Minority Member; Carrell, Delvin, Mulliken, Pflug and Schoesler.

Staff: Heather Lewis-Lechner (786-7448)

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Sharon Swanson (786-7447)

Background: Under current statutes, public schools must stress, among other things, the minimum requisites for good health, including methods to prevent exposure to and transmission of sexually transmitted diseases. However, under current State Board of Education (SBE) rules, local school boards decide whether or not to have a program about sex education or human sexuality. Current statutes also require annual instruction in the dangers and prevention of acquired immunodeficiency syndrom (AIDS) beginning no later than fifth grade. The AIDS curricula must either be model curricula and resources developed by the Office of the Superintendent of Public Instruction (OSPI) or have been reviewed for medical accuracy by the Department of Health's Office on HIV/AIDS.

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

In January 2005, the Department of Health (DOH) and OSPI released *Guidelines for Sexual Health Information and Disease Prevention*. These guideline state that there purpose is to: describe effective sex education and its outcomes; provide a tool for evaluating programs, curricula, or policy; enhance and strengthen sex education programs; and to educate organizations involved in educating youth.

Summary of Bill: Any school district that offers sexual health education must assure that it is consistent with the January 2005 *Guidelines for Sexual Health Information and Disease Prevention* (Guidelines) by September 1, 2006. Sexual health education must emphasize abstinence as well as teach other methods of preventing teenage pregnancy and sexually-transmitted diseases. Sexual health education must provide medically accurate instruction and instructional materials.

The DOH and OSPI must make the Guidelines, as well as model policies and curricula related to sexual health education, available to the public. The DOH may adopt rules to establish what constitutes a comprehensive sexual health education curriculum, including medically accurate information, according to peer-reviewed journals and government research reports.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: This bill has been around for a number of years in various forms and has bipartisan support in the House. We cannot afford to delay any further and neither can our children. This is a politically sensitive issue but there is support for this bill from all over the state, both conservative and liberal areas. There is a lot of misinformation about this bill, under this bill abstinence must be taught and it does not prevent Abstinence Wait-Training And Relationship Education (AWARE) from teaching in schools. However, studies have shown that abstinence without more complete sexual health education leads to an earlier onset of sexual activity not later. This is a public health priority and our youth need to make fully informed decisions. Our kids are trustworthy and will make the best decisions but only when they are well informed. There were over forty groups involved in developing the guidelines and there are many non-partisan groups whose whole intent is to keep our kids healthy supporting this bill.

This bill still allows local control over whether to offer sexual health education and still allows parents to opt their kids out of the curriculum. This bill just creates quality assurance and gives districts a minimum set of guidelines. Just like there are guidelines for reading and math, we need guidelines for sexual health education curriculum. Teenage pregnancy is costing our state in many ways and we need to create programs to help reduce it. This is one tool to help address that problem. Teenage sexual activity and the spread of sexually transmitted diseases amongst our students is a crisis situation. Currently some of our children

are being both misinformed and uninformed. This bill and the guidelines it references will help teachers give our students a more effective sexual health education. All our teens need accurate and complete sexual health education. Of all things we can teach our children, few will have as large an impact as this education. This education can help save their lives.

Testimony Against: We are all passionate about protecting our teens. However, there are misconceptions about what abstinence education is. When the bill says abstinence is emphasized, we question what that really means. Our studies show that in comprehensive sexual health programs, the curriculum is really only about 5 percent abstinence education, the rest of time is spent on teaching about contraceptives. The guidelines referenced in this bill are intended to be used by guest speakers brought in to the school. This would include AWARE speakers and we question whether under this bill our speakers would have to teach comprehensive sexual health education. We want to make sure abstinence educators can remain in the classroom.

Currently in our schools, students are learning about contraception use and how to have safe sex but there is not much emphasis on abstinence. Abstinence should be promoted and get equal time in our classrooms. Relationship education is something stressed in abstinence education and that is an important aspect of the education. Teenagers are capable of having self-control and do not need to know about contraceptives to know how to make right choices. We need to know about how to have healthy relationships and that is what abstinence education is about.

This bill is a mandate; school districts that offer sexual health education must assure it is consistent with the guidelines. The only option for schools that do not want to use these guidelines is to not teach sexual health education. We have been doing more and more comprehensive sexual education over the years and there is still a problem. Has it really worked?

Who Testified: PRO: Rep. Schual-Berke, Rep. Tom, prime sponsors; Stacey Anderson, Teacher from Choice High School; Molly Franey, James Anest, Planned Parenthood; Don Rash; Assoc. Of WA School Principals, Marry Kenfield, State PTA; Judith Billings, Gov's Advisory Council on HIV/AIDS; Beth Reis, Public Health- Seattle & King County & WA State Assoc. of Local Public Health Officials.

CON: Jim Grenfell, AWARE; Kayla Fisher, Hillary Hanson, Marianne Grisso, Kayla Madsen, Students with AWARE; Rep. Lynn Schindler, Citizen; Kaylene Hinderliter, Lisa Merrified, Life Choices, SHARE.

Signed in, Unable to Testify & Submitted Written Testimony: CON: Bryan Mossey, Parent; Dana Heriot, Parent; LeAnna Benn, NAES; Dr. Sharon Quick, American Academy of Medical Ethics.