

# HOUSE BILL REPORT

## ESSB 5297

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**As Reported by House Committee On:**  
Health Care & Wellness  
Appropriations

**Title:** An act relating to providing medically and scientifically accurate sexual health education in schools.

**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).

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 3/15/07, 3/22/07 [DP];  
Appropriations: 3/28/07, 3/29/07 [DP].

**Brief Summary of Engrossed Substitute Bill**

- Requires public schools that offer sexual health education to ensure that it is consistent with the 2005 *Guidelines for Sexual Health Information and Disease Prevention*, including being medically and scientifically accurate, and that it provides information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass. Signed by 8 members: Representatives Cody, Chair; Morrell, Vice Chair; Barlow, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

**Minority Report:** Do not pass. Signed by 5 members: Representatives Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Campbell, Condotta and Curtis.

**Staff:** Chris Cordes (786-7103).

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

## **Background:**

By statute, public school curricula must teach the minimum requisites for good health, including methods to prevent exposure to and transmission of sexually transmitted diseases. The State Board of Education rules, however, allow local school boards to decide whether to have sex education or human sexuality courses in their districts and 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 Department of Health and the Office of the Superintendent of Public Instruction jointly released *Guidelines for Sexual Health Information and Disease Prevention (Guidelines)*. The stated purpose of its 19 guidelines 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. For effective sex education programs, the *Guidelines* state, among other things, that the programs should:

- provide information about both abstinence and contraception, including that abstinence is the only certain way to avoid pregnancy and sexually transmitted diseases;
- be age and culturally appropriate;
- use information that is medically and scientifically accurate and objective;
- encourage communication with adults;
- enlighten youth to develop health promoting behaviors;
- provide information about sexual anatomy and physical growth and development, and about sexually transmitted diseases; and
- promote respect and healthy self-esteem.

Every two years, schools and local health agencies participate in the federal Centers for Disease Control and Prevention's School Health Profiles. These surveys are used to assess school health programs.

School districts must have a policy that prohibits bullying (including harassment or intimidation) of students. School employees, students, and volunteers are prohibited from retaliating against a victim, witness, or other person with reliable information about an act of bullying. School employees, students, or volunteers who witness or have reliable information about a student subjected to bullying are encouraged to report incidents to appropriate school officials. Bullying includes acts motivated by the student's race, color, religion, ancestry, national origin, gender, sexual orientation, or disability.

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## **Summary of Bill:**

### Curriculum Standards for Sexual Health Education

By September 1, 2008, a public school that offers sexual health education must assure that it:

- is medically and scientifically accurate, including the information, instruction, and materials;
- is age-appropriate and appropriate for students regardless of gender, race, disability status, or sexual orientation;
- includes information about abstinence and other methods of preventing unwanted pregnancy and sexually transmitted diseases, but abstinence may not be taught to the exclusion of other instruction on contraceptives and disease prevention; and
- is consistent with the January 2005 *Guidelines for Sexual Health Information and Disease Prevention (Guidelines)*.

A school may choose to use separate speakers or prepared curriculum to teach different content areas within the comprehensive sexual health program as long as the speakers and materials comply with the required standards.

"Medically and scientifically accurate" means information verified by research in compliance with scientific methods that is published in peer-review journals, where appropriate, and recognized as accurate and objective by expert professional organizations, such as the American College of Obstetricians and Gynecologists, the Washington State Department of Health (DOH), and the federal Centers for Disease Control and Prevention.

#### Model Sexual Health Education Curricula

The Office of the Superintendent of Public Instruction (OSPI), in consultation with the DOH, must develop a list of sexual health education curricula that are consistent with the *Guidelines*, to be updated at least annually and posted on the agencies' websites. Schools are encouraged to review their sexual health curricula and choose from the list.

The OSPI and the DOH must make the *Guidelines*, and any model policies and curricula related to sexual health education, available on their websites.

#### Parental Right to Excuse Children from Sexual Health Education

Parents and legal guardians are permitted to excuse their children from planned sexual health education by filing a written request with the school district board or the school principal, or their designees. A parent or legal guardian may review the sexual health education curriculum offered by filing a written request with the school district board or the school principal or designee.

#### Other Provisions

The requirement to report bullying under the school bullying law applies to the sexual health education provisions.

The OSPI must, through an existing reporting mechanism, ask schools to identify any curricula used to provide sexual health education. The OSPI must report the results to the Legislature biennially beginning with the 2008-09 school year.

These provisions are to be known as the Healthy Youth Act.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:**

(In support) It is important that teens be given medically and scientifically accurate information about sexual health matters. The goal is to enable them to make informed decisions about their sexual life. They should be enabled to take responsibility for their decisions. Teens should not be the population with the highest incidence rate of sexually transmitted diseases (STDs). It saves the state money to avoid the consequences of ignorance. While emphasizing abstinence is good, teens need more information. "Abstinence only" programs are great in an ideal world, but those programs don't address the questions raised by teens who are engaging in sexual activity. Telling them to "just say no" is not meaningful. Addressing the standards for the teaching of sexual health is long overdue.

(Opposed) This bill removes parents and the local school boards from the decisions about sexual health education. It lets one person, the Superintendent of Public Instruction, determine what is medically and scientifically accurate. This is a dictatorial approach. The OSPI has already shown its inability to provide accurate information in its HIV/AIDS program. There is no method to appeal any determination of "medical and scientific accuracy." In some programs, sexual activity is approved, and recommended use of certain devices is medically inaccurate. There is no evidence that teaching "medically and scientifically accurate" programs is reducing teen pregnancy or the incidence of STDs. The DOH should conduct a study that would determine what methods of teaching sexual health education are actually effective. "Abstinence only" is not sufficient without education on the emotional consequences of sex outside of marriage. Personal experiences show the risk to emotional health, including loss of self-esteem, unhealthy patterns of behavior, and diversion from life's goals. Schools should be allowed to choose "abstinence only" programs. Teens need to be taught how to have intimate relationships without sex. Only abstinence will eliminate the risk of STDs and pregnancy. The definition in the *2005 Guidelines* normalizes homosexuality.

**Persons Testifying:** (In support) Pat Montgomery, Washington State Parents Teachers Association; Beth Harvey, American Academy of Pediatrics; Jazzy Ramsey; and Judith Billings, Governor's Advisory Council on HIV/AIDS.

(Opposed) Michelle Sanford; Debbie Ewald, Care Net Pregnancy Center; Mark Snell; and Lisa Hansen.

**Persons Signed In To Testify But Not Testifying:** Sharon Shimp, Family Leader Washington; Lucinda Young, Washington Education Association; Vicki Kirkpatrick, Washington State Association of Local Public Health Officials; Rose Gundersen; Barbara

Henning, Life Resources; Bob Higley, Jon Russell, Faith and Freedom Network; Diane Eaton, Sharon Hameck, Joyce Fiess, Citizens United for Responsible Education; Jack Keith, Hood Canal Community Church; Carol Davis; and Howard Spear.

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** Do pass. Signed by 21 members: Representatives Sommers, Chair; Dunshee, Vice Chair; Cody, Conway, Darneille, Ericks, Fromhold, Grant, Haigh, Hunt, Hunter, Kagi, Kenney, Kessler, Linville, McDermott, Morrell, Pettigrew, Schual-Berke, Seaquist and Walsh.

**Minority Report:** Do not pass. Signed by 11 members: Representatives Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Haler, Assistant Ranking Minority Member; Anderson, Buri, Chandler, Dunn, Hinkle, Kretz, McDonald and Priest.

**Staff:** Ben Rarick (786-7349).

### **Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:**

No new changes were recommended.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Effective Date:** The bill takes effect 90 days after adjournment of session in which bill is passed.

### **Staff Summary of Public Testimony:**

(In support) The Washington Education Association strongly supports this bill. We support the policy in this bill, and we are thankful that both the Senate and the House funded it. The American Academy of Pediatricians supports this bill. Sex education that excludes medically accurate information about sex is incomplete and costs the state money. Between 1991-2004, teen pregnancies cost the state approximately \$2.2 billion. Teen pregnancy has lifelong consequences; for example, the poverty rate for unwed teens is approximately 78 percent. Sexually transmitted diseases also cost the state a tremendous amount of money. It is essential to have comprehensive sex education. We support abstinence as a lifestyle choice, but we think that open dialogue is best for all parties involved.

(Opposed) We are in opposition to this bill. We think there are potentially some negative economic impacts to this legislation. Increased sexual activity may increase costs for the state. The state pays for the treatment of sexually transmitted diseases, and for aborting pregnancies. We also have very little information about what the costs of this legislation would be to local school districts. There is a very real possibility that this could materialize into an unfunded mandate for school districts.

**Persons Testifying:** (In support) Zac Franz, American Academy of Pediatrics, Washington Chapter; and Lucinda Young, Washington Education Association.

(Opposed) Bob Higley, Positive Christian Agenda.

**Persons Signed In To Testify But Not Testifying:** None.