

HOUSE BILL REPORT

SB 5629

As Passed House - Amended:

April 9, 2009

Title: An act relating to programs for the prevention of unintended pregnancies and sexually transmitted diseases.

Brief Description: Concerning pregnancy prevention programs.

Sponsors: Senators Kohl-Welles, Keiser, Fairley, Kline, Marr, Prentice, Franklin, Murray, King and Brown.

Brief History:

Committee Activity:

Health Care & Wellness: 3/19/09, 3/26/09 [DPA].

Floor Activity

Passed House - Amended: 4/9/09, 67-31.

Brief Summary of Bill (As Amended by House)

- Authorizes state agencies to apply for sexual health education funding for medically and scientifically accurate programs, and deletes requirements for the Department of Health to apply for certain federal abstinence education grants.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 9 members: Representatives Cody, Chair; Driscoll, Vice Chair; Campbell, Clibborn, Green, Kelley, Moeller, Morrell and Pedersen.

Minority Report: Do not pass. Signed by 4 members: Representatives Ericksen, Ranking Minority Member; Bailey, Herrera and Hinkle.

Staff: Chris Cordes (786-7103)

Background:

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.

Abstinence Education Funding.

As part of federal welfare reform, adopted in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, federal funds have been made available annually to the states to be used exclusively for abstinence education for adolescents. The states could request funding based on a statutory formula related to the number of low-income children in the state. State programs were required to meet specified requirements to qualify as abstinence education programs.

Washington welfare reform, enacted in response to federal welfare reform, includes offering recipients of Aid to Families with Dependent Children with family planning information and assistance, including alternatives to abortion, and other available locally-based teen pregnancy programs. It directs the Department of Social and Health Services (DSHS) to cooperate with the Office of the Superintendent of Public Instruction (OSPI) to reduce the rate of illegitimate births and abortions. It also directs the Department of Health (DOH) to maximize federal funding for abstinence education programs by making timely application for these federal funds. The DOH is directed to contract with entities qualified to provide abstinence education. A joint legislative committee was created to review and provide oversight of the abstinence education programs.

Healthy Youth Act.

As enacted in 2007, the Healthy Youth Act requires a public school that offers sexual health education to assure, among other things, that the education is medically and scientifically accurate, is age-appropriate, includes information about abstinence and other methods of preventing unwanted pregnancy and sexually transmitted diseases, and is consistent with the January 2005 *Guidelines for Sexual Health Information and Disease Prevention*.

Under the Healthy Youth Act, "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 DOH, and the federal Centers for Disease Control and Prevention.

Summary of Amended Bill:

State agencies are authorized to apply for sexual health education funding for medically and scientifically accurate programs as defined by the Healthy Youth Act, including programs on abstinence, prevention of sexually transmitted diseases, and prevention of unintended pregnancies. These programs must be evidence-based, use state funds cost-effectively, maximize federal matching funds, and be consistent with the Healthy Youth Act, as existing on that act's effective date.

"Evidence-based" means a program that uses practices proven, to the greatest extent possible through scientific methods, to be effective and beneficial for the target population.

The requirements are deleted related to state applications for federal grants for abstinence education and to state contracts with entities for abstinence education and motivation

programs. The Legislature's joint committee for review and oversight of the abstinence programs is also deleted.

The provision requiring family planning information to be offered to recipients of Temporary Assistance for Needy Families refers to locally-based unintended pregnancy prevention programs, rather than to teen pregnancy programs.

Appropriation: None.

Fiscal Note: Not requested.

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

Staff Summary of Public Testimony:

(In support) The number of unplanned pregnancies and unwed mothers is on the rise. One way to reverse this trend is to provide children with accurate sexual health information; young people should have all the educational options on the table. It is therefore important for the state to apply for any federal funding for sexual health education programs as long as the programs are medically accurate; public money should not be wasted on unproven or ineffective programs.

This bill makes sure that schools that choose to provide sexual health education do so using programs that are evidence-based and medically and scientifically accurate and that state agencies may apply for funding for such programs. This bill does not specify whether any one program is better than another; students should be provided with medically accurate information about pregnancy prevention, abstinence, and sexually transmitted diseases.

Not only will this bill decrease the state taxpayer burden for these programs, but also the state taxpayer burden from unintended pregnancies. The state has already committed to supporting medically and scientifically accurate information; this bill is a good next step that will make program funding policies reflective of this commitment.

(Opposed) It is the church's belief that sexuality should be placed within the larger context of human dignity and human relationships. Sexual intimacy between a man and a woman in the context of marriage reinforces emotional closeness, allows participation with the Creator in the miracle of life, and gives rise to families, which are the building blocks of a healthy and vibrant society. A balanced and comprehensive view of sexuality, taught first in the home, focuses on physical, emotional, and spiritual dimensions and helps children and adults make fully-informed decisions.

Today, sexual education is a purely scientific exercise with a focus on the avoidance or destruction of the negative consequences of sexual acts; this erodes human dignity and works against the common, shared goals of making health choices as individuals and as a society. Scientific information should not be the sole content of sexual health education programs.

Abstinence education should be more than a small slice of a comprehensive curriculum. It is important to understanding a healthy decision. Abstinence education helps individuals to more deeply appreciate the significance of sexuality, to reflect on how their actions affect others, and to become empowered to make decisions about sexual health. This bill makes optional the current requirement that the DOH maximize funding for abstinence programs, which may limit the options parents have in educating their children.

Persons Testifying: Persons Testifying: (In support) Senator Kohl-Welles, prime sponsor; Nancy Nickelson; Cyd Marckmann; Melinda Yorita, Washington State Council on Family Planning; and Toby Crittenden, Washington Bus.

(Opposed) Kim Sheley, Washington State Catholic Conference.

Persons Signed In To Testify But Not Testifying: None.