A bill for an act

relating to education; providing for responsible family life and sexuality education programs; requiring information on certain immunizations; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 121A; repealing Minnesota Statutes 2006, section 121A.23.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[121A.231] RESPONSIBLE FAMILY LIFE AND SEXUALITY EDUCATION PROGRAMS.**

Subdivision 1. **Definitions.** (a) "Responsible family life and sexuality education" means education in grades 7 through 12 that:

(1) respects community values and encourages family communication;

(2) develops skills in communication, decision making, and conflict resolution;

(3) contributes to healthy relationships;

(4) provides human development and sexuality education that is age-appropriate and medically accurate;

(5) includes an abstinence-first approach to delaying initiation of sexual activity that emphasizes abstinence while also including education about contraception and disease prevention; and

(6) promotes individual responsibility.

(b) "Age-appropriate" refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations

and agencies in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, or the American College of Obstetricians and Gynecologists.

Subd. 2. **Curriculum requirements.** (a) Consistent with the curriculum review cycle under section 120B.11, or no later than the start of the 2011-2012 school year, whichever comes first, a school district must offer and may independently establish policies, procedures, curriculum, and services for providing responsible family life and sexuality education that is age-appropriate and medically accurate for grades 7 through 12.

(b) A school district must consult with parents or guardians of enrolled students when establishing policies, procedures, curriculum, and services under this subdivision.

Subd. 3. **Notice and parental options.** (a) It is the legislature's intent to encourage pupils to communicate with their parents or guardians about human sexuality and to respect rights of parents or guardians to supervise their children's education on these subjects.

(b) Parents or guardians may excuse their children from all or part of a responsible family life and sexuality education program.

(c) A school district must establish policies and procedures consistent with paragraph (e) and this section for providing parents or guardians reasonable notice with the following information:

(1) if the district is offering a responsible family life and sexuality education program to the parents' or guardians' child during the course of the year;

(2) how the parents or guardians may inspect the written and audiovisual educational materials used in the program and the process for inspection;

(3) if the program is presented by school district personnel or outside consultants, and if outside consultants are used, who they may be; and

(4) parents' or guardians' right to choose not to have the child participate in the program and the procedure for exercising that right.

(d) A school district must establish policies and procedures for reasonably restricting the availability of written and audiovisual educational materials from public view of students who have been excused from all or part of a responsible family life and sexuality education program at the request of a parent or guardian, consistent with paragraph (e) and this section.

(e) A school district may develop a policy for a parent, guardian, or adult student age 18 or older to review the content of the instructional materials under this section. If a school district develops a policy, it must make reasonable arrangements with school personnel for alternative instruction for those pupils whose parents or guardians object to the content of the instruction, and must not impose an academic or other penalty upon a

pupil for arranging the alternative instruction. School personnel may evaluate and assess the quality of the pupil's work completed as part of the alternative instruction.

Subd. 4. **Assistance to school districts.** (a) The Department of Education may offer services to school districts to help them implement effective responsible family life and sexuality education programs. In making these services available, the department may provide:

(1) training for teachers, parents, and community members in the development of responsible family life and sexuality education curriculum or services and in planning for monitoring and evaluation activities;

(2) resource staff persons to provide expert training, curriculum development and implementation, and evaluation services;

(3) technical assistance to promote and coordinate community, parent, and youth forums in communities identified as having high needs for responsible family life and sexuality education; and

(4) technical assistance for issue management and policy development training for school boards, superintendents, principals, and administrators across the state.

(b) Technical assistance in accordance with National Health Education Standards provided by the department to school districts may:

(1) promote instruction and use of materials that are age-appropriate;

(2) provide information that is medically accurate and objective;

(3) provide instruction and promote use of materials that are respectful of marriage and commitments in relationships;

(4) provide instruction and promote use of materials that are appropriate for use with pupils and family experiences based on race, gender, sexual orientation, and ethnic and cultural background, and appropriately accommodate alternative learning based on language or disability;

(5) provide instruction and promote use of materials that encourage pupils to communicate with their parents or guardians about human sexuality;

(6) provide instruction and promote use of age-appropriate materials that teach abstinence from sexual intercourse as the only certain way to prevent unintended pregnancy or sexually transmitted infections, including HIV, chlamydia, and human papillomavirus (HPV), and provide information about the role and value of abstinence while also providing medically accurate information on other methods of preventing and reducing risk for unintended pregnancy and sexually transmitted infections;

(7) provide instruction and promote use of age-appropriate materials that are medically accurate in explaining transmission modes, risks, symptoms, and treatments for sexually transmitted infections, including HIV, chlamydia, and HPV;

(8) provide instruction and promote use of age-appropriate materials that address varied societal views on sexuality, sexual behaviors, pregnancy, and sexually transmitted infections, including HIV, chlamydia, and HPV, in an age-appropriate manner;

(9) provide instruction and promote use of age-appropriate materials that provide information about the effectiveness and safety of all FDA-approved methods for preventing and reducing risk for unintended pregnancy and sexually transmitted infections, including HIV, chlamydia, and HPV;

(10) provide instruction and promote use of age-appropriate materials that provide instruction in skills for making and implementing responsible decisions about sexuality;

(11) provide instruction and promote use of age-appropriate materials that provide instruction in skills for making and implementing responsible decisions about finding and using health services; and

(12) provide instruction and promote use of age-appropriate materials that do not teach or promote religious doctrine or bias against a religion or reflect or promote bias against any person on the basis of any category protected under the Minnesota Human Rights Act, chapter 363A.

Sec. 2. **[121A.232] INFORMATION ON IMMUNIZATIONS.**

(a) If, at any time during a school year, a public or private school provides information on immunizations, infectious disease, medications, or other school health issues to parents and legal guardians of pupils in grades 6, 9, or 12, the school is required to include with that information the following:

(1) information about meningococcal meningitis and the vaccine for meningococcal meningitis, including the causes and symptoms of meningococcal meningitis, how it is spread, and sources where parents and legal guardians may obtain additional information about meningococcal meningitis and may obtain vaccination of a child against meningococcal meningitis; and

(2) information about human papillomavirus and the vaccine for human papillomavirus, including the risks associated with human papillomavirus; the availability, effectiveness, and potential risks of immunization for human papillomavirus; and sources where parents and legal guardians may obtain additional information about human papillomavirus and may obtain vaccination of a child against human papillomavirus.

(b) The Department of Education, in cooperation with the Department of Health, shall develop and make available to school districts, public schools, and private schools information that meets the requirements of paragraph (a), clauses (1) and (2). The department shall do this in the manner the department deems to be the most cost-effective and programmatically effective, which shall include at the very least, posting the information on the department's Web site.

Sec. 3. **APPROPRIATION.**

$114,000 is appropriated in fiscal year 2009 from the general fund to the commissioner of education for the purposes of this act. This program has a base appropriation of $104,000 for fiscal years 2010 and later.

Sec. 4. **REPEALER.**

Minnesota Statutes 2006, section 121A.23, is repealed.

121A.23 PROGRAMS TO PREVENT AND REDUCE THE RISKS OF SEXUALLY TRANSMITTED INFECTIONS AND DISEASES.

Subdivision 1. **Sexually transmitted infections and diseases program.** The commissioner of education, in consultation with the commissioner of health, shall assist districts in developing and implementing a program to prevent and reduce the risk of sexually transmitted infections and diseases, including but not exclusive to human immune deficiency virus and human papilloma virus. Each district must have a program that includes at least:

(1) planning materials, guidelines, and other technically accurate and updated information;

(2) a comprehensive, technically accurate, and updated curriculum that includes helping students to abstain from sexual activity until marriage;

(3) cooperation and coordination among districts and SCs;

(4) a targeting of adolescents, especially those who may be at high risk of contracting sexually transmitted infections and diseases, for prevention efforts;

(5) involvement of parents and other community members;

(6) in-service training for appropriate district staff and school board members;

(7) collaboration with state agencies and organizations having a sexually transmitted infection and disease prevention or sexually transmitted infection and disease risk reduction program;

(8) collaboration with local community health services, agencies and organizations having a sexually transmitted infection and disease prevention or sexually transmitted infection and disease risk reduction program; and

(9) participation by state and local student organizations.

The department may provide assistance at a neutral site to a nonpublic school participating in a district's program. District programs must not conflict with the health and wellness curriculum developed under Laws 1987, chapter 398, article 5, section 2, subdivision 7.

If a district fails to develop and implement a program to prevent and reduce the risk of sexually transmitted infection and disease, the department must assist the service cooperative in the region serving that district to develop or implement the program.

Subd. 2. **Funding sources.** Districts may accept funds for sexually transmitted infection and disease prevention programs developed and implemented under this section from public and private sources including public health funds and foundations, department professional development funds, federal block grants or other federal or state grants.