

**SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH SESSION**

S.F. No. 2647

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DATE	D-PG	OFFICIAL STATUS
03/13/2014	6213	Introduction and first reading Referred to Education

1.1 A bill for an act
1.2 relating to education; providing for programs to promote healthy relationships
1.3 and sexual development; appropriating money; amending Minnesota Statutes
1.4 2012, section 121A.23.

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

1.6 Section 1. Minnesota Statutes 2012, section 121A.23, is amended to read:

1.7 **121A.23 PROGRAMS TO PREVENT AND REDUCE THE RISKS OF**
1.8 **SEXUALLY TRANSMITTED INFECTIONS AND DISEASES PROMOTE**
1.9 **HEALTHY RELATIONSHIPS AND SEXUAL DEVELOPMENT.**

1.10 Subdivision 1. ~~Sexually transmitted infections and diseases~~ Healthy relationships
1.11 and sexual development program. The commissioner of education, in consultation with
1.12 the commissioner of health, shall assist districts in developing and implementing a program
1.13 to prevent and reduce the risk of sexually transmitted infections and diseases, including but
1.14 not exclusive to human immune deficiency virus and human papilloma virus. Each district
1.15 must have a program to develop knowledge and skills to promote healthy relationships and
1.16 sexual development and to prevent and reduce sexual health risks that includes at least:

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

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

1.21 (3) cooperation and coordination among districts and SCs;

1.22 (4) a targeting of adolescents, especially those who may be at high risk of sexual
1.23 harassment, violence or abuse, contracting sexually transmitted infections and diseases,
1.24 unplanned pregnancies, or other sexual health risks for prevention efforts;

- 2.1 (5) involvement of parents and other community members;
- 2.2 (6) in-service training for appropriate district staff and school board members;
- 2.3 (7) collaboration with state agencies and organizations having a children and
- 2.4 adolescent health, sexual violence prevention or victim services, child protection, sexually
- 2.5 transmitted infection and disease prevention, or sexually transmitted infection and disease
- 2.6 risk reduction program;
- 2.7 (8) collaboration with local or regional community health services, agencies and
- 2.8 organizations having a ~~sexually transmitted infection and disease prevention or sexually~~
- 2.9 ~~transmitted infection and disease~~ healthy relationships and sexual development or risk
- 2.10 reduction program with a focus on youth and adolescents; and
- 2.11 (9) participation by state and local student organizations.

2.12 The department may provide assistance at a neutral site to a nonpublic school

2.13 participating in a district's program. District programs must not conflict with the health

2.14 and wellness curriculum developed under Laws 1987, chapter 398, article 5, section 2,

2.15 subdivision 7, or department health and physical education standards.

2.16 If a district fails to develop and implement a program ~~to prevent and reduce the~~

2.17 ~~risk of sexually transmitted infection and disease~~, the department must assist the service

2.18 cooperative in the region serving that district to develop or implement the program.

2.19 Subd. 1a. **Healthy relationships and sexuality program assistance.** (a) The

2.20 commissioner of education, in consultation with the commissioner of health, shall

2.21 assist districts in developing and implementing a program. The assistance shall include

2.22 resources and training to help:

- 2.23 (1) school districts plan the program;
- 2.24 (2) school districts evaluate and select curriculum that is comprehensive, consistent
- 2.25 with current medical knowledge and practice, age appropriate, and designed for use in
- 2.26 schools. Such curriculum shall provide information consistent with standards established
- 2.27 by national school health education associations, including the American Association
- 2.28 of Health Education, the American School Health Association, National Education
- 2.29 Association Health Information Network, or the Society of State Leaders of Health and
- 2.30 Physical Education;
- 2.31 (3) teachers provide effective sexual health education instruction, including but not
- 2.32 limited to effective use of curriculum; communication and decision-making; engagement
- 2.33 of family and other community resources; understanding of sexual health in the context of
- 2.34 values; relationships and diversity such as differences in race, gender, ethnicity, culture,
- 2.35 and sexual orientation; and appropriate accommodation of alternative learning based on
- 2.36 differences, including, but not limited to, language or disability;

3.1 (4) school nurses, counselors, and other personnel identify sexual health risks,
3.2 including but not limited to risk for sexual harassment, violence, or abuse, and to provide
3.3 support, referrals, and linkages to diverse service options to help students and families
3.4 address sexual health service needs, including but not limited to pregnancy, sexually
3.5 transmitted infections, sexual harassment, violence or abuse, and other emotional or
3.6 behavioral health issues that may be related to sexual development; and

3.7 (5) school districts develop programs that provide for engagement of students,
3.8 parents, school boards, staff, and other community partners in the development of
3.9 programs and policies, including policies for providing parental or guardian notification,
3.10 opportunity to review curriculum, and options for parents or guardians to arrange for
3.11 alternative learning for their child; coordination with other school districts and service
3.12 learning networks; use of consultants; and engagement of youth, parents, local public
3.13 health, health care providers, and other community partners to develop a shared strategy
3.14 for promoting youth and adolescent sexual health.

3.15 (b) The commissioner of education, in consultation with the commissioner of health,
3.16 may enter into cooperative agreements or provide grants to school districts to support the
3.17 development and implementation of a program, including but not limited to training
3.18 for teachers and release time and acquisition of curriculum, materials, experts, support,
3.19 and consulting services.

3.20 Subd. 1b. **Accountability and evaluation.** (a) The commissioner of education shall
3.21 monitor compliance and evaluate the program by:

3.22 (1) routinely collecting information provided by school districts that demonstrate
3.23 compliance with the minimum program requirements established in subdivision 1;

3.24 (2) routinely collecting more detailed information from a limited number of school
3.25 districts, selected to reflect diversity in size and geography, to demonstrate and describe
3.26 specific implementation activities; and

3.27 (3) identifying data collected through the Minnesota Student Survey that is relevant
3.28 to the purpose of the program, is consistent with standards established by national school
3.29 health associations included in subdivision 1a, paragraph (a), clause (2), and can be
3.30 routinely monitored and analyzed as indicators of the program's effect on student behavior.

3.31 (b) The commissioner of education shall report to the chairs of the senate and
3.32 house of representatives committees having jurisdiction over education and health on
3.33 compliance with the program and its effectiveness within 30 days after the beginning of
3.34 each new regular session of the Minnesota legislature.

3.35 Subd. 2. **Funding sources.** The commissioner or districts may accept funds
3.36 for sexually transmitted infection and disease prevention programs developed and

4.1 implemented under this section from public and private sources including public health
 4.2 funds and foundations, department professional development funds, ~~federal block grants~~
 4.3 or ~~other federal or state~~ public grants.

4.4 Sec. 2. APPROPRIATION.

4.5 Subdivision 1. Department of Education. The sums indicated in this section are
 4.6 appropriated from the general fund to the Department of Education for the fiscal years
 4.7 designated.

4.8 Subd. 2. Healthy relationships and sexual development. For programs to promote
 4.9 healthy relationships and sexual development under section 1:

4.10 \$ 2015

4.11 Of this amount, \$..... is for grants to school districts and \$..... is for the department
 4.12 to provide assistance, accountability, and evaluation. The base budget for this program for
 4.13 fiscal year 2016 and later is \$.....