
SENATE COMMITTEE ON EDUCATION

Senator Carol Liu, Chair
2015 - 2016 Regular

Bill No: AB 329
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Consultant: Lynn Lorber
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Fiscal: Yes

Subject: Pupil instruction: sexual health education

SUMMARY

This bill requires schools to provide comprehensive sexual health education, and modifies the currently required components of sexual health education and HIV/AIDS prevention education.

BACKGROUND

Current law:

- 1) Authorizes school districts to provide comprehensive sexual health education, as specified, consisting of age-appropriate instruction, in any grade, using instructors trained in the appropriate courses. School districts that elect to offer comprehensive sexual health education must meet all of the following criteria:
 - a) Instruction and materials must be age appropriate.
 - b) All factual information presented must be medically accurate and objective.
 - c) Instruction and materials must encourage a student to communicate with his or her parents about human sexuality, teach respect for marriage and committed relationships.
 - d) Beginning in grade 7, instruction and materials must teach that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases, provide information other methods of preventing pregnancy and sexually transmitted diseases, how sexually transmitted diseases are and are not transmitted, information on local resources for testing and medical care, and information on the effectiveness and safety of all federal Food and Drug Administration approved contraceptive methods. (Education Code § 51933)
- 2) Requires school districts to ensure that all students in grades 7-12 receive HIV/AIDS prevention education, as specified, from instructors trained in the appropriate courses. Each student must receive this instruction at least once in junior high or middle school and at least once in high school. (EC § 51934)
- 3) Provides that parents have the right to excuse their child from all or part of comprehensive sexual health education, HIV/AIDS prevention education, and assessment related to that education. Current law requires school districts to notify

the parent of each student about instruction in sexual health and HIV/AIDS prevention and research on student health behaviors and risks planned for the coming year. (EC § 51938)

ANALYSIS

This bill requires schools to provide comprehensive sexual health education, and modifies the currently required components of sexual health education and HIV/AIDS prevention education. Specifically, this bill:

- 1) Requires schools districts to ensure all students in grades 7-12 receive comprehensive sexual health education, and merges existing statutes related to comprehensive sexual health education and HIV prevention education. Requires students to receive this instruction at least once in junior high or middle school and at least once in high school.
- 2) Retains the authority for schools to provide age-appropriate comprehensive sexual health education in grades K-6.
- 3) Modifies and expands the components that are required to be included in sexual health education and HIV prevention instruction:
 - a) Modifies information about the effectiveness and safety of federal Food and Drug Administration approved methods of prevention to include prevention of HIV and other sexually transmitted infections (in addition to preventing pregnancy).
 - b) Adds information about the effectiveness and safety of reducing the risk of HIV transmission as a result of injection drug use by decreasing needle use and needle sharing.
 - c) Adds information about the treatment of HIV and other sexually transmitted infections.
 - d) Adds information about students' legal rights to access local resources for sexual and reproductive health care such as testing and medical care for sexually transmitted infections other than HIV, and pregnancy prevention and care.
 - e) Requires instruction on pregnancy to include an objective discussion of all legally available pregnancy outcomes, including:
 - i) Parenting, adoption, and abortion.
 - ii) The importance of prenatal care.
- 4) Modifies and expands criteria that comprehensive sexual health and HIV prevention education must meet to include the following:

- a) All instruction and materials must be aligned with and support the stated purposes of comprehensive sexual health and HIV prevention education, and may not be in conflict with any of those purposes.
 - b) Adds “English learners” to characteristics (race, gender, sexual orientation, ethnic and cultural backgrounds, students with disabilities) for which instruction and materials must be appropriate.
 - c) Instruction and materials must affirmatively recognize that people have different sexual orientations and, when discussing or providing examples of relationships and couples, be inclusive of same-sex relationships.
 - d) Instruction and materials must teach students about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes.
 - e) Adds “other trusted adults” with whom students are encouraged, by instruction and materials, to communicate. Adds that instruction and materials are to provide the knowledge and skills necessary to communicate with a parent or other trusted adult about human sexuality.
 - f) Modifies what instruction and materials are to teach from “respect for marriage and committed relationships” to “the value of and prepare students to have and maintain committed relationships such as marriage.”
 - g) Instruction and materials must provide students with knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation.
 - h) Expands the provisions of knowledge and skills for making and implementing healthy decisions about sexuality to include negotiation and refusal skills to assist students in overcoming peer pressure and using effective decision-making skills to avoid high-risk activities.
- 5) Expands currently-required in-service training for school personnel who provide instruction in HIV prevention to include training on comprehensive sexual health education.
 - 6) Clarifies that outside consultants and guest speakers providing instruction must have expertise in sexual health education *and* HIV prevention, and specifies that consultants and guest speakers must have knowledge of the most recent medically accurate research on the related topics.
 - 7) Clarifies the existing parental opt-out (passive consent), and specifically prohibits school districts from requiring active parental consent (opt-in).
 - 8) Expands exclusions from being considered sexual education (does not discuss human reproductive organs and their functions) to include presentations or programming, and topics of discussion to include gender identity, gender expression, discrimination, harassment, bullying, intimidation, and relationships.

- 9) Changes “HIV/AIDS prevention” to “HIV prevention,” “family planning” to “contraception,” and “sexually transmitted diseases” to “sexually transmitted infections.”

STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, “HIV prevention education is mandated in California schools. But the law, written in 1992, is outdated and doesn’t address the broader context of HIV prevention. For example, instruction that is fundamental to equipping students to understand and prevent HIV is currently relegated to non-mandated comprehensive sexual health education. A 2011 survey by the University of California, San Francisco, found that many California schools were out of compliance with existing law. For instance, over one-quarter of surveyed schools omitted required HIV prevention topics, and 16% even taught the medically inaccurate information that condoms are not effective.”
- 2) ***Mandatory sexual health education.*** Current law does not mandate sexual health education; school districts may choose to provide sexual education but must ensure that the instruction meets specified criteria, such as be medically accurate and objective. According to the Assembly Education Committee analysis, while this instruction is voluntary, research has shown that nearly all (96%) school districts offer a program of sexual health education. HIV/AIDS prevention education has been mandated since 1992. This bill combines sexual health education and the HIV prevention education provisions into a single, mandatory program of instruction.
- 3) ***Related and prior legislation.***

RELATED LEGISLATION

AB 517 (Gallagher, 2015) requires school districts to provide time for parents to inspect educational materials used in sexual health education and HIV/AIDS prevention education, authorizes parents to make copies at the school of written materials, and requires existing parental notification to include information about the expertise of any guest speaker or outside consultant in sexual health education and HIV/AIDS prevention education. AB 517 is pending in the Senate Appropriations Committee.

PRIOR LEGISLATION

SB 1165 (Mitchell, Ch. 713, 2014) requires the Instructional Quality Commission to consider including in the next revision of the health framework, instruction on sexual abuse and sex trafficking prevention.

AB 2016 (Campos, Ch. 809, 2014) requires the State Board of Education to consider including age-appropriate content on sexual abuse and sexual assault awareness and prevention in the next revision of the health content standards.

SUPPORT

ACCESS Women's Health Justice
AIDS Project Los Angeles
American Civil Liberties Union
American Congress of Obstetricians and Gynecologists
American Federation of State, County and Municipal Employees
American Nurses Association of California
Bay Area Communities for Health Education
Business & Professional Women of Nevada County
California Association for Health, Physical Education, Recreation and Dance
California Association of School Health Educators
California Conference of Local Health Officers
California Family Health Council
California Immigrant Policy Center
California Latinas for Reproductive Justice
California School Boards Association
California State PTA
California Teachers Association
Citizens for Choice
Community Clinic Association of Los Angeles County
Fresno Barrios Unidos
Gay-Straight Alliance Network of California
GSA Network of California
Health Connected
Health Initiatives for Youth
Hollywood Homeless Youth Partnership
Latino Health Alliance
National Association of Social Workers, California Chapter
National Council of Jewish Women, Los Angeles
Oakland Unified School District
Physicians for Reproductive Health
Planned Parenthood Action Fund of Santa Barbara, Ventura, and San Luis Obispo
Counties
Planned Parenthood Action Fund of the Pacific Southwest
Planned Parenthood Advocacy Project Los Angeles County
Planned Parenthood Affiliates of California
Planned Parenthood Mar Monte
Planned Parenthood Northern California Action Fund
Planned Parenthood of Orange and San Bernardino
Planned Parenthood Pasadena and San Gabriel Valley
Positive Women's Network-USA
Public Health Institute's Center for Research on Adolescent Health and Development
San Francisco Unified School District
Superintendent of Public Instruction, Tom Torlakson
Teen Success
Women's Community Clinic
Numerous individuals

OPPOSITION

California Right to Life Committee
Capitol Resource Institute

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