



# Ohio Legislative Service Commission

## Bill Analysis

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### H.B. 316

128th General Assembly  
(As Introduced)

**Reps.** Slesnick, Letson, Domenick, Yuko, Patten, Harris, Yates, Luckie, Foley, Chandler, Hagan, Stewart, Celeste

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## BILL SUMMARY

- Eliminates the requirement that school districts emphasize sexual abstinence when providing venereal disease education (renamed "sexually transmitted infection prevention education" by the bill).
- Requires that instruction in sexually transmitted infection prevention, HIV/AIDS prevention, and any sexual health education curriculum "stress the value of abstinence while not ignoring those young people who have been or are sexually active" and include instruction on contraceptive and disease reduction measures.
- Requires school districts, community schools, and STEM schools to provide every student in grades 7 through 12 with instruction on HIV/AIDS prevention, subject to the right of a student's parent to opt the student out of that instruction.
- Authorizes school districts, educational service centers (ESCs), community schools, and STEM schools to offer comprehensive sexual health education and establishes instructional and content standards for districts and schools that offer it.
- Requires each school district, community school, STEM school, and ESC that offers comprehensive sexual health education to excuse a student from the instruction upon the request of the student's parent.
- Requires instructional materials used in sexually transmitted infection prevention, HIV/AIDS prevention, and comprehensive sexual health education to be made available for inspection by parents.

- Requires each school district, community school, STEM school, and ESC that offers comprehensive sexual health education to provide periodic training for the program's teachers.
- Names the bill the "Act for Our Children's Future."

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## CONTENT AND OPERATION

### Background--current law on venereal disease education

Current law requires each school district to include venereal disease education as part of its health curriculum. However, a student must be excused from the instruction upon request of the student's parent. The instruction must emphasize that abstinence from sexual activity is the only 100% effective protection against unwanted pregnancy, sexually transmitted disease, and the sexual transmission of the AIDS virus. Furthermore, course materials and instruction must (1) stress that students should abstain from sexual activity until after marriage, (2) teach the potential physical, psychological, emotional, and social side effects of sexual activity outside of marriage, (3) teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society, (4) stress that sexually transmitted diseases are serious possible hazards of sexual activity, (5) advise students of the child support laws, (6) advise students of the circumstances in which sexual contact with a minor is a crime, and (7) emphasize adoption as an option for unintended pregnancies.<sup>1</sup>

### Sexually transmitted infection and HIV/AIDS prevention education

(R.C. 3313.60(A)(5)(c) and 3313.6011(A)(3) and (C))

While the bill continues to require school districts to offer venereal disease education in the health curriculum, it renames that instruction as "sexually transmitted infection prevention education," and it repeals the requirement that the instruction emphasize sexual abstinence and include the components described above. Instead, the bill requires that, to the extent it is age-appropriate, the value of abstinence be stressed but not be taught to the exclusion of other instruction and materials on contraceptive and disease reduction measures. The bill further requires that the instruction include HIV/AIDS prevention education, and prescribes standards for HIV/AIDS prevention education (see "**HIV/AIDS prevention education**" below).

Therefore, under the bill, if a school district does not elect to provide comprehensive sexual health education (see "**Authority to offer comprehensive**

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<sup>1</sup> R.C. 3313.60(A)(5)(c) and 3313.6011. See also Ohio Administrative Code (O.A.C.) 3301-80-01.

**sexual health education**" below), it still must offer sexually transmitted infection prevention education, including HIV/AIDS prevention education, subject to the parental opt-out.

### **HIV/AIDS prevention education**

(R.C. 3313.6011(A)(3) and (C))

Whether as part of the required sexually transmitted infection prevention education or the broader, optional comprehensive sexual health education, the bill requires each school district (including each joint vocational school district) and each community school and STEM school<sup>2</sup> to ensure that every student in grades 7 through 12 receives HIV/AIDS prevention education from "instructors trained in the appropriate courses."<sup>3</sup> The bill defines "HIV/AIDS prevention education" as instruction on the nature of HIV/AIDS, methods of transmission, strategies to reduce the risk of HIV infection, and social and public health issues related to HIV/AIDS.

Specifically, each student must receive this instruction at least once in grades 7 through 9 and at least once again in grades 10 through 12. Like the other sexual health curricula provisions of current law and the bill, however, this requirement is subject to the parental opt-out described below. In other words, each district and school must see that each student receives this instruction at least twice as prescribed, unless the student's parent requests that the student not participate in it.

The required instruction, whether taught by school personnel or outside consultants, must accurately reflect the latest information and recommendations from the U.S. Surgeon General, the U.S. Centers for Disease Control and Prevention, and the National Academy of Sciences. In addition, the instruction must include all of the following:

- (1) Information on the nature of HIV/AIDS and its effects on the human body;
- (2) Information on the manner in which HIV is and is not transmitted, including information on activities that present the highest risk of HIV infection;
- (3) Discussion of methods to reduce the risk of HIV infection, which must (a) emphasize that sexual abstinence, monogamy, and the avoidance of multiple sexual

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<sup>2</sup> A STEM school is a public science, technology, engineering, and math school established through a public-private collaborative that includes at least one school district.

<sup>3</sup> Under the bill, "instructors trained in the appropriate courses" means instructors with knowledge of the most recent medically and scientifically accurate research on human sexuality, pregnancy, and sexually transmitted infections (R.C. 3313.6011(A)(4)).

partners, and abstinence from intravenous drug use, are the most effective means for HIV/AIDS prevention, and (b) include statistics based on the latest medical information citing the success and failure rates of condoms and other contraceptives in preventing sexually transmitted HIV infection, as well as information on other methods that may reduce the risk of HIV transmission from intravenous drug use;

(4) Discussion of the public health issues associated with HIV/AIDS;

(5) Information on local resources for HIV testing and medical care;

(6) Instruction and materials that provide pupils with skills for negotiating intimate relationships and making and implementing responsible decisions about sexuality;

(7) Discussion about societal views on HIV/AIDS, including stereotypes and myths regarding persons with HIV/AIDS, which must emphasize an understanding of the disease and its impact on people's lives;

(8) Instruction and materials that teach pupils to recognize unwanted physical and verbal sexual advances, not to make unwanted physical and verbal sexual advances, and how to effectively reject unwanted sexual advances;

(9) Instruction and materials that cover verbal, physical, and visual sexual harassment, including nonconsensual physical sexual contact and rape by an acquaintance or family member; and

(10) Information and materials that emphasize personal accountability and respect for others and encourage youth to resist peer pressure.

### **Authority to offer comprehensive sexual health education**

(R.C. 3313.6011(A)(2) and (B))

Besides requiring school districts to offer sexually transmitted infection and HIV/AIDS prevention education within the health curriculum, in place of the current curriculum requirements, the bill specifically authorizes school districts, educational service centers (ESCs), community schools, and STEM schools, to offer a "comprehensive sexual health education," which it defines as education regarding human development and sexuality, including education on sexual health, family planning, and sexually transmitted infections.<sup>4</sup> All school districts, community schools,

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<sup>4</sup> The bill specifies that HIV/AIDS prevention education, by itself, is not comprehensive sexual health education (R.C. 3313.6011(A)(3)).

STEM schools, and ESCs that voluntarily choose to provide comprehensive sexual health education must comply with program standards established by the bill.

### **Program standards**

(R.C. 3313.6011(B))

The bill's program standards specify that, beginning August 1, 2010, the teaching of comprehensive sexual health education must meet the following requirements:

(1) Instruction and materials are age-appropriate, in that they teach concepts, information, and skills based on the students' social, cognitive, emotional, and experience levels;

(2) All factual information taught in the program is medically and scientifically accurate, in that it has been verified or supported by scientific, peer-reviewed research and is recognized as accurate and objective by professional organizations and agencies with expertise in the field, such as the U.S. Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists;

(3) Instruction and materials are appropriate for use with all students, regardless of their gender, race, ethnic and cultural background, religion, disability, sexual orientation, or gender identity;

(4) Instruction and materials do not teach or promote religious doctrine;

(5) Instruction and materials encourage students to communicate with their parents about sexuality;

(6) Instruction and materials teach:

- That abstinence from sexual activity is the only certain way to avoid pregnancy, sexually transmitted diseases, and other associated health problems (see (7), below);
- That bearing children outside of a committed relationship is likely to have consequences for the child, the child's parents, and society;
- How to effectively reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- The importance of attaining self-sufficiency before engaging in sexual activity.

(7) If age-appropriate, instruction and materials stress the value of abstinence but not to the exclusion of also educating students about contraception and disease reduction measures;

(8) If age-appropriate, instruction and materials provide information about the effectiveness, safety, and positive and negative side effects of all contraceptive methods in preventing unintended pregnancy and reducing the risk of sexually transmitted infections;

(9) Instruction about sexually transmitted infections begins not later than seventh grade and covers (a) how sexually transmitted infections are and are not transmitted, (b) the effectiveness and methods of reducing the risk of contracting the infections, and (c) identification of local resources that test and provide medical care for the infections and HIV;

(10) If age-appropriate, instruction and materials provide students with skills for negotiating intimate relationships and making responsible decisions about sexuality;

(11) If age-appropriate, instruction and materials discuss the possible emotional, physical, and psychological consequences of pre-adolescent and adolescent sexual activity and unintended pregnancy; and

(12) Instruction and materials teach students to recognize and effectively reject unwanted physical and verbal sexual advances and to refrain from making unwanted sexual advances toward others. For this purpose, the instruction and materials must cover verbal, physical, and visual sexual harassment, including nonconsensual physical sexual contact and rape by an acquaintance or family member. Furthermore, they must emphasize personal accountability and respect for others and encourage students to resist peer pressure.<sup>5</sup>

## **Teaching of abstinence in other programs**

(R.C. 3313.6011(G))

Because the bill leaves it to each school district, ESC, community school, and STEM school to decide whether or not it will provide comprehensive sexual health education, a district or school presumably could elect to provide sexual health education that does not meet the bill's definition of "comprehensive sexual health education." In that case, the bill requires that any such instruction must stress, if age-

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<sup>5</sup> The bill explicitly permits the use of outside speakers or prepared curriculum materials for any component of the comprehensive sexual health education program, as long as the speakers or materials comply with the program standards.

appropriate, the value of abstinence, but not to the exclusion of other instruction and materials on contraceptive and disease reduction measures.

## **Parental opt-out and inspection of instructional materials**

(R.C. 3313.6011(E))

At the start of each school year, school districts, community schools, and STEM schools must notify parents about instruction in comprehensive sexual health education and HIV/AIDS prevention education and if the district or school intends to conduct any research on student health behaviors and health risks that year.<sup>6</sup> The notification must advise parents (1) that written and audio-visual instructional materials used in the comprehensive sexual health education program and in the HIV/AIDS prevention education are available for inspection, (2) whether instruction will be provided by staff teachers or by outside consultants, (3) that parents may request a copy of the bill's legal requirements, and (4) that parents may request in writing that their child not participate in the instruction.

If a parent submits a written opt-out request, the student is excused from participation in comprehensive sexual health education, but the student must be given an alternative educational activity while the health instruction is occurring. The bill prohibits imposing any type of disciplinary action, academic penalty, or other sanction on a student whose parent takes advantage of the opt-out provision.

## **Training for teachers**

(R.C. 3313.6011(D))

Under the bill, in consultation with the Department of Education, each school district, community school, STEM school, and ESC must provide periodic in-service training for teachers of comprehensive sexual health education or HIV/AIDS prevention education to enable them to learn about new developments in the scientific understanding of sexual health and HIV/AIDS. However, the training is not mandatory for teachers who have demonstrated expertise in the field or have received training from the Ohio Department of Education or the U.S. Centers for Disease Control and Prevention. Districts and schools may provide the in-service training through joint agreements with other districts and schools or by hiring outside consultants, including entities that have developed multilingual curricula or curricula for students with disabilities.

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<sup>6</sup> If a student enrolls after the start of the school year, the district or school must provide the parental notification at the time of enrollment.

## **State Board model program**

(R.C. 3313.6011(F))

If the State Board of Education adopts a model program for health education, it must conform to the bill's requirements. Under continuing law, however, any curricula in the area of health that are adopted or revised by the State Board must be approved by the General Assembly through passage of a concurrent resolution. Neither chamber may vote on a concurrent resolution until its education committee has held at least one public hearing on the health curricula.<sup>7</sup> It appears that this requirement for legislative approval probably would apply to a state model program incorporating the bill's provisions for comprehensive sexual health education.

If the State Board adopts a model health education program, it does not affect the voluntary nature of the comprehensive sexual health education. The bill does not require a district or school to use the State Board's model program.

## **Prohibition against waiver of sexual health education requirements**

(R.C. 3313.6011(H))

Under continuing law, school districts and ESCs may apply for exemptions from statutes and administrative rules pertaining to education for the purpose of implementing an innovative education pilot program approved by the Superintendent of Public Instruction.<sup>8</sup> The bill explicitly prohibits the state Superintendent from waiving any of the bill's requirements.

## **Short title**

(Section 3)

The bill specifies that its provisions are to be known as the "Act for Our Children's Future." It declares that the purpose of these provisions is to (1) provide students with the knowledge and skills to protect their sexual and reproductive health from unintended pregnancy and sexually transmitted infections and (2) encourage students to develop responsible decision-making skills and healthy attitudes and values about adolescent growth and development, body image, gender roles, sexual orientation, and healthy relationships.

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<sup>7</sup> R.C. 3301.0718, not in the bill.

<sup>8</sup> R.C. 3302.07, not in the bill.

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## HISTORY

ACTION

DATE

Introduced

10-16-09

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