



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

2.4 (c) "Medically accurate" means verified or supported by research conducted in  
2.5 compliance with scientific methods and published in peer-reviewed journals, where  
2.6 appropriate, and recognized as accurate and objective by professional organizations  
2.7 and agencies in the relevant field, such as the federal Centers for Disease Control  
2.8 and Prevention, the American Public Health Association, the American Academy of  
2.9 Pediatrics, or the American College of Obstetricians and Gynecologists.

2.10 Subd. 3. **Curriculum requirements.** (a) A school district may offer and may  
2.11 independently establish policies, procedures, curriculum, and services for providing  
2.12 responsible family life and sexuality education that is age appropriate and medically  
2.13 accurate for kindergarten through grade 6.

2.14 (b) A school district must offer and may independently establish policies, procedures,  
2.15 curriculum, and services for providing responsible family life and sexuality education that  
2.16 is age appropriate and medically accurate for grades 7 through 12.

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

2.19 Subd. 4. **Notice and parental options.** (a) It is the legislature's intent to encourage  
2.20 pupils to communicate with their parents or guardians about human sexuality and to respect  
2.21 rights of parents or guardians to supervise their children's education on these subjects.

2.22 (b) Parents or guardians may excuse their children from all or part of a responsible  
2.23 family life and sexuality education program, consistent with subdivision 6.

2.24 (c) A school district must establish policies and procedures, consistent with  
2.25 subdivision 6, for providing parents or guardians reasonable notice with the following  
2.26 information:

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

2.29 (2) how the parents or guardians may inspect the written and audio/visual  
2.30 educational materials used in the program and the process for inspection;

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

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

2.35 (d) A school district must establish policies and procedures for reasonably restricting  
2.36 the availability of written and audio/visual educational materials from public view of

3.1 students who have been excused from all or part of a responsible family life and sexuality  
3.2 education program at the request of a parent or guardian, consistent with subdivision 6.

3.3 Subd. 5. Assistance to school districts. (a) The Department of Education may offer  
3.4 services to school districts to help them implement effective responsible family life and  
3.5 sexuality education programs. In providing these services, the department may contract  
3.6 with a school district, or a school district in partnership with a local health agency or a  
3.7 nonprofit organization, to establish up to eight regional training sites, taking into account  
3.8 geographical balance, to provide:

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

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

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

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

3.19 (5) funding for grants to school-based responsible family life and sexuality education  
3.20 programs to promote innovation and to recognize outstanding performance and promote  
3.21 replication of demonstrably effective strategies.

3.22 (b) Technical assistance in accordance with National Health Education Standards  
3.23 provided by the department to school districts or regional training sites may:

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

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

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

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

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

3.34 (6) provide instruction and promote use of age-appropriate materials that teach  
3.35 abstinence from sexual intercourse as the only certain way to prevent unintended  
3.36 pregnancy or sexually transmitted infections, including HIV, and provide information

4.1 about the role and value of abstinence while also providing medically accurate information  
4.2 on other methods of preventing and reducing risk for unintended pregnancy and sexually  
4.3 transmitted infections;

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

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

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

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

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

4.19 (12) provide instruction and promote use of age-appropriate materials that do not  
4.20 teach or promote religious doctrine nor reflect or promote bias against any person on the  
4.21 basis of any category protected under the Minnesota Human Rights Act, chapter 363A.

4.22 Subd. 6. **Parent option.** A school district may offer a responsible family life and  
4.23 sexuality education program under this section to a pupil only with the prior written  
4.24 consent of the pupil's parent or guardian. A school district must make reasonable  
4.25 arrangements with school personnel for alternative instruction for those pupils whose  
4.26 parents or guardians refuse to give their consent, and must not impose an academic  
4.27 or other penalty upon a pupil merely for arranging the alternative instruction. School  
4.28 personnel may evaluate and assess the quality of the pupil's work completed as part of  
4.29 the alternative instruction.

4.30 **Sec. 2. APPROPRIATION.**

4.31 Subdivision 1. **Department of Education.** The sums indicated in this section are  
4.32 appropriated from the general fund to the commissioner of education for the fiscal years  
4.33 designated.

5.1 Subd. 2. Responsible family life and sexuality education programs. For  
 5.2 responsible family life and sexuality education programs under section 1:

5.3	<u>\$</u>	<u>430,000</u>	<u>.....</u>	<u>2008</u>
5.4	<u>\$</u>	<u>430,000</u>	<u>.....</u>	<u>2009</u>

5.5 Of these amounts, \$400,000 each year is to establish and operate up to eight regional  
 5.6 training sites under section 1, subdivision 5, paragraph (a), and \$30,000 each year is to  
 5.7 school districts for the purposes of section 1, subdivision 5, paragraph (a), clause (5).

5.8 **Sec. 3. REPEALER.**

5.9 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.