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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

EIGHTY-SIXTH  
SESSION

**HOUSE FILE No. 550**

February 5, 2009

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The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight

February 16, 2009

Committee Recommendation and Adoption of Report:

To Pass and re-referred to the Committee on K-12 Education Policy and Oversight

1.1 A bill for an act  
1.2 relating to public health; preventing sexually transmitted infections and teen  
1.3 pregnancy; studying the prevalence of sexually transmitted infections and the  
1.4 cost to the health care system resulting from them; creating a responsible family  
1.5 life and sexuality education program; appropriating money; proposing coding  
1.6 for new law in Minnesota Statutes, chapter 121A; repealing Minnesota Statutes  
1.7 2008, section 121A.23.

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

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

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

1.13 (1) respects community values and encourages family communication;

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

1.15 (3) contributes to healthy relationships;

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

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

1.21 (6) promotes individual responsibility.

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

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

2.7 Subd. 2. **Curriculum requirements.** (a) A school district must offer and may  
2.8 independently establish policies, procedures, curriculum, and services for providing  
2.9 responsible family life and sexuality education that is age-appropriate and medically  
2.10 accurate for grades 7 through 12. Consistent with its curriculum review cycle under section  
2.11 120B.11, or no later than the start of the 2011-2012 school year, whichever comes first.

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

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

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

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

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

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

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

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

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

2.35 (e) A school district must make reasonable arrangements with school personnel for  
2.36 alternative instruction for those pupils whose parents or guardians object to the content

3.1 of the instruction, and must not impose an academic or other penalty upon a pupil for  
3.2 arranging the alternative instruction. School personnel may evaluate and assess the quality  
3.3 of the pupil's work completed as part of the alternative instruction.

3.4 Subd. 4. **Assistance to school districts.** The Department of Education may offer  
3.5 services to school districts to help them implement effective responsible family life and  
3.6 sexuality education programs in accordance with National Health Education Standards.

3.7 **Sec. 2. RECOMMENDATIONS FOR REDUCING SEXUALLY TRANSMITTED**  
3.8 **INFECTIONS.**

3.9 The commissioner of health shall conduct an assessment and develop  
3.10 recommendations on how to reduce statewide sexually transmitted infection  
3.11 rates significantly by 2014. The commissioner shall submit the assessment and  
3.12 recommendations to the legislature by January 15, 2010. As part of this assessment, the  
3.13 commissioner shall estimate the total annual cost to the state's health care system of the  
3.14 treated and untreated sexually transmitted infections occurring in children and young  
3.15 adults between the ages of 15 to 24.

3.16 **Sec. 3. APPROPRIATIONS.**

3.17 (a) \$3,000,000 is appropriated for the biennium beginning July 1, 2009, from the  
3.18 general fund to the commissioner of health for family planning special project grants  
3.19 under Minnesota Statutes, section 145.925.

3.20 (b) \$1,300,000 is appropriated for the biennium beginning July 1, 2009, from the  
3.21 general fund to the commissioner of health to award as grants under Minnesota Statutes,  
3.22 section 144.065. \$1,000,000 of this appropriation is to provide services for the detection  
3.23 and treatment of chlamydia and gonorrhea in areas of the state that have experienced the  
3.24 greatest increase or concentration of these two infections. \$300,000 of this appropriation  
3.25 is for community education on the prevalence and health consequences of untreated  
3.26 chlamydia and gonorrhea infections.

3.27 **Sec. 4. REPEALER.**

3.28 Minnesota Statutes 2008, 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.