

Legislative Analysis



SEX ED REVISIONS

Mitchell Bean, Director
Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 5163 with committee amendments

Sponsor: Rep. Alma Wheeler Smith

Committee: Judiciary

Complete to 9-21-09

A SUMMARY OF HOUSE BILL 5163 AS REPORTED FROM COMMITTEE 9-9-09

The bill would amend the Revised School Code to do the following:

- Require factual information presented in sex education course material to be medically accurate and objective.
- Require the instruction in the curriculum on the role of abstinence in preventing unplanned pregnancy and sexually transmitted diseases, HIV, and AIDs to be age-appropriate, medically accurate, and objective.
- Define "factual information" and "medically accurate."

Since 1993, the Revised School Code has required a public school, if it offers a course in human sexuality, to teach abstinence as an effective prevention against disease and unwanted pregnancy. Legislation enacted in 2004 further amended the school code to – among other things – require that public school instruction on HIV, AIDS, and sex education emphasize abstinence, the consequences of sexual behavior, and refusal skills.

House Bill 5163 would amend several provisions of the Revised School Code that pertain to sex education instruction in public schools.

HIV and AIDS instruction

Currently, all public schools are required to teach the principal modes by which dangerous communicable diseases, which include HIV infection and AIDS, are spread and the best methods for the restriction and prevention of these diseases. The code requires that this teaching stress that abstinence from sex is a responsible and effective method for restriction and prevention of these diseases and is a positive lifestyle for unmarried young people.

The bill would add that factual information included in the teaching must be medically accurate and objective.

"Factual information" would include, but not be limited to, medical, psychiatric, psychological, empirical, and statistical statements. "Medically accurate" would mean verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention.

Sex education

Currently, the board of a school district may engage qualified instructors and provide facilities and equipment for instruction in sex education. House Bill 5163 would retain this provision. "School district" would be defined to mean a school district or a public school academy. "Board of a school district" would mean the board of a school district or board of directors of a public school academy.

Currently, under Section 1507 of the code, the sex education instruction must include family planning; human sexuality; and the emotional, physical, psychological, hygienic, economic, and social aspects of family life. The bill would specify that if the board of a school district provided instruction in sex education under Section 1507, the instruction would have to include comprehensive sexuality education that is medically accurate and age-appropriate. Factual information included in the sex education instruction would have to be medically accurate and objective.

The bill would also make the following revisions to Section 1507:

- Revise several references to "sexually transmitted diseases" to instead refer to "sexually transmitted infections."
- Delete a provision stating that the sex education class be elective and not a requirement for graduation.
- Require that instruction be by teachers qualified to teach "sexuality education" rather than "health education."
- Require all school districts to create a sex education advisory board.

Numerous provisions would not be altered by the bill, including a provision requiring parental notification, access to course content, and right to have a child excused prior to a pupil's enrollment in a class in which the subjects of family planning or reproductive health are to be discussed.

Remove emphasis on abstinence

Currently, Section 1507b of the school code requires instruction on sex education, HIV infection, and AIDS to emphasize that abstinence from sex is a positive lifestyle for unmarried people because it is the only protection that is 100 percent effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted HIV infection and AIDS.

The bill would also require that the instruction be age-appropriate, and medically accurate, and that objective factual information be included in the sex education instruction. (Underlining denotes new language)

Currently, the school code lists several topics that must be part of a sex education curriculum. The first requires a discussion of the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active. The bill would revise this provision to instead require a discussion of the benefits of abstaining from sex

until marriage and the benefits of protecting oneself if a pupil is sexually active, and would require that the tools to make informed and responsible decisions be provided.

The currently employed term "sex education" would be replaced in some but not all cases with "sexuality education"

MCL 380.1169 et al.

BACKGROUND INFORMATION AND DISCUSSION:

With one in four teenage girls contracting sexually transmitted diseases (STDs) and a high dropout rate for pregnant teens, many believe that abstinence only sex education programs do not work. The American Academy of Pediatrics says that abstinence only programs are not only ineffective in preventing teens having sex, such programs may harm them by not providing them with information that could prevent pregnancy or disease transmission.

Some believe that abstinence plus programs, in which comprehensive, medically accurate and age appropriate information is provided along with encouraging abstinence is a more effective approach in equipping teens to make healthy life choices.

The bill would address the issue by requiring that those school districts which offer sex education (now changed to "sexuality education") would have to do so in a medically accurate and age appropriate manner. Instead of being restricted to telling a student who is thinking about being or already is sexually active to just cease having sex, educators would also have to provide factual information on protecting oneself when having sex and providing the tools that will enable students to make informed and responsible decisions. A well-informed teen may be better prepared to delay sexual activity. However, for those who choose otherwise, or who get caught up in the moment, so to speak, comprehensive information may save some from a pregnancy or disease that will impact them for a lifetime.

Though the bill as amended erased some concerns of opponents, others still linger. For instance, a committee amendment deleted the mandate that all school districts offer a sexuality education curriculum, instead continuing the status quo of letting the local districts decide if it is best for their students to offer a sexuality education program. Nonetheless, some are concerned that the requirement that sexuality education instruction be "comprehensive," and that under the bill, educators will no longer have to tell a student (even a child under the age of consent) the benefits of ceasing sexual activity. This, they believe, will force the 20 percent of districts with abstinence only programs to start teaching about birth control and other topics that the elected school officials have decided are not appropriate for their school population. Thus, the bill would diminish local control and the input of parents as to what is best for their children.

Further, because the bill as introduced mandated sexuality education by all schools, an existing provision that says sex education classes must be elective and not required for

graduation was eliminated. However, even though the mandate was eliminated by the committee amendments, the second provision was not restored. It is not clear how the elimination of the provision will impact a parent's right to have his or her child opt out of the school's sexuality education program. Plus, even though school districts are no longer required to offer a sexuality education program, the districts are still required (in language added by the bill) to establish a sex education advisory board. It does not make sense for a district to establish such a board if it declines to offer sexuality education instruction.

FISCAL IMPACT:

A fiscal analysis is in process.

Legislative Analyst: Susan Stutzky
Fiscal Analyst: Mary Ann Cleary
Bethany Wicksall

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.