

HOUSE No. 388

The Commonwealth of Massachusetts

PRESENTED BY:

Gloria L. Fox

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act comprehensive sexual education and violence prevention programs.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Gloria L. Fox</i>	<i>7th Suffolk</i>	<i>1/18/2013</i>
<i>Denise Andrews</i>	<i>2nd Franklin</i>	<i>1/28/2013</i>
<i>Cheryl A. Coakley-Rivera</i>	<i>10th Hampden</i>	
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>	
<i>Kay Khan</i>	<i>11th Middlesex</i>	

HOUSE No. 388

By Ms. Fox of Boston, a petition (accompanied by bill, House, No. 388) of Gloria L. Fox and others relative to sexual education and violence prevention programs. Education.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act comprehensive sexual education and violence prevention programs.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 This legislation recognizes the responsibility the Commonwealth has to develop an
2 integrated pregnancy and STI prevention system that ensures our youth have access to culturally
3 and age-appropriate, and medically accurate sexual health information, as well as access to other
4 resources that help them make healthy and safe decisions for their physical and mental well-
5 being. To that end, this legislation would require condom use and STI prevention be taught
6 within health curriculums; an extremely important subject given that teen pregnancy birth rates
7 in Boston have not decreased significantly since 2003, and Chlamydia and Gonorrhea rates
8 amongst high school girls have been increasing since 1999. Additionally, according to the 2007
9 Health and Risk Behaviors of Massachusetts Youth report, only 50 percent of high school
10 students reported being taught at school how to use a condom, and there is documented evidence
11 that condom use decreases as students' age from 9th grade to 12th grade. Sexual health is
12 integral to the overall well-being and educational development of young people and without
13 proper education and advocacy can have long-lasting effects on their life trajectory.

14 This legislation would also require health curriculums to focus on violence prevention
15 and the effects violence has on the educational and personal development, as well as the mental
16 health, of students. According to the 2007 report, an alarming 24 percent of high school students
17 stopped their usual activities for 2 or more weeks because of feeling sad or hopeless.

18 Section 1D of chapter 69 of the General Laws, as appearing in the 2010 Official Edition,
19 is hereby amended by inserting in the second paragraph, after the word "languages", the
20 following words:- health education.

Paragraph 3 of said section 1D of said chapter 69, as so appearing, is hereby further amended by striking out the fourth and fifth sentences and inserting in place thereof the following sentence:-

The standards for health education shall be age-appropriate, medically accurate and evidence-based and shall, at a minimum, provide for instruction in the following areas: growth and physical development, physical activity and fitness, nutrition and wellness , human immunodeficiency virus and acquired immune deficiency syndrome education, reproduction and sexual health, mental health, family life, interpersonal relationships, disease prevention and control, safety and injury prevention, violence prevention, including teen dating violence.

Full rounded education on reproduction and sexuality, interpersonal relationships, violence prevention, bullying prevention and teen dating violence. Instruction in health education shall be age-appropriate, medically accurate and evidence-based, but not be limited. A focus on safe and healthy relationships with a focus on preventing sexual and domestic violence, reproduction and sexual health, tobacco, alcohol and other substance use and abuse prevention, violence prevention, including teen dating violence, bullying prevention, conflict resolution, health disparities and training in the administration of first aid, including cardiopulmonary resuscitation.

Notwithstanding any general or special law to the contrary, the commissioner of the department of education shall submit a report on the provision of health education by school districts to the joint committees on education and public health, the clerk of the house and the clerk of the senate no later than January 1, 2012. The report shall include the following information for each public school district in the Commonwealth: (1) Sexual Health education requirements by grade level; (2)Health education curriculum offered by grade level; (3)The training and professional development to teachers for each of the categories in the curriculum frameworks listed in section 1D of Chapter 69 of the General Laws by grade level; (4) The number of students who receive health education by grade level; (5)The number of students who opt-out of any portion of the health education curriculum involving human sexuality education; and (6) The approximate number of hours spent on each of the categories in the curriculum frameworks listed in section 1D of chapter 69 of the General Laws by grade level.