

113TH CONGRESS
1ST SESSION

H. R. 3774

To amend title V of the Social Security Act to eliminate the abstinence-only education program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 16, 2013

Ms. LEE of California (for herself, Mr. MORAN, Ms. MOORE, Ms. SCHAKOWSKY, Mrs. CAPPS, and Mr. FARR) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Appropriations, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title V of the Social Security Act to eliminate the abstinence-only education program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Repealing Ineffective
5 and Incomplete Abstinence-Only Program Funding Act of
6 2013”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

1 (1) The United States has the highest rate of
2 teen pregnancy among its peers in the developed
3 world. In 2012, 3,952,937 babies were born to teen-
4 agers aged 15 to 19 years. From 2007 to 2011, the
5 birth rates among African-American and Hispanic
6 teens were more than two times higher than the rate
7 for White teens. From 2011 to 2012, both the num-
8 ber of births and the fertility rate for Asian or Pa-
9 cific Islander women rose, by 7 percent and 4 per-
10 cent, respectively.

11 (2) While young people in the United States
12 ages 15 to 24 make up only 25 percent of the sexu-
13 ally active population, they acquire about 50 percent
14 of the 19,700,000 new sexually transmitted infec-
15 tions (STIs) every year. The Centers for Disease
16 Control and Prevention (CDC) reported that the
17 rate of chlamydia diagnoses among persons ages 15–
18 24 in 2011 was four times higher than the general
19 population. According to the CDC, young people
20 ages 13 to 24 account for 25 percent of the esti-
21 mated 50,000 new HIV infections each year; every
22 month 1,000 teenagers or young adults are infected
23 with HIV. African-American adolescents ages 13 to
24 19 years are disproportionately affected by HIV, ac-
25 counting for only 15 percent of the adolescent popu-

1 lation, but comprising 67 percent of the estimated
2 HIV diagnoses in 2011. Since 2008, new HIV cases
3 specifically among young Black men who have sex
4 with men (MSM) ages 13 to 24 have increased by
5 20 percent.

6 (3) Abstinence-only-until-marriage programs
7 have been discredited by a wide body of evidence, in-
8 cluding most notably in a congressionally mandated
9 study in 2007 which found these programs ineffec-
10 tive in stopping or delaying teen sex, reducing the
11 number of reported sexual partners, reducing re-
12 ported rates of pregnancy or sexually transmitted in-
13 fections, or otherwise beneficially impacting young
14 people’s sexual behavior. The Institute of Medicine
15 of the National Academy of Sciences recommends
16 the termination of such programs because they rep-
17 resent poor fiscal and public health policy.

18 (4) Programs funded through title V, section
19 510 of the Social Security Act are required to ad-
20 here to a stigmatizing, shaming, and stereotyping
21 eight-point definition of “abstinence education.”
22 This definition promotes marriage as the only ac-
23 ceptable family structure; ostracizes lesbian, gay, bi-
24 sexual, and transgender (LGBT) youth; stigmatizes

1 youth who have been sexually abused; and denies in-
2 formation to sexually active youth.

3 (5) Over 100 leading medical and public health
4 professional groups, including the American Medical
5 Association, the American Academy of Pediatrics,
6 the Society of Adolescent Health and Medicine, the
7 American College of Obstetricians and Gyne-
8 cologists, the American Nurses Association, the
9 American Public Health Association, and the Amer-
10 ican Psychological Association, oppose an absti-
11 nence-only-until-marriage approach as antithetical to
12 the principles of science. These organizations all
13 stress the need for sexuality education that includes
14 messages about abstinence and also provide young
15 people with information about contraception for the
16 prevention of teen pregnancy, HIV/AIDS, and other
17 STIs. Additionally, every United States Surgeon
18 General from Dr. Koop to Dr. Carmona has sup-
19 ported comprehensive sex education. CDC includes
20 teen pregnancy prevention as one of its top six prior-
21 ities, a “winnable battle” in public health, noting
22 needed support for evidence-based prevention pro-
23 grams.

24 (6) Since 1982, the United States has spent
25 over \$1,750,000,000 in Federal funding on absti-

1 nence-only-until-marriage programs that fail to
2 teach teens how to prevent unintended pregnancy or
3 STIs, including HIV. Particularly as the Nation con-
4 tinues recovery efforts from the worst economic dis-
5 aster since the Great Depression, government fund-
6 ing should only support evidence-informed programs.

7 (7) According to the results of a 2005–2006
8 nationally representative survey of United States
9 adults published in the Archives of Pediatric & Ado-
10 lescent Medicine, more than 8 in 10 (82 percent) of
11 those polled, regardless of political ideology, support
12 comprehensive sex education that is medically accu-
13 rate and age-appropriate and includes information
14 about both abstinence and contraception for protec-
15 tion against unintended pregnancy and STIs, includ-
16 ing HIV.

17 (8) There is strong evidence that more com-
18 prehensive approaches to sex education help young
19 people both to withstand the pressures to have sex
20 too soon and to have healthy, responsible, and mutu-
21 ally protective relationships when they do become
22 sexually active. More comprehensive sex education
23 has been found to be effective in delaying sexual
24 intercourse, increasing contraceptive use, and reduc-
25 ing the number of partners among teens.

1 (9) Strong evidence indicates that sex education
2 programs that promote both abstinence and the use
3 of contraception does not increase sexual behavior.
4 Studies show that when teens are educated about
5 and have access to contraception, levels of contracp-
6 tion use at first intercourse increase while levels of
7 sex stay the same.

8 (10) Teens who receive sex education that in-
9 cludes both abstinence and contraception are more
10 likely than those who receive abstinence-only-until-
11 marriage messages to delay sexual activity and use
12 contraception when they do become sexually active.
13 Research from the United States shows that teens
14 who practice contraception consistently in their first
15 sexual relationship are more likely to continue doing
16 so than those who use no method or who use a
17 method inconsistently.

18 (11) The Personal Responsibility Education
19 Program (PREP) funds programs that are required
20 to provide medically accurate information on both
21 abstinence and contraception for the prevention of
22 pregnancy and STIs, including HIV/AIDS, with a
23 substantial emphasis on both abstinence and contra-
24 ceptive use. Programs must also address adulthood
25 preparation topics such as healthy relationships, ad-

1 olescent development, financial literacy, educational
2 and career success, and healthy life skills. Funded
3 programs are required to be evidence-based or rep-
4 licate elements of evidence-based programs that have
5 been proven on the basis of rigorous scientific re-
6 search to change behavior.

7 **SEC. 3. ELIMINATION OF ABSTINENCE-ONLY EDUCATION**
8 **PROGRAM.**

9 (a) **IN GENERAL.**—Title V of the Social Security Act
10 (42 U.S.C. 701 et seq.) is amended by striking section
11 510.

12 (b) **RESCISSION.**—Amounts appropriated for fiscal
13 year 2014 under section 510(d) of the Social Security Act
14 (42 U.S.C. 710(d)) (as in effect on the day before the date
15 of enactment of this Act) that are unobligated as of the
16 date of enactment of this Act are rescinded.

17 **SEC. 4. REPROGRAMMING OF ABSTINENCE-ONLY EDU-**
18 **CATION PROGRAM.**

19 Section 513(f) of the Social Security Act (42 U.S.C.
20 713(f)) is amended by striking “for each of fiscal years
21 2010 through 2014” and inserting “for fiscal year 2014,
22 increased by an amount equal to the unobligated portion
23 of funds appropriated for fiscal year 2014 under section
24 510(d) that are rescinded under subsection (b)”.

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