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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 3306

05/07/2025

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The bill was read for the first time and referred to the Committee on Education Policy

- 1.1A bill for an act
- 1.2relating to education; requiring water safety instruction in health curriculum;
- 1.3amending Minnesota Statutes 2024, sections 120B.021, subdivision 1; 142D.091,
- 1.4subdivision 3.
- 1.5BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.6Section 1. Minnesota Statutes 2024, section 120B.021, subdivision 1, is amended to read:
- 1.7Subdivision 1. **Required academic standards.** (a) The following subject areas are
- 1.8required for statewide accountability:
- 1.9(1) language arts;
- 1.10(2) mathematics, encompassing algebra II, integrated mathematics III, or an equivalent
- 1.11in high school, and to be prepared for the three credits of mathematics in grades 9 through
- 1.1212, the grade 8 standards include completion of algebra;
- 1.13(3) science, including earth and space science, life science, and the physical sciences,
- 1.14including chemistry and physics;
- 1.15(4) social studies, including history, geography, economics, and government and
- 1.16citizenship that includes civics;
- 1.17(5) physical education;
- 1.18(6) health; and
- 1.19(7) the arts. Public elementary and middle schools must offer at least three and require
- 1.20at least two of the following five arts areas: dance; media arts; music; theater; and visual

arts. Public high schools must offer at least three and require at least one of the following five arts areas: media arts; dance; music; theater; and visual arts.

(b) For purposes of applicable federal law, the academic standards for language arts, mathematics, and science apply to all public school students, except the very few students with extreme cognitive or physical impairments for whom an individualized education program team has determined that the required academic standards are inappropriate. An individualized education program team that makes this determination must establish alternative standards.

(c) A school district may include child sexual abuse prevention instruction in a health curriculum, consistent with paragraph (a), clause (6). Child sexual abuse prevention instruction may include age-appropriate instruction on recognizing sexual abuse and assault, boundary violations, and ways offenders groom or desensitize victims, as well as strategies to promote disclosure, reduce self-blame, and mobilize bystanders. A school district may provide instruction under this paragraph in a variety of ways, including at an annual assembly or classroom presentation. A school district may also provide parents information on the warning signs of child sexual abuse and available resources.

(d) A school district must include in its health curriculum culturally responsive, age-appropriate water safety instruction designed to reduce a student's risk of drowning. A school district with access to a swimming pool must include at least eight weeks of swim instruction for all grade 3 students. Swim instruction must be led by staff who have participated in professional development to create curriculum that addresses bias and barriers that prevent students from learning to swim, including but not limited to financial barriers to swimming caused by a student's inability to afford having the student's hair redone after swimming, financial barriers to purchasing comfortable swimwear, a student's historically validated fear of swimming, shame-inducing comparisons between students with access to swimming lessons and students who have not had access to swimming lessons, and lack of access to clean and safe swimming pools. A parent or guardian of a grade 3 student may opt their student out of the swim instruction requirement if their student is physically unable to engage in swim instruction or their student has experienced water-related trauma that prevents them from participating in swim instruction.

~~(d)~~ (e) District efforts to develop, implement, or improve instruction or curriculum as a result of the provisions of this section must be consistent with sections 120B.10, 120B.11, and 120B.20.

~~(e)~~ (f) Locally developed academic standards in health apply until statewide rules implementing statewide health standards under subdivision 3 are required to be implemented in the classroom.

EFFECTIVE DATE. This section is effective for the 2026-2027 school year and later.

Sec. 2. Minnesota Statutes 2024, section 142D.091, subdivision 3, is amended to read:

Subd. 3. **Screening program.** (a) A screening program must include at least the following components: developmental assessments, including virtual developmental screening for families who make the request based on their immunocompromised health status or other health conditions; hearing and vision screening or referral; immunization review and referral; if the child has access to a swim instruction program, the status of the child's enrollment in a swim instruction program; the child's height and weight; the date of the child's most recent comprehensive vision examination, if any; identification of risk factors that may influence learning; an interview with the parent about the child; and referral for assessment, diagnosis, and treatment when potential needs are identified. The district and the person performing or supervising the screening must provide a parent or guardian with clear written notice that the parent or guardian may decline to answer questions or provide information about family circumstances that might affect development and identification of risk factors that may influence learning. The notice must state "Early childhood developmental screening helps a school district identify children who may benefit from district and community resources available to help in their development. Early childhood developmental screening includes a vision screening that helps detect potential eye problems but is not a substitute for a comprehensive eye exam." The notice must clearly state that declining to answer questions or provide information does not prevent the child from being enrolled in kindergarten or first grade if all other screening components are met. If a parent or guardian is not able to read and comprehend the written notice, the district and the person performing or supervising the screening must convey the information in another manner. The notice must also inform the parent or guardian that a child need not submit to the district screening program if the child's health records indicate to the school that the child has received comparable developmental screening performed within the preceding 365 days by a public or private health care organization or individual health care provider. The notice must be given to a parent or guardian at the time the district initially provides information to the parent or guardian about screening and must be given again at the screening location.

(b) All screening components shall be consistent with the standards of the state commissioner of health for early developmental screening programs. A developmental

4.1 screening program must not provide laboratory tests or a physical examination to any child.
4.2 The district must request from the public or private health care organization or the individual
4.3 health care provider the results of any laboratory test or physical examination within the 12
4.4 months preceding a child's scheduled screening. For the purposes of this section,
4.5 "comprehensive vision examination" means a vision examination performed by an optometrist
4.6 or ophthalmologist.

4.7 (c) If a child is without health coverage, the school district must refer the child to an
4.8 appropriate health care provider.

4.9 (d) A board may offer additional components such as nutritional, physical and dental
4.10 assessments, review of family circumstances that might affect development, blood pressure,
4.11 laboratory tests, and health history.

4.12 (e) If a statement signed by the child's parent or guardian is submitted to the administrator
4.13 or other person having general control and supervision of the school that the child has not
4.14 been screened because of conscientiously held beliefs of the parent or guardian, the screening
4.15 is not required.