

**SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION**

**S.F. No. 1468**

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<b>DATE</b>	<b>D-PG</b>	<b>OFFICIAL STATUS</b>
02/27/2017	Introduction and first reading Referred to E-12 Policy	

1.1 A bill for an act

1.2 relating to education; creating a responsible family life and sexuality education

1.3 program; proposing coding for new law in Minnesota Statutes, chapter 121A;

1.4 repealing Minnesota Statutes 2016, section 121A.23.

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

1.6 Section 1. [121A.231] RESPONSIBLE FAMILY LIFE AND SEXUALITY

1.7 EDUCATION PROGRAMS.

1.8 Subdivision 1. Definitions. (a) "Responsible family life and sexuality education" means

1.9 education in grades 6 through 12 that:

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

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

1.12 (3) contributes to healthy relationships and prevention of sexual violence;

1.13 (4) promotes individual responsibility;

1.14 (5) includes an abstinence-first approach to delaying initiation of sexual activity while

1.15 also including education about contraception and disease prevention; and

1.16 (6) provides human development and sexuality education that is age-appropriate and

1.17 medically accurate.

1.18 (b) "Age-appropriate" refers to topics, messages, and teaching methods suitable to

1.19 particular ages or age groups of children and adolescents, based on developing cognitive,

1.20 emotional, and behavioral capacity typical for the age or age group.

2.1 (c) "Medically accurate" means verified or supported by research conducted in compliance  
2.2 with scientific methods and published in peer-reviewed journals, where appropriate, and  
2.3 recognized as accurate and objective by professional organizations and agencies in the  
2.4 relevant field, such as the federal Centers for Disease Control and Prevention, the American  
2.5 Public Health Association, the American Academy of Pediatrics, or the American College  
2.6 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 accurate,  
2.10 to meet the needs of all students in grades 6 through 12. A school district may implement  
2.11 the curriculum consistent with its curriculum review cycle under section 120B.11, or no  
2.12 later than the start of the 2018-2019 school year, whichever comes first.

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

2.15 (c) A school district may implement the curriculum through instruction from school  
2.16 district personnel or outside consultants.

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

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

2.22 (c) A school district must make reasonable arrangements with school personnel for  
2.23 alternative instruction for those pupils whose parents or guardians object to the content of  
2.24 the instruction, and must not impose an academic or other penalty upon a pupil for arranging  
2.25 the alternative instruction. School personnel may evaluate and assess the quality of the  
2.26 pupil's work completed as part of the alternative instruction.

2.27 (d) A school district must establish policies and procedures consistent with this section  
2.28 for providing parents or guardians reasonable notice with the following information:

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

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

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

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

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

3.9 Subd. 4. **Assistance to school districts.** The Department of Education, in coordination  
3.10 with the Department of Health, may offer services to school districts, including training,  
3.11 resources, and technical assistance to help implement responsible family life and sexuality  
3.12 education programs in accordance with national health education standards.

3.13 Subd. 5. **Federal funds.** The Department of Health and the Department of Education  
3.14 shall seek available funds from the federal government, consistent with the definitions of  
3.15 a responsible family life and sexuality education program, including, but not limited to,  
3.16 funds available from the Office of Adolescent Health and the Centers for Disease Control  
3.17 and Prevention.

3.18 **Sec. 2. REPEALER.**

3.19 Minnesota Statutes 2016, 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.