

118TH CONGRESS
1ST SESSION

H. R. 3583

To provide for the overall health and well-being of young people, including the promotion and attainment of lifelong sexual health and healthy relationships, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2023

Ms. LEE of California (for herself, Ms. ADAMS, Ms. JAYAPAL, Mr. CASTEN, Ms. DEAN of Pennsylvania, Mr. DOGGETT, Mr. SWALWELL, Ms. GARCIA of Texas, Mr. PAYNE, Ms. NORTON, Ms. BROWNLEY, Ms. CASTOR of Florida, Ms. SCHAKOWSKY, Mr. DAVIS of Illinois, Ms. PINGREE, Ms. WILSON of Florida, Ms. BONAMICI, Ms. TOKUDA, Mr. POCAN, Ms. BUSH, Mr. QUIGLEY, Mr. THANEDAR, Mr. TRONE, Mr. GOMEZ, Ms. CLARKE of New York, Ms. CHU, Ms. DEGETTE, Mr. DESAULNIER, Ms. STRICKLAND, Mr. BEYER, Mr. GRIJALVA, and Ms. CROCKETT) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce, 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 provide for the overall health and well-being of young people, including the promotion and attainment of lifelong sexual health and healthy relationships, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Real Education and
3 Access for Healthy Youth Act of 2023”.

4 **SEC. 2. PURPOSE AND FINDINGS.**

5 (a) PURPOSE.—The purpose of this Act is to provide
6 young people with sex education and sexual health services
7 that—

8 (1) promote and uphold the rights of young
9 people to information and services that empower
10 them to make decisions about their bodies, health,
11 sexuality, families, and communities in all areas of
12 life;

13 (2) are evidence-informed, comprehensive in
14 scope, confidential, equitable, accessible, medically
15 accurate and complete, age and developmentally ap-
16 propriate, culturally responsive, and trauma-in-
17 formed and resilience-oriented, and align with the
18 National Sex Education Standards of the Future of
19 Sex Ed Initiative;

20 (3) provide information about the prevention,
21 treatment, and care of pregnancy, sexually trans-
22 mitted infections, and interpersonal violence;

23 (4) provide information about the importance of
24 consent as a basis for healthy relationships and for
25 autonomy in health care;

1 (5) provide information on gender identity and
2 gender expression;

3 (6) provide information on the historical and
4 current condition in which education and health sys-
5 tems, policies, programs, services, and practices have
6 uniquely and adversely impacted Black, Indigenous,
7 Latine, Asian American, Native Hawaiian, Pacific
8 Islander, and other People of Color; and

9 (7) redress inequities in the delivery of sex edu-
10 cation and sexual health services to marginalized
11 young people.

12 (b) FINDINGS.—Congress finds the following:

13 (1) Young people need and have the right to sex
14 education and sexual health services that are evi-
15 dence-informed, comprehensive in scope, confiden-
16 tial, equitable, accessible, medically accurate and
17 complete, age and developmentally appropriate, cul-
18 turally responsive, and trauma-informed and resil-
19 ience-oriented.

20 (2) Currently, there is a gap between the sex
21 education that young people should be receiving
22 based on expert standards and the sex education
23 many actually receive.

1 (3) Only 38 States and the District of Colum-
2 bia mandate sex education or human immuno-
3 deficiency virus (HIV) education in schools.

4 (4) When there is sex education or instruction
5 regarding HIV or sexually transmitted infections
6 (STI), 13 States do not require the content to be
7 evidence-informed, medically accurate and complete,
8 age and developmentally appropriate, or culturally
9 responsive.

10 (5) Many sex education programs and sexual
11 health services currently available were not designed
12 to and do not currently meet the needs of
13 marginalized young people. Some such programs and
14 services actually harm marginalized young people.

15 (6) For marginalized young people, a lack of
16 comprehensive in scope, confidential, equitable, and
17 accessible sex education and sexual health services is
18 not unfamiliar, but rather a longstanding manifesta-
19 tion of White supremacy, which has touched every
20 aspect of our history, culture, and institutions, in-
21 cluding the education and health care systems.

22 (7) The development and delivery of sexual
23 health education and services in the United States
24 historically has been rooted in the oppression of
25 Black, Indigenous, Latine, Asian American, Native

1 Hawaiian, Pacific Islander, and other People of
2 Color.

3 (8) The United States has a long history of eu-
4 genics and forced sterilization. The sexual and re-
5 productive rights and bodily autonomy of specific
6 communities deemed “undesirable” or “defective”
7 were targeted by our governments resulting in state-
8 sanctioned violence and generations of trauma and
9 oppression. These communities include—

10 (A) people with low incomes;

11 (B) immigrants;

12 (C) people with disabilities;

13 (D) people living with HIV;

14 (E) survivors of interpersonal violence;

15 (F) people who are incarcerated, detained,
16 or who otherwise have encountered the crimi-
17 nal-legal system;

18 (G) Black, Indigenous, Latine, Asian
19 American, and other People of Color;

20 (H) people who are lesbian, gay, bisexual,
21 transgender, and queer; and

22 (I) young people who are pregnant and
23 parenting.

24 (9) Black young people are more likely to re-
25 ceive abstinence-only instruction. Research shows

1 that abstinence-only instruction, also known as “sex-
2 ual risk avoidance” instruction, is ineffective in com-
3 parison to sex education.

4 (10) Black, Indigenous, and Latine young peo-
5 ple are disproportionately more likely to be diag-
6 nosed with an STI, have an unintended pregnancy,
7 or experience sexual assault.

8 (11) The framework of reproductive justice ac-
9 knowledges and aims to address the legacy of White
10 supremacy, systemic oppression, and the restrictions
11 on sex education and sexual health services that dis-
12 proportionately impact marginalized communities.
13 Reproductive justice will be achieved when all people
14 regardless of actual or perceived race, color, eth-
15 nicity, national origin, religion, immigration status,
16 sex (including gender identity and sexual orienta-
17 tion), disability status, pregnancy or parenting sta-
18 tus, or age have the power to make decisions about
19 their bodies, health, sexuality, families, and commu-
20 nities in all areas of life.

21 (12) Increased resources are required for sex
22 education and sexual health services to reach all
23 young people, redress inequities and their impacts
24 on marginalized young people, and achieve reproduc-
25 tive justice for young people.

1 (13) Such sex education and sexual health serv-
2 ices should—

3 (A) promote and uphold the rights of
4 young people to information and services in
5 order to make and exercise informed and re-
6 sponsible decisions about their sexual health;

7 (B) be evidence-informed, comprehensive in
8 scope, confidential, equitable, accessible, age
9 and developmentally appropriate, culturally re-
10 sponsive, and trauma-informed and resilience-
11 oriented;

12 (C) include instruction and materials that
13 address—

14 (i) puberty and adolescent develop-
15 ment;

16 (ii) sexual and reproductive anatomy
17 and physiology;

18 (iii) sexual orientation, gender iden-
19 tity, and gender expression;

20 (iv) contraception, pregnancy, and re-
21 production;

22 (v) HIV and other STIs;

23 (vi) consent and healthy relationships;

24 and

25 (vii) interpersonal violence;

1 (D) promote gender equity and be inclusive
2 of young people with varying gender identities,
3 gender expressions, and sexual orientations;

4 (E) promote safe and healthy relationships;
5 and

6 (F) promote racial equity and be respon-
7 sive to the needs of young people who are
8 Black, Indigenous, and other People of Color.

9 **SEC. 3. DEFINITIONS.**

10 In this Act:

11 (1) AGE AND DEVELOPMENTALLY APPRO-
12 PRIATE.—The term “age and developmentally appro-
13 priate” means topics, messages, and teaching meth-
14 ods suitable to particular ages, age groups, or devel-
15 opmental levels, based on cognitive, emotional, so-
16 cial, and behavioral capacity of most young people at
17 that age level.

18 (2) CHARACTERISTICS OF EFFECTIVE PRO-
19 GRAMS.—The term “characteristics of effective pro-
20 grams” means the aspects of evidence-informed pro-
21 grams, including development, content, and imple-
22 mentation of such programs, that—

23 (A) have been shown to be effective in
24 terms of increasing knowledge, clarifying values

1 and attitudes, increasing skills, and impacting
2 behavior; and

3 (B) are widely recognized by leading med-
4 ical and public health agencies to be effective in
5 changing sexual behaviors that lead to sexually
6 transmitted infections, unintended pregnancy,
7 and interpersonal violence among young people.

8 (3) CONSENT.—The term “consent” means af-
9 firmative, conscious, and voluntary agreement to en-
10 gage in interpersonal, physical, or sexual activity.

11 (4) CULTURALLY RESPONSIVE.—The term “cul-
12 turally responsive” means education and services
13 that—

14 (A) embrace and actively engage and ad-
15 just to young people and their various cultural
16 identities;

17 (B) recognize the ways in which many
18 marginalized young people face unique barriers
19 in our society that result in increased adverse
20 health outcomes and associated stereotypes; and

21 (C) may address the ways in which racism
22 has shaped national health care policy, the last-
23 ing historical trauma associated with reproduc-
24 tive health experiments and forced sterilizations
25 of Black, Latine, and Indigenous communities,

1 or sexual stereotypes assigned to young People
2 of Color or LGBTQ+ people.

3 (5) EVIDENCE-INFORMED.—The term “evi-
4 dence-informed” means incorporates characteristics,
5 content, or skills that have been proven to be effec-
6 tive through evaluation in changing sexual behavior.

7 (6) GENDER EXPRESSION.—The term “gender
8 expression” means the expression of one’s gender,
9 such as through behavior, clothing, haircut, or voice,
10 and which may or may not conform to socially de-
11 fined behaviors and characteristics typically associ-
12 ated with being either masculine or feminine.

13 (7) GENDER IDENTITY.—The term “gender
14 identity” means the gender-related identity, appear-
15 ance, mannerisms, or other gender-related character-
16 istics of an individual, regardless of the individual’s
17 designated sex at birth.

18 (8) INCLUSIVE.—The term “inclusive” means
19 content and skills that ensure marginalized young
20 people are valued, respected, centered, and sup-
21 ported in sex education instruction and materials.

22 (9) INSTITUTION OF HIGHER EDUCATION.—The
23 term “institution of higher education” has the
24 meaning given the term in section 101 of the Higher
25 Education Act of 1965 (20 U.S.C. 1001).

1 (10) INTERPERSONAL VIOLENCE.—The term
2 “interpersonal violence” means abuse, assault, bul-
3 lying, dating violence, domestic violence, harassment,
4 intimate partner violence, or stalking.

5 (11) MARGINALIZED YOUNG PEOPLE.—The
6 term “marginalized young people” means young peo-
7 ple who are disadvantaged by underlying structural
8 barriers and social inequities, including young people
9 who are—

10 (A) Black, Indigenous, Latine, Asian
11 American, Native Hawaiian, Pacific Islander,
12 and other People of Color;

13 (B) immigrants;

14 (C) in contact with the foster care system;

15 (D) in contact with the juvenile justice sys-
16 tem;

17 (E) experiencing homelessness;

18 (F) pregnant or parenting;

19 (G) lesbian, gay, bisexual, transgender, or
20 queer;

21 (H) living with HIV;

22 (I) living with disabilities;

23 (J) from families with low incomes; or

24 (K) living in rural areas.

1 (12) MEDICALLY ACCURATE AND COMPLETE.—

2 The term “medically accurate and complete” means
3 that—

4 (A) the information provided through the
5 education is verified or supported by the weight
6 of research conducted in compliance with ac-
7 cepted scientific methods and is published in
8 peer-reviewed journals, where applicable; or

9 (B) the education contains information
10 that leading professional organizations and
11 agencies with relevant expertise in the field rec-
12 ognize as accurate, objective, and complete.

13 (13) RESILIENCE.—The term “resilience”
14 means the ability to adapt to trauma and tragedy.

15 (14) SECRETARY.—The term “Secretary”
16 means the Secretary of Health and Human Services.

17 (15) SEX EDUCATION.—The term “sex edu-
18 cation” means high quality teaching and learning
19 that—

20 (A) is delivered, to the maximum extent
21 practicable, following the National Sexuality
22 Education Standards of the Future of Sex Ed
23 Initiative;

24 (B) is about a broad variety of topics re-
25 lated to sex and sexuality, including—

- 1 (i) puberty and adolescent develop-
2 ment;
- 3 (ii) sexual and reproductive anatomy
4 and physiology;
- 5 (iii) sexual orientation, gender iden-
6 tity, and gender expression;
- 7 (iv) contraception, pregnancy, preg-
8 nancy options, and reproduction;
- 9 (v) HIV and other STIs;
- 10 (vi) consent and healthy relationships;
- 11 and
- 12 (vii) interpersonal violence;
- 13 (C) explores values and beliefs about such
14 topics; and
- 15 (D) helps young people in gaining the
16 skills that are needed to navigate relationships
17 and manage one’s own sexual health.
- 18 (16) SEXUAL DEVELOPMENT.—The term “sex-
19 ual development” means the lifelong process of phys-
20 ical, behavioral, cognitive, and emotional growth and
21 change as it relates to an individual’s sexuality and
22 sexual maturation, including puberty, identity devel-
23 opment, sociocultural influences, and sexual behav-
24 iors.

1 (17) SEXUAL HEALTH SERVICES.—The term
2 “sexual health services” includes—

3 (A) sexual health information, education,
4 and counseling;

5 (B) all methods of contraception approved
6 by the Food and Drug Administration;

7 (C) routine gynecological care, including
8 human papillomavirus (HPV) vaccines and can-
9 cer screenings;

10 (D) preexposure prophylaxis or post-expo-
11 sure prophylaxis;

12 (E) substance use and mental health serv-
13 ices;

14 (F) interpersonal violence survivor services;
15 and

16 (G) other pregnancy and STI prevention,
17 care, or treatment services.

18 (18) SEXUAL ORIENTATION.—The term “sexual
19 orientation” means an individual’s romantic, emo-
20 tional, or sexual attraction to other people.

21 (19) TRAUMA.—The term “trauma” means a
22 response to an event, series of events, or set of cir-
23 cumstances that is experienced or witnessed by an
24 individual or group of people as physically or emo-
25 tionally harmful or life-threatening with lasting ad-

1 verse effects on their functioning and mental, phys-
2 ical, social, emotional, or spiritual well-being.

3 (20) TRAUMA-INFORMED AND RESILIENCE-ORI-
4 ENTED.—The term “trauma-informed and resil-
5 ience-oriented” means an approach that realizes the
6 prevalence of trauma, recognizes the various ways
7 individuals, organizations, and communities may re-
8 spond to trauma differently, recognizes that resil-
9 ience can be built, and responds by putting this
10 knowledge into practice.

11 (21) YOUNG PEOPLE.—The term “young peo-
12 ple” means individuals who are ages 10 through 29
13 at the time of commencement of participation in a
14 project supported under this Act.

15 (22) YOUTH-FRIENDLY SEXUAL HEALTH SERV-
16 ICES.—The term “youth-friendly sexual health serv-
17 ices” means sexual health services that are provided
18 in a confidential, equitable, and accessible manner
19 that makes it easy and comfortable for young people
20 to seek out and receive services.

21 **SEC. 4. GRANTS FOR SEX EDUCATION AT ELEMENTARY**
22 **AND SECONDARY SCHOOLS AND YOUTH-**
23 **SERVING ORGANIZATIONS.**

24 (a) PROGRAM AUTHORIZED.—The Secretary, in co-
25 ordination with the Secretary of Education, shall award

1 grants, on a competitive basis, to eligible entities to enable
2 such eligible entities to carry out projects that provide
3 young people with sex education.

4 (b) DURATION.—Grants awarded under this section
5 shall be for a period of 5 years.

6 (c) ELIGIBLE ENTITY.—In this section, the term “el-
7 ible entity” means a public or private entity that delivers
8 health education to young people.

9 (d) APPLICATIONS.—An eligible entity desiring a
10 grant under this section shall submit an application to the
11 Secretary at such time, in such manner, and containing
12 such information as the Secretary may require.

13 (e) PRIORITY.—In awarding grants under this sec-
14 tion, the Secretary shall give priority to eligible entities
15 that are—

16 (1) State educational agencies or local edu-
17 cational agencies; or

18 (2) Indian Tribes or Tribal organizations, as
19 defined in section 4 of the Indian Self-Determination
20 and Education Assistance Act (25 U.S.C. 5304).

21 (f) USE OF FUNDS.—Each eligible entity that re-
22 ceives a grant under this section shall use the grant funds
23 to carry out a project that provides young people with sex
24 education.

1 **SEC. 5. GRANTS FOR SEX EDUCATION AT INSTITUTIONS OF**
2 **HIGHER EDUCATION.**

3 (a) PROGRAM AUTHORIZED.—The Secretary, in co-
4 ordination with the Secretary of Education, shall award
5 grants, on a competitive basis, to institutions of higher
6 education or consortia of such institutions to enable such
7 institutions to provide students with age and develop-
8 mentally appropriate sex education.

9 (b) DURATION.—Grants awarded under this section
10 shall be for a period of 5 years.

11 (c) APPLICATIONS.—An institution of higher edu-
12 cation or consortium of such institutions desiring a grant
13 under this section shall submit an application to the Sec-
14 retary at such time, in such manner, and containing such
15 information as the Secretary may require.

16 (d) PRIORITY.—In awarding grants under this sec-
17 tion, the Secretary shall give priority to an institution of
18 higher education that—

19 (1) has an enrollment of needy students, as de-
20 fined in section 318(b) of the Higher Education Act
21 of 1965 (20 U.S.C. 1059e(b));

22 (2) is a Hispanic-serving institution, as defined
23 in section 502(a) of such Act (20 U.S.C. 1101a(a));

24 (3) is a Tribal College or University, as defined
25 in section 316(b) of such Act (20 U.S.C. 1059c(b));

1 (4) is an Alaska Native-serving institution, as
2 defined in section 317(b) of such Act (20 U.S.C.
3 1059d(b));

4 (5) is a Native Hawaiian-serving institution, as
5 defined in section 317(b) of such Act (20 U.S.C.
6 1059d(b));

7 (6) is a Predominantly Black Institution, as de-
8 fined in section 318(b) of such Act (20 U.S.C.
9 1059e(b));

10 (7) is a Native American-serving, nontribal in-
11 stitution, as defined in section 319(b) of such Act
12 (20 U.S.C. 1059f(b));

13 (8) is an Asian American and Native American
14 Pacific Islander-serving institution, as defined in
15 section 320(b) of such Act (20 U.S.C. 1059g(b)); or

16 (9) is a minority institution, as defined in sec-
17 tion 365 of such Act (20 U.S.C. 1067k), with an en-
18 rollment of needy students, as defined in section 312
19 of such Act (20 U.S.C. 1058).

20 (e) USES OF FUNDS.—An institution of higher edu-
21 cation or consortium of such institutions receiving a grant
22 under this section shall use grant funds to develop and
23 implement a project to integrate sex education into the
24 institution of higher education in order to reach a large

1 number of students, by carrying out 1 or more of the fol-
2 lowing activities:

3 (1) Adopting and incorporating age and devel-
4 opmentally appropriate sex education into student
5 orientation, general education, or courses.

6 (2) Developing or adopting and implementing
7 educational programming outside of class that deliv-
8 ers age and developmentally appropriate sex edu-
9 cation to students.

10 (3) Developing or adopting and implementing
11 innovative, technology-based approaches to deliver
12 age and developmentally appropriate sex education
13 to students.

14 (4) Developing or adopting and implementing
15 peer-led activities to generate discussion, educate,
16 and raise awareness among students about age and
17 developmentally appropriate sex education.

18 (5) Developing or adopting and implementing
19 policies and practices to link students to sexual
20 health services.

21 **SEC. 6. GRANTS FOR EDUCATOR TRAINING.**

22 (a) PROGRAM AUTHORIZED.—The Secretary, in co-
23 ordination with the Secretary of Education, shall award
24 grants, on a competitive basis, to eligible entities to enable

1 such eligible entities to carry out the activities described
2 in subsection (e).

3 (b) DURATION.—Grants awarded under this section
4 shall be for a period of 5 years.

5 (c) ELIGIBLE ENTITY.—In this section, the term “el-
6 igible entity” means—

7 (1) a State educational agency or local edu-
8 cational agency;

9 (2) an Indian Tribe or Tribal organization, as
10 defined in section 4 of the Indian Self-Determination
11 and Education Assistance Act (25 U.S.C. 5304);

12 (3) a State or local department of health;

13 (4) an educational service agency;

14 (5) a nonprofit institution of higher education
15 or a consortium of such institutions; or

16 (6) a national or statewide nonprofit organiza-
17 tion or consortium of nonprofit organizations that
18 has as its primary purpose the improvement of pro-
19 vision of sex education through training and effec-
20 tive teaching of sex education.

21 (d) APPLICATION.—An eligible entity desiring a
22 grant under this section shall submit an application to the
23 Secretary at such time, in such manner, and containing
24 such information as the Secretary may require.

25 (e) AUTHORIZED ACTIVITIES.—

1 (1) REQUIRED ACTIVITY.—Each eligible entity
2 receiving a grant under this section shall use grant
3 funds for professional development and training of
4 relevant teachers, health educators, faculty, adminis-
5 trators, and staff, in order to increase effective
6 teaching of sex education to young people.

7 (2) PERMISSIBLE ACTIVITIES.—Each eligible
8 entity receiving a grant under this section may use
9 grant funds to—

10 (A) provide training and support for edu-
11 cators about the content, skills, and profes-
12 sional disposition needed to implement sex edu-
13 cation effectively;

14 (B) develop and provide training and sup-
15 port to educators on incorporating antiracist
16 and gender inclusive policies and practices in
17 sex education;

18 (C) support the dissemination of informa-
19 tion on effective practices and research findings
20 concerning the teaching of sex education;

21 (D) support research on—

22 (i) effective sex education teaching
23 practices; and

24 (ii) the development of assessment in-
25 struments and strategies to document—

1 (I) young people’s understanding
2 of sex education; and

3 (II) the effects of sex education;

4 (E) convene conferences on sex education,
5 in order to effectively train educators in the
6 provision of sex education; and

7 (F) develop and disseminate appropriate
8 research-based materials to foster sex edu-
9 cation.

10 (3) SUBGRANTS.—Each eligible entity receiving
11 a grant under this section may award subgrants to
12 nonprofit organizations that possess a demonstrated
13 record of providing training to teachers, health edu-
14 cators, faculty, administrators, and staff on sex edu-
15 cation to—

16 (A) train educators in sex education;

17 (B) support internet or distance learning
18 related to sex education;

19 (C) promote rigorous academic standards
20 and assessment techniques to guide and meas-
21 ure student performance in sex education;

22 (D) encourage replication of best practices
23 and model programs to promote sex education;

1 (E) develop and disseminate effective, re-
2 search-based sex education learning materials;

3 or

4 (F) develop academic courses on the peda-
5 gogy of sex education at institutions of higher
6 education.

7 **SEC. 7. AUTHORIZATION OF GRANTS TO SUPPORT THE DE-**
8 **LIVERY OF SEXUAL HEALTH SERVICES TO**
9 **MARGINALIZED YOUNG PEOPLE.**

10 (a) PROGRAM AUTHORIZED.—The Secretary shall
11 award grants, on a competitive basis, to eligible entities
12 to enable such entities to provide youth-friendly sexual
13 health services to marginalized young people.

14 (b) DURATION.—Grants awarded under this section
15 shall be for a period of 5 years.

16 (c) ELIGIBLE ENTITY.—In this section, the term “el-
17 igible entity” means—

18 (1) a public or private youth-serving organiza-
19 tion; or

20 (2) a covered entity, as defined in section 340B
21 of the Public Health Service Act (42 U.S.C. 256b).

22 (d) APPLICATIONS.—An eligible entity desiring a
23 grant under this section shall submit an application to the
24 Secretary at such time, in such manner, and containing
25 such information as the Secretary may require.

1 (e) USES OF FUNDS.—Each eligible entity that re-
2 ceives a grant under this section may use the grant funds
3 to—

4 (1) develop and implement an evidence-in-
5 formed project to deliver sexual health services to
6 marginalized young people;

7 (2) establish, alter, or modify staff positions,
8 service delivery policies and practices, service deliv-
9 ery locations, service delivery environments, service
10 delivery schedules, or other services components in
11 order to increase youth-friendly sexual health serv-
12 ices to marginalized young people;

13 (3) conduct outreach to marginalized young
14 people to invite them to participate in the eligible
15 entity’s sexual health services and to provide feed-
16 back to inform improvements in the delivery of such
17 services;

18 (4) establish and refine systems of referral to
19 connect marginalized young people to other sexual
20 health services and supportive services;

21 (5) establish partnerships and collaborations
22 with entities providing services to marginalized
23 young people to link such young people to sexual
24 health services, such as by delivering health services
25 at locations where they congregate, providing trans-

1 portation to locations where sexual health services
2 are provided, or other linkages to services ap-
3 proaches;

4 (6) provide evidence-informed, comprehensive in
5 scope, confidential, equitable, accessible, medically
6 accurate and complete, age and developmentally ap-
7 propriate, culturally responsive, and trauma-in-
8 formed and resilience-oriented sexual health infor-
9 mation to marginalized young people in the lan-
10 guages and cultural contexts that are most appro-
11 priate for the marginalized young people to be
12 served by the eligible entity;

13 (7) promote effective communication regarding
14 sexual health among marginalized young people; and

15 (8) provide training and support for eligible en-
16 tity personnel and community members who work
17 with marginalized young people about the content,
18 skills, and professional disposition needed to provide
19 youth-friendly sex education and youth-friendly sex-
20 ual health services.

21 **SEC. 8. REPORTING AND IMPACT EVALUATION.**

22 (a) GRANTEE REPORT TO SECRETARY.—For each
23 year an eligible entity receives grant funds under section
24 4, 5, 6, or 7, the eligible entity shall submit to the Sec-
25 retary a report that includes—

1 (1) the use of grant funds by the eligible entity;

2 (2) how the use of grant funds has increased
3 the access of young people to sex education or sexual
4 health services; and

5 (3) such other information as the Secretary
6 may require.

7 (b) SECRETARY'S REPORT TO CONGRESS.—Not later
8 than 1 year after the date of the enactment of this Act,
9 and annually thereafter for a period of 5 years, the Sec-
10 retary shall prepare and submit to Congress a report on
11 the activities funded under this Act. The Secretary's re-
12 port to Congress shall include—

13 (1) a statement of how grants awarded by the
14 Secretary meet the purposes described in section
15 2(a); and

16 (2) information about—

17 (A) the number of eligible entities that are
18 receiving grant funds under sections 4, 5, 6,
19 and 7;

20 (B) the specific activities supported by
21 grant funds awarded under sections 4, 5, 6, and
22 7;

23 (C) the number of young people served by
24 projects funded under sections 4, 5, and 7, in
25 the aggregate and disaggregated and cross-tab-

1 ulated by grant program, race and ethnicity,
2 sex, sexual orientation, gender identity, and
3 other characteristics determined by the Sec-
4 retary (except that such disaggregation or
5 cross-tabulation shall not be required in a case
6 in which the results would reveal personally
7 identifiable information about an individual
8 young person);

9 (D) the number of teachers, health edu-
10 cators, faculty, school administrators, and staff
11 trained under section 6; and

12 (E) the status of the evaluation required
13 under subsection (c).

14 (c) MULTIYEAR EVALUATION.—

15 (1) IN GENERAL.—Not later than 6 months
16 after the date of the enactment of this Act, the Sec-
17 retary shall enter into a contract with a nonprofit
18 organization with experience in conducting impact
19 evaluations to conduct a multiyear evaluation on the
20 impact of the projects funded under sections 4, 5, 6,
21 and 7 and to report to Congress and the Secretary
22 on the findings of such evaluation.

23 (2) EVALUATION.—The evaluation conducted
24 under this subsection shall—

1 (A) be conducted in a manner consistent
2 with relevant, nationally recognized professional
3 and technical evaluation standards;

4 (B) use sound statistical methods and
5 techniques relating to the behavioral sciences,
6 including quasi-experimental designs, inferential
7 statistics, and other methodologies and tech-
8 niques that allow for conclusions to be reached;

9 (C) be carried out by an independent orga-
10 nization that has not received a grant under
11 section 4, 5, 6, or 7; and

12 (D) be designed to provide information on
13 output measures and outcome measures to be
14 determined by the Secretary.

15 (3) REPORT.—Not later than 6 years after the
16 date of enactment of this Act, the organization con-
17 ducting the evaluation under this subsection shall
18 prepare and submit to the appropriate committees of
19 Congress and the Secretary an evaluation report.
20 Such report shall be made publicly available, includ-
21 ing on the website of the Department of Health and
22 Human Services.

23 **SEC. 9. NONDISCRIMINATION.**

24 Activities funded under this Act shall not discrimi-
25 nate on the basis of actual or perceived sex (including sex-

1 ual orientation and gender identity), age, parental status,
2 race, color, ethnicity, national origin, disability, or reli-
3 gion. Nothing in this Act shall be construed to invalidate
4 or limit rights, remedies, procedures, or legal standards
5 available under any other Federal law or any law of a
6 State or a political subdivision of a State, including the
7 Civil Rights Act of 1964 (42 U.S.C. 2000a et seq.), title
8 IX of the Education Amendments of 1972 (20 U.S.C.
9 1681 et seq.), section 504 of the Rehabilitation Act of
10 1973 (29 U.S.C. 794), the Americans with Disabilities Act
11 of 1990 (42 U.S.C. 12101 et seq.), and section 1557 of
12 the Patient Protection and Affordable Care Act (42
13 U.S.C. 18116).

14 **SEC. 10. LIMITATION.**

15 No Federal funds provided under this Act may be
16 used for sex education or sexual health services that—

- 17 (1) withhold health-promoting or life-saving in-
18 formation about sexuality-related topics, including
19 HIV;
- 20 (2) are medically inaccurate or incomplete;
- 21 (3) promote gender or racial stereotypes or are
22 unresponsive to gender or racial inequities;
- 23 (4) fail to address the needs of sexually active
24 young people;

1 (5) fail to address the needs of pregnant or par-
2 enting young people;

3 (6) fail to address the needs of survivors of
4 interpersonal violence;

5 (7) fail to address the needs of young people of
6 all physical, developmental, or mental abilities;

7 (8) fail to be inclusive of individuals with vary-
8 ing gender identities, gender expressions, and sexual
9 orientations; or

10 (9) are inconsistent with the ethical imperatives
11 of medicine and public health.

12 **SEC. 11. AMENDMENTS TO OTHER LAWS.**

13 (a) AMENDMENT TO THE PUBLIC HEALTH SERVICE
14 ACT.—Section 2500 of the Public Health Service Act (42
15 U.S.C. 300ee) is amended by striking subsections (b)
16 through (d) and inserting the following:

17 “(b) CONTENTS OF PROGRAMS.—All programs of
18 education and information receiving funds under this title
19 shall include information about the potential effects of in-
20 travenous substance use.”.

21 (b) AMENDMENTS TO THE ELEMENTARY AND SEC-
22 ONDARY EDUCATION ACT OF 1965.—Section 8526 of the
23 Elementary and Secondary Education Act of 1965 (20
24 U.S.C. 7906) is amended—

25 (1) by striking paragraphs (3), (5), and (6);

1 (2) by redesignating paragraphs (4) and (7) as
2 paragraphs (3) and (4), respectively; and

3 (3) in paragraph (3), as redesignated, by insert-
4 ing “or” after the semicolon.

5 **SEC. 12. FUNDING.**

6 (a) **AUTHORIZATION.**—For the purpose of carrying
7 out this Act, there is authorized to be appropriated
8 \$100,000,000 for each of fiscal years 2024 through 2029.
9 Amounts appropriated under this subsection shall remain
10 available until expended.

11 (b) **RESERVATIONS OF FUNDS.**—

12 (1) **IN GENERAL.**—The Secretary—

13 (A) shall reserve not more than 30 percent
14 of the amount authorized under subsection (a)
15 for the purposes of awarding grants for sex
16 education at elementary and secondary schools
17 and youth-serving organizations under section
18 4;

19 (B) shall reserve not more than 10 percent
20 of the amount authorized under subsection (a)
21 for the purpose of awarding grants for sex edu-
22 cation at institutions of higher education under
23 section 5;

24 (C) shall reserve not more than 15 percent
25 of the amount authorized under subsection (a)

1 for the purpose of awarding grants for educator
2 training under section 6;

3 (D) shall reserve not more than 30 percent
4 of the amount authorized under subsection (a)
5 for the purpose of awarding grants for sexual
6 health services for marginalized youth under
7 section 7; and

8 (E) shall reserve not less than 5 percent of
9 the amount authorized under subsection (a) for
10 the purpose of carrying out the reporting and
11 impact evaluation required under section 8.

12 (2) RESEARCH, TRAINING, AND TECHNICAL AS-
13 SISTANCE.—The Secretary shall reserve not less
14 than 10 percent of the amount authorized under
15 subsection (a) for expenditures by the Secretary to
16 provide, directly or through a competitive grant
17 process, research, training, and technical assistance,
18 including dissemination of research and information
19 regarding effective and promising practices, pro-
20 viding consultation and resources, and developing re-
21 sources and materials to support the activities of re-
22 cipients of grants. In carrying out such functions,
23 the Secretary shall collaborate with a variety of enti-
24 ties that have expertise in sex education and sexual

1 health services standards setting, design, develop-
2 ment, delivery, research, monitoring, and evaluation.

3 (c) REPROGRAMMING OF ABSTINENCE ONLY UNTIL
4 MARRIAGE PROGRAM FUNDING.—The unobligated bal-
5 ance of funds made available to carry out section 510 of
6 the Social Security Act (42 U.S.C. 710) (as in effect on
7 the day before the date of enactment of this Act) are here-
8 by transferred and shall be used by the Secretary to carry
9 out this Act. The amounts transferred and made available
10 to carry out this Act shall remain available until expended.

11 (d) REPEAL OF ABSTINENCE ONLY UNTIL MAR-
12 RIAGE PROGRAM.—Section 510 of the Social Security Act
13 (42 U.S.C. 710 et seq.) is repealed.

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