

112TH CONGRESS
2^D SESSION

S. 2185

To authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to award grants on a competitive basis to public and private entities to provide qualified sexual risk avoidance education to youth and their parents.

IN THE SENATE OF THE UNITED STATES

MARCH 12, 2012

Mr. GRAHAM (for himself and Mr. THUNE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to award grants on a competitive basis to public and private entities to provide qualified sexual risk avoidance education to youth and their parents.

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 “Abstinence Education
5 Reallocation Act of 2012”.

1 **SEC. 2. SEXUAL RISK AVOIDANCE EDUCATION.**

2 (a) GRANTS.—The Secretary of Health and Human
3 Services, acting through the Administrator of the Health
4 Resources and Services Administration, may award grants
5 on a competitive basis to public and private entities to pro-
6 vide qualified sexual risk avoidance education to youth and
7 their parents.

8 (b) QUALIFIED SEXUAL RISK AVOIDANCE EDU-
9 CATION.—To qualify for funding under subsection (a),
10 sexual risk avoidance education shall meet each of the fol-
11 lowing criterion:

12 (1) The education shall be age appropriate.

13 (2) The education shall be medically accurate.

14 (3) The education shall be carried out through
15 an evidence-based approach.

16 (4) The education shall have as its sole purpose
17 teaching of the skills and benefits of sexual absti-
18 nence as the optimal sexual health behavior for
19 youth.

20 (5) The education shall include, consistent with
21 paragraphs (1) through (4), teaching of each of the
22 following:

23 (A) The holistic health, economic, and soci-
24 etal benefits that can be gained by refraining
25 from nonmarital sexual activity, through teach-

1 ing practical skills that promote self-regulation,
2 goal setting, and a focus on the future.

3 (B) The clear advantage of reserving
4 human sexual activity for marriage, as a key
5 contributing factor in the prevention of poverty
6 and the preservation of physical and emotional
7 health, based on social science research.

8 (C) The foundational components of a
9 healthy relationship and related research re-
10 garding the individual, economic, and societal
11 advantages of bearing children within the con-
12 text of a committed marital relationship in
13 order to form healthy marriages and safe and
14 stable families.

15 (D) The skills needed to resist the negative
16 influences of the pervasive sex-saturated culture
17 that presents teenage sexual activity as an ex-
18 pected norm, with few risks or negative con-
19 sequences.

20 (E) The understanding of how drugs, alco-
21 hol, and the irresponsible use of social media
22 can negatively influence healthy sexual decision-
23 making and can contribute to aggressive sexual
24 behavior.

1 (F) A focused priority on the superior
2 health benefits of sexual abstinence, ensuring
3 that any information provided on contraception
4 does not exaggerate its effectiveness in pre-
5 venting sexually transmitted diseases and preg-
6 nancies.

7 (c) PRIORITY.—In awarding grants under subsection
8 (a), the Secretary of Health and Human Services shall
9 give priority to applicants proposing programs to provide
10 qualified sexual risk avoidance education that—

11 (1) will serve youth ages 12 to 19; and

12 (2) will promote protective benefits of parent-
13 child communication regarding healthy sexual deci-
14 sionmaking.

15 (d) DEFINITIONS.—In this Act:

16 (1) AGE APPROPRIATE.—The term “age appro-
17 priate” means appropriate for the general develop-
18 mental and social maturity of the age group (as op-
19 posed to the cognitive ability to understand a topic
20 or the atypical development of a small segment of
21 the targeted population).

22 (2) EVIDENCE-BASED APPROACH.—The term
23 “evidence-based approach” means an approach
24 that—

1 (A) has a clear theoretical base that inte-
2 grates research findings with practical imple-
3 mentation expertise that is relevant to the field;

4 (B) matches the needs and desired out-
5 comes for the intended audience; and

6 (C) if implemented well, will demonstrate
7 improved outcomes for the targeted population.

8 (3) MEDICALLY ACCURATE.—The term “medi-
9 cally accurate” means referenced to peer-reviewed
10 research by medical, educational, scientific, govern-
11 mental, or public health publications, organizations,
12 or agencies.

13 (4) SEXUAL ABSTINENCE.—The term “sexual
14 abstinence” means voluntarily refraining from sexual
15 activity.

16 (5) SEXUAL ACTIVITY.—The term “sexual ac-
17 tivity” means genital contact or sexual stimulation,
18 including sexual intercourse.

19 (e) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—There are authorized to be
21 appropriated to carry out this Act \$110,000,000 for
22 each of fiscal years 2012 through 2016. Amounts
23 authorized to carry out this Act shall be derived ex-
24 clusively from amounts in the Prevention and Public
25 Health Fund established by section 4002 of the Pa-

1 tient Protection and Affordable Care Act (42 U.S.C.
2 300u–11).

3 (2) FEDERAL ADMINISTRATIVE COSTS.—Of the
4 amounts authorized to be appropriated under para-
5 graph (1) for a fiscal year—

6 (A) not more than \$1,000,000 are author-
7 ized to be used for Federal administrative costs;
8 and

9 (B) of the amounts used by the Secretary
10 for such costs, not less than 40 percent shall be
11 used for training and technical assistance by
12 qualified experts who—

13 (i) have singular experience in pro-
14 viding programmatic support in abstinence
15 education;

16 (ii) have expertise in theory-based ab-
17 stinence education curriculum development
18 and implementation;

19 (iii) have experience in developing sex-
20 ual risk avoidance evaluation instruments;
21 and

22 (iv) can offer technical assistance and
23 training on a wide range of topics relevant

- 1 to the sexual risk avoidance (or abstinence
- 2 education) field.

