

INTERIM STUDY PROPOSAL 2021-040

1 State of Arkansas
2 93rd General Assembly
3 Regular Session, 2021

A Bill

SENATE BILL 655

4 By: Senator G. Leding
5 By: Representative Godfrey

6 Filed with: Senate Committee on Education
7 pursuant to A.C.A. §10-3-217.

For An Act To Be Entitled

8 AN ACT TO CREATE THE EDUCATION FOR HEALTHY YOUTH ACT;
9 AND FOR OTHER PURPOSES.

Subtitle

10 TO CREATE THE EDUCATION FOR HEALTHY YOUTH
11 ACT.

12 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

13 SECTION 1. Arkansas Code Title 6, Chapter 16, is amended to add an
14 additional subchapter to read as follows:

15 Subchapter 16 – Education for Healthy Youth Act

16 6-16-1601. Title.

17 This subchapter shall be known and may be cited as the "Education for
18 Healthy Youth Act".

19 6-16-1602. Legislative findings.

20 (a) The General Assembly finds that:

21 (1) Arkansas ranks first in the United States for teen births
22 with thirty-two and eight-tenths (32.8) births per one thousand (1,000)
23 adolescent girls, a rate double the national average;

1 (2) Twenty-two percent (22%) of adolescent girls and sixteen and
2 one-tenth percent (16.1%) of adolescent boys report being raped during their
3 lifetime in Arkansas;

4 (3) Arkansas teenagers experience physical dating violence at a
5 rate higher than any other state in the United States;

6 (4) Forty-six percent (46%) of Arkansas high school students
7 report being sexually active, and only one-half (1/2) of those students report
8 using effective contraception like condoms;

9 (5) The total economic cost of teenage pregnancy in Arkansas was
10 estimated at one hundred forty-three million dollars (\$143,000,000) in 2008;

11 (6) Healthy relationship education can encourage better sexual
12 health outcomes, reduce stigma, and prepare young people to lead healthy and
13 fulfilling lives;

14 (7) Students who receive healthy relationship education report
15 fewer incidents of violence, sexual assault, and harassment;

16 (8) Parents, legal guardians, the general public, and young
17 people overwhelmingly support relationship education that is comprehensive,
18 and polling has found that ninety-six percent (96%) of parents support
19 providing relationship education in high school and ninety-three percent (93%)
20 of parents support providing relationship education in middle school;

21 (9) The leading health and education organizations support
22 healthy relationship education that includes information about both delaying
23 sexual activity and effective contraception use; and

24 (10) Students in Arkansas often lack the education they need to
25 prevent unintended pregnancy, prevent HIV and other sexually transmitted
26 infections, and develop healthy relationship and decision-making skills.

27 (b) It is therefore the intent of the General Assembly that
28 relationship education:

29 (1) Promote:

30 (A) Awareness of and healthy attitudes about growth and
31 development;

32 (B) Dating, healthy relationships, consent, and sexual
33 assault and violence prevention;

34 (C) Sexual health;

35 (D) Positive body image; and

36 (E) Family and social norms;

1 (2) Be designed to positively affect adolescent behavior; and

2 (3) Provide students in kindergarten through grade twelve (K-12)
3 with the information, skills, and support they need to acquire accurate
4 information and make healthy decisions throughout their lives.

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6 6-16-1603. Definitions.

7 As used in this subchapter:

8 (1) "Age- and developmentally appropriate" means topics,
9 messages, and teaching methods suitable to particular ages, age groups of
10 children and adolescents, or developmental levels based on the cognitive,
11 emotional, social, and behavioral capacity of most public school students at
12 that age and developmental level;

13 (2) "Characteristics of effective programs" means the aspects
14 of evidence-informed programs, including development, content, and
15 implementation of such evidence-informed programs, that:

16 (A) Have been shown to be effective in terms of
17 increasing knowledge, clarifying values and attitudes, increasing skills,
18 and impacting behavior; and

19 (B) Are widely recognized by leading medical and public
20 health agencies to be effective in changing sexual behaviors that lead to
21 unintended pregnancy, dating violence, sexual assault, and sexually
22 transmitted infections, including human immunodeficiency virus (HIV), among
23 young people;

24 (3) "Consent" means affirmative, conscious, and voluntary
25 agreement to engage in interpersonal, physical, or sexual activity;

26 (4) "Culturally appropriate" means materials and instruction
27 that respond to culturally diverse individuals, families, and communities in
28 an inclusive, respectful, and effective manner, which includes without
29 limitation materials and instruction that are inclusive of race, ethnicity,
30 languages, cultural background, religion, gender, gender identity, sexual
31 orientation, and different abilities;

32 (5) "Inclusive" means a curriculum that ensures that public
33 school students from historically marginalized communities, including
34 without limitation communities of color, immigrants, people with
35 disabilities, and others whose experiences have been traditionally left out

1 of sex education programs and policies, see themselves reflected in
2 classroom materials and lessons;

3 (6) “Medically accurate and complete” means the:

4 (A) Information provided through the instruction is:

5 (i) Verified or supported by the weight of research
6 conducted in compliance with accepted scientific methods; and

7 (ii) Published in peer-reviewed journals, if
8 applicable;

9 (B) Program contains information that leading
10 professional public health or medical organizations, government agencies,
11 and scientific advisory groups with relevant expertise in the field
12 recognize as accurate, objective, and complete; and

13 (C) Program does not withhold information about external
14 anatomy involved in sexual functioning or the effectiveness and benefits of
15 correct and consistent use of condoms and other contraceptives;

16 (7) “Sex education” means instruction that is part of a
17 comprehensive school health education approach that:

18 (A) Addresses the physical, mental, emotional, and social
19 dimensions of human sexuality;

20 (B) Motivates and assists public school students with
21 maintaining and improving their sexual health, preventing disease, and
22 reducing sexual health-related risk behaviors; and

23 (C) Enables and empowers public school students to
24 develop and demonstrate age- and developmentally appropriate sexuality and
25 sexual health-related knowledge, attitudes, skills, and practices;

26 (8) “Sexual development” means the lifelong process of
27 physical, behavioral, cognitive, and emotional growth and change as it
28 relates to an individual’s sexuality and sexual maturation, including
29 without limitation puberty, identity development, sociocultural influences,
30 and sexual behaviors; and

31 (9) “Trauma-informed” means addressing vital information about
32 sexuality and well-being that takes into consideration adverse life
33 experiences and the potential influence adverse life experiences have on
34 sexual decision making.

35
36 6-16-1604. Health education information – Requirements.

1 (a) By not later than the 2021-2022 school year, each public school and
2 open-enrollment public charter school shall provide health education to
3 students in grades kindergarten through twelve (K-12) that is:

- 4 (1) Medically accurate and complete;
- 5 (2) Age- and developmentally appropriate; and
- 6 (3) Culturally appropriate.

7 (b) Comprehensive sex education shall be provided and shall:

8 (1) Include instruction on all of the following topics without
9 limitation, as age- and developmentally appropriate and culturally
10 appropriate:

11 (A) The physical, social, and emotional changes of human
12 development;

13 (B) Human anatomy, reproduction, and sexual development;

14 (C) Healthy relationships, including without limitation:

15 (i) Friendships and relationships with family members
16 that are based on mutual respect and the ability to distinguish between
17 healthy and unhealthy relationships;

18 (ii) The development of effective communication,
19 negotiation, and refusal skills, including without limitation the skills to
20 recognize and report inappropriate or abusive sexual advances;

21 (iii) The understanding of bodily autonomy, setting
22 and respecting personal boundaries, practicing personal safety, and consent;

23 (iv) The examination of the harm of gender-role
24 stereotypes, violence, coercion, and bullying and intimidation in
25 relationships; and

26 (v) The exploration of the way that gender
27 stereotypes can limit all people;

28 (D) Healthy decision-making skills about sexuality and all
29 relationships, which shall include without limitation:

30 (i) Critical thinking, problem solving, self-
31 efficacy, and decision-making skills;

32 (ii) Exploring individual values and attitudes;

33 (iii) Promoting positive body image among students,
34 which includes developing an understanding that there are a range of body
35 types and students should feel positive about their own body types;

1 (iv) How to respect others and stay safe on the
2 internet and when using other forms of digital communication;

3 (v) Information on local services and resources from
4 which students may obtain additional information related to bullying, dating
5 violence and sexual assault, suicide prevention, and other related care;

6 (vi) Encouraging youth to communicate with the
7 following individuals about sexuality and intimate relationships:

8 (a) Their parents or legal guardians;

9 (b) Faith, health, and social service
10 professionals; and

11 (c) Other trusted adults; and

12 (vii) Creating a safe environment for all students
13 and others in society;

14 (E) The benefits of abstinence, the use of condoms,
15 medication, birth control, and sexually transmitted infection prevention
16 measures, and the options for pregnancy, including parenting and adoption,
17 which shall include the following information without limitation:

18 (i) The importance of effectively using condoms and
19 preventive medication to protect against sexually transmitted infections,
20 including human immunodeficiency virus (HIV) and acquired immunodeficiency
21 syndrome (AIDS);

22 (ii) The benefits of effective contraceptive and
23 condom use in avoiding unintended pregnancy;

24 (iii) The relationship between substance use and
25 sexual health and behaviors; and

26 (iv) Information about local health services from
27 which students can obtain additional information and services related to
28 sexual and reproductive health and other related care;

29 (F) Affirmative recognition of the roles that traditions,
30 values, religion, norms, gender roles, acculturation, family structure, health
31 beliefs, and political power play in how students make decisions that affect
32 their sexual health, including without limitation examples of varying types of
33 racess, ethnicities, cultures, and families, including single-parent households
34 and young families; and

35 (G) Opportunities to explore the roles that race,
36 ethnicity, immigration status, disability status, economic status, and

1 language within different communities play in how students make decisions that
2 affect their sexual health;

3 (2) Reflect the characteristics of effective programs;

4 (3) Use and implement sex education curricula that is trauma-
5 informed;

6 (4)(A) Use or adapt sex education curricula that are inclusive
7 and address the experiences and needs of all youth in the school.

8 (B) Curricula shall:

9 (i) Be accessible to public school students with
10 disabilities; and

11 (ii) Include without limitation the provision of a
12 modified sex education curriculum, materials and instruction in alternative
13 formats, and auxiliary aids;

14 (5) Not discriminate on the basis of sex, race, ethnicity,
15 national origin, disability, religion, gender expression, gender identity, or
16 sexual orientation; and

17 (6) Allow instructors to answer public school students' questions
18 that are related to and consistent with the material of the course.

19 (c) All instruction and materials shall align with and support the
20 requirements established under subsection (b) of this section.

21
22 6-16-1605. Parental requests for information.

23 (a) A public school or an open-enrollment public charter school shall
24 make health curricula used to implement this subchapter available to parents
25 and legal guardians of public school students upon request.

26 (b)(1) A public school student shall be excused from the health
27 curriculum under this subchapter only upon the written request of a parent or
28 a legal guardian of the public school student.

29 (2) A public school or an open-enrollment public charter school
30 may provide alternate assignments on a related topic for public school
31 students who are excused from the health curriculum under subdivision (b)(1)
32 of this section.

33 (c) A public school student who is excused from the health curriculum
34 under subdivision (b)(1) of this section shall not be subject to:

35 (1) Disciplinary action;

36 (2) Academic penalty; or

1 (3) Any other sanction.

2
3 6-16-1606. Implementation – Enforcement.

4 (a) The Division of Elementary and Secondary Education shall:

5 (1) Promulgate rules to implement, administer, and ensure
6 compliance with the provisions of this subchapter;

7 (2) Develop, maintain, and make publicly available state
8 standards and a current list of curricula that are consistent with this
9 subchapter;

10 (3) Require minimum education and training qualifications for sex
11 education instructors; and

12 (4)(A) Through existing reporting mechanisms, direct each public
13 school and open-enrollment public charter school to identify:

14 (i) Any curricula used to provide sex education,
15 whether the instruction was provided by a teacher in the public school or
16 open-enrollment public charter school or a community group;

17 (ii) The number of public school students receiving
18 sex education instruction;

19 (iii) The number of public school students excused
20 from sex education instruction; and

21 (iv) The duration of the sex education instruction.

22 (B) Beginning one (1) year after the effective date of this
23 act, the division shall report biennially the results of the information
24 received under subdivision (a)(4)(A) of this section to the General Assembly.

25 (b)(1) The division may promulgate rules establishing a complaint
26 procedure to ensure compliance with this subchapter.

27 (2) A final determination of a complaint by the division under
28 subdivision (b)(1) of this section shall be appealable to the district court
29 with jurisdiction.

30 (3) A parent or legal guardian of a public school student who
31 believes that the public school or open-enrollment public charter school in
32 which his or her child is enrolled is not complying with this subchapter may
33 seek relief in the state court with jurisdiction.

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36 Referred requested by the Arkansas Senate

1 Prepared by: MBM/KFW

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