

1 State of Arkansas
2 93rd General Assembly
3 Regular Session, 2021
4

A Bill

SENATE BILL 655

5 By: Senator G. Leding
6 By: Representative Godfrey
7

For An Act To Be Entitled

9 AN ACT TO CREATE THE EDUCATION FOR HEALTHY YOUTH ACT;
10 AND FOR OTHER PURPOSES.
11

Subtitle

14 TO CREATE THE EDUCATION FOR HEALTHY YOUTH
15 ACT.
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18 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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20 SECTION 1. Arkansas Code Title 6, Chapter 16, is amended to add an
21 additional subchapter to read as follows:
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Subchapter 16 – Education for Healthy Youth Act

6-16-1601. Title.

26 This subchapter shall be known and may be cited as the "Education for
27 Healthy Youth Act".
28

6-16-1602. Legislative findings.

(a) The General Assembly finds that:

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

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



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

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

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

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

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

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

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

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

24 (b) It is therefore the intent of the General Assembly that
25 relationship education:

26 (1) Promote:

27 (A) Awareness of and healthy attitudes about growth and
28 development;

29 (B) Dating, healthy relationships, consent, and sexual
30 assault and violence prevention;

31 (C) Sexual health;

32 (D) Positive body image; and

33 (E) Family and social norms;

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

35 (3) Provide students in kindergarten through grade twelve (K-12)
36 with the information, skills, and support they need to acquire accurate

1 information and make healthy decisions throughout their lives.

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3 6-16-1603. Definitions.

4 As used in this subchapter:

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

10 (2) "Characteristics of effective programs" means the aspects
11 of evidence-informed programs, including development, content, and
12 implementation of such evidence-informed programs, that:

13 (A) Have been shown to be effective in terms of
14 increasing knowledge, clarifying values and attitudes, increasing skills,
15 and impacting behavior; and

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

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

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

29 (5) "Inclusive" means a curriculum that ensures that public
30 school students from historically marginalized communities, including
31 without limitation communities of color, immigrants, people with
32 disabilities, and others whose experiences have been traditionally left out
33 of sex education programs and policies, see themselves reflected in
34 classroom materials and lessons;

35 (6) "Medically accurate and complete" means the:

36 (A) Information provided through the instruction is:

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

3 (ii) Published in peer-reviewed journals, if
4 applicable;

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

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

12 (7) "Sex education" means instruction that is part of a
13 comprehensive school health education approach that:

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

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

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

22 (8) "Sexual development" means the lifelong process of
23 physical, behavioral, cognitive, and emotional growth and change as it
24 relates to an individual's sexuality and sexual maturation, including
25 without limitation puberty, identity development, sociocultural influences,
26 and sexual behaviors; and

27 (9) "Trauma-informed" means addressing vital information about
28 sexuality and well-being that takes into consideration adverse life
29 experiences and the potential influence adverse life experiences have on
30 sexual decision making.

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32 6-16-1604. Health education information – Requirements.

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

36 (1) Medically accurate and complete;

1 (2) Age- and developmentally appropriate; and

2 (3) Culturally appropriate.

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

4 (1) Include instruction on all of the following topics without
5 limitation, as age- and developmentally appropriate and culturally
6 appropriate:

7 (A) The physical, social, and emotional changes of human
8 development;

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

10 (C) Healthy relationships, including without limitation:

11 (i) Friendships and relationships with family members
12 that are based on mutual respect and the ability to distinguish between
13 healthy and unhealthy relationships;

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

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

19 (iv) The examination of the harm of gender-role
20 stereotypes, violence, coercion, and bullying and intimidation in
21 relationships; and

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

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

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

28 (ii) Exploring individual values and attitudes;

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

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

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

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

3 (a) Their parents or legal guardians;

4 (b) Faith, health, and social service
5 professionals; and

6 (c) Other trusted adults; and

7 (vii) Creating a safe environment for all students
8 and others in society;

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

13 (i) The importance of effectively using condoms and
14 preventive medication to protect against sexually transmitted infections,
15 including human immunodeficiency virus (HIV) and acquired immunodeficiency
16 syndrome (AIDS);

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

19 (iii) The relationship between substance use and
20 sexual health and behaviors; and

21 (iv) Information about local health services from
22 which students can obtain additional information and services related to
23 sexual and reproductive health and other related care;

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

30 (G) Opportunities to explore the roles that race,
31 ethnicity, immigration status, disability status, economic status, and
32 language within different communities play in how students make decisions that
33 affect their sexual health;

34 (2) Reflect the characteristics of effective programs;

35 (3) Use and implement sex education curricula that is trauma-
36 informed;

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

3 (B) Curricula shall:

4 (i) Be accessible to public school students with
5 disabilities; and

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

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

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

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

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17 6-16-1605. Parental requests for information.

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

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

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

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

- 30 (1) Disciplinary action;
- 31 (2) Academic penalty; or
- 32 (3) Any other sanction.

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34 6-16-1606. Implementation – Enforcement.

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

- 36 (1) Promulgate rules to implement, administer, and ensure

1 compliance with the provisions of this subchapter;

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

5 (3) Require minimum education and training qualifications for sex
6 education instructors; and

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

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

12 (ii) The number of public school students receiving
13 sex education instruction;

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

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

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

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

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

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

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