

Updated August 2020

2020 Sex Ed State Legislative Mid-Year Report



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ANNA SHVETS



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2020 State legislative round-up

Sex education activity across the country:

The sex education that young people receive in the United States is largely shaped by policy decisions at every level, ranging from local school boards to the federal government. Because of this, state legislation plays a critical role in advancing sex education and sets a precedent for determining how comprehensive instruction may be statewide. Similarly, state legislation influences how accessible reproductive health care services are for minors. Without access to affirming sexual and reproductive health care, even the most comprehensive sex education is limited in its impact. Access to comprehensive sex education and affirming sexual and reproductive health care must work in tandem to support young people in making informed decisions about their health and future.

As of June 30, 2020, legislative sessions in 31 of the 50 states and the District of Columbia had adjourned for the year. In response to the rapid spread of the COVID-19 (coronavirus) pandemic, states focused legislative efforts on providing relief for their residents beginning in early spring. Legislatures in [more than half of the states](#) were forced to adjourn or recess in response to the virus. This significantly limited the potential for state legislatures to advance legislation related to sex education and access to sexual and reproductive health care services for young people. Still, legislative chambers in [at least 35 states](#), U.S. Virgin Islands, Guam and Puerto Rico introduced or enacted bills to amend legislative operations during the virus.

Highlights:

- 81** bills were introduced (or carried over from the prior session) related to sex education instruction in schools.
- 4** bills were enacted in 2 states:
 - **3** new laws advance sex education
 - **0** new laws restrict sex education
 - **1** new law has a mixed impact on sex education
 - **0** new laws are neutral
- 50** bills (61.73%) that were introduced sought to **advance** the quality of sex education.
- 16** of the 81 bills considered thus far sought to **restrict** the quality of instruction and undermine the rights of young people. **None** of these bills passed.
- 7** bills would have a **neutral** impact on the quality of sex education.
- 8** bills would have a **mixed** impact on the quality of sex education, with some portions of the proposed legislation advancing sex education and others restricting it.

Comprehensive sex education⁴:

Programs that build a foundation of knowledge and skills relating to human development, relationships, decision making, abstinence, contraception, and disease prevention. Ideally, school-based comprehensive sex education should at least start in kindergarten and continue through grade 12. At each developmental stage, these programs teach age-appropriate, medically accurate, and culturally responsive information that builds on knowledge and skills taught in the previous stages.

Characteristics of comprehensive sex education⁴:

- Focuses on clear health goals and specific behavioral outcomes
- Provides functional knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors
- Provides opportunities to reinforce essential skills that are necessary to adopt, practice, and maintain positive health behaviors
- Addresses individual values, attitudes, and beliefs and group norms that support health-enhancing behaviors
- Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific unhealthy practices and behaviors, as well as reinforcing protective factors
- Addresses social pressures and influences
- Builds personal competence, social competence, and self-efficacy by addressing skills
- Uses strategies designed to personalize information and engage students
- Provides age- and developmentally appropriate information, learning strategies, teaching methods, and materials
- Engages in cooperative and active learning strategies
- Incorporates learning strategies, teaching methods, and materials that are trauma-informed, culturally responsive, sex positive, and grounded in social justice and equity
- Provides adequate time for instruction and learning and for students to practice skills relating to sex education
- Provides opportunities to make connections with other influential persons
- Encourages the use of technology to access multiple valid sources of information, recognizing the significant role that technology plays in young people's lives
- Includes teacher information and a plan for professional development and training to enhance effectiveness of instruction and student learning



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AUGUST DE RICHELIEU

While we must celebrate the legislative victories won this year through the hard work of advocates, continuous advocacy is necessary to improve the quality of sex education in schools across the United States. On average, **less than 43%** of U.S. high schools and **18%** of middle schools taught all 20 topics identified by the Centers for Disease Control and Prevention (CDC) as critical sexual health topics in 2018.¹

While it is largely the responsibility of each state to meet this standard, the amount of federal funding states receive directly influences the quality of sex education that students receive. More than **\$2 billion²** has been wasted on failed³ federal abstinence-only-until-marriage (AOUM) programming since 1981. AOUM funding has **more than doubled** over the past five years under the Trump administration.² Such increases in AOUM funding can impact states' abilities to provide quality sex education and may inspire state legislatures to consider advocating for AOUM programming to take advantage of federal funding opportunities, despite the harmful impact of these programs.



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Positive and negative trends in 2020

Positive trends in 2020

Many positive trends emerged regarding sex education during state legislative sessions in 2020. Bills that include prevention of child sexual abuse, assault, and dating violence, as well as healthy relationships education, made up **over 25%** of introduced bills. Two types of mandates, comprehensive sex education (CSE) mandates and specific quality requirements (such as mandating instruction be medically accurate or age-appropriate), both made up **17.3%** of introduced bills.

Positive trends in provisions concerning minors' access to sexual and reproductive health care emerged as well. Bills designed to increase the ability of minors to consent to preventative sexually transmitted infections (STI) treatments as well as reproductive health care services (including access to abortion care, prenatal health care, contraceptives, and health care more

broadly) were prominent across 11 states (Arizona, Hawaii, Illinois, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Utah, Vermont). The number of bills introduced to advance minor consent laws **nearly doubled** the number of bills introduced to increase parental consent requirements. This demonstrated a positive uptick in states recognizing the importance of autonomy for young people to make health care decisions about their own bodies and futures.

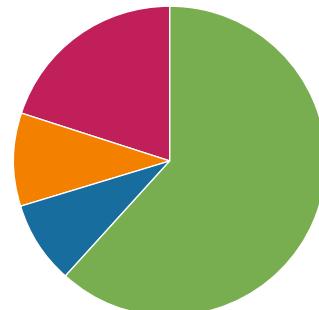
Negative trends in 2020

While negative trends were less prevalent, some threats to young people's ability to access sex education and related health care services were observed during this legislative session. For example, **11 "opt-in"** provisions were introduced across **8** states (Alabama, Arizona, California, Massachusetts, Minnesota, Missouri, North Carolina, and

Idaho). Additionally, **six** abstinence program requirements were introduced across **five** states (Arizona, Mississippi, Ohio, South Dakota, and Virginia).

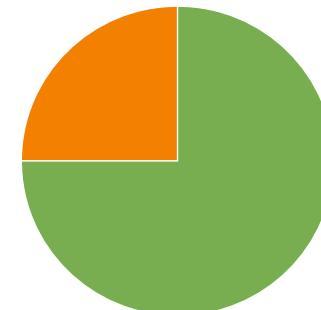
Similar to the 2019 state legislative session, abortion ban attacks continued into 2020 in **nearly half** of the states. Further, **seven** states (Florida, Maryland, Missouri, New York, Tennessee, Utah) introduced legislation designed to increase parental consent requirements for minors to access to sexual and reproductive health care. **Three** additional states (New York, New Jersey, and West Virginia) introduced provisions that sought to establish parental notification requirements regarding minors' access to sexual and reproductive health care services. Lastly, **four** states (California, Colorado, Florida, Washington) introduced bills to increase sex education parental notification requirements. While parents play a critical role in sex education for young people, burdensome notification processes can create barriers that prevent many students from receiving quality sex education instruction.

State legislative activity: Sex ed



81 bills introduced

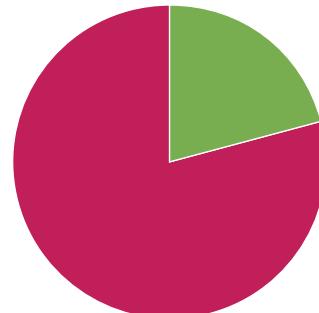
- 50 advance
- 7 neutral
- 8 mixed
- 16 restrict



4 bills passed

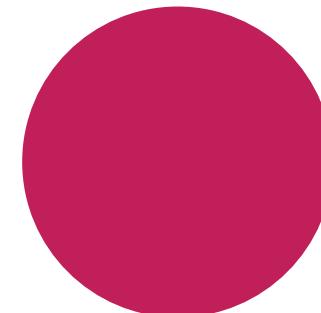
- 3 advance
- 0 neutral
- 1 mixed
- 0 restrict

State legislative activity: Reproductive health care for minors



76 bills introduced

- 16 advance
- 0 neutral
- 0 mixed
- 60 restrict



5 bills passed

- 0 advance
- 0 neutral
- 0 mixed
- 5 restrict

Key:

- Advance = Move us closer to our goal of CSE
- Neutral = No positive or negative impact on our goal of furthering CSE
- Mixed = Include a combination of advancing or restrictive provisions related to furthering CSE
- Restrict = Take us further from our goal of CSE

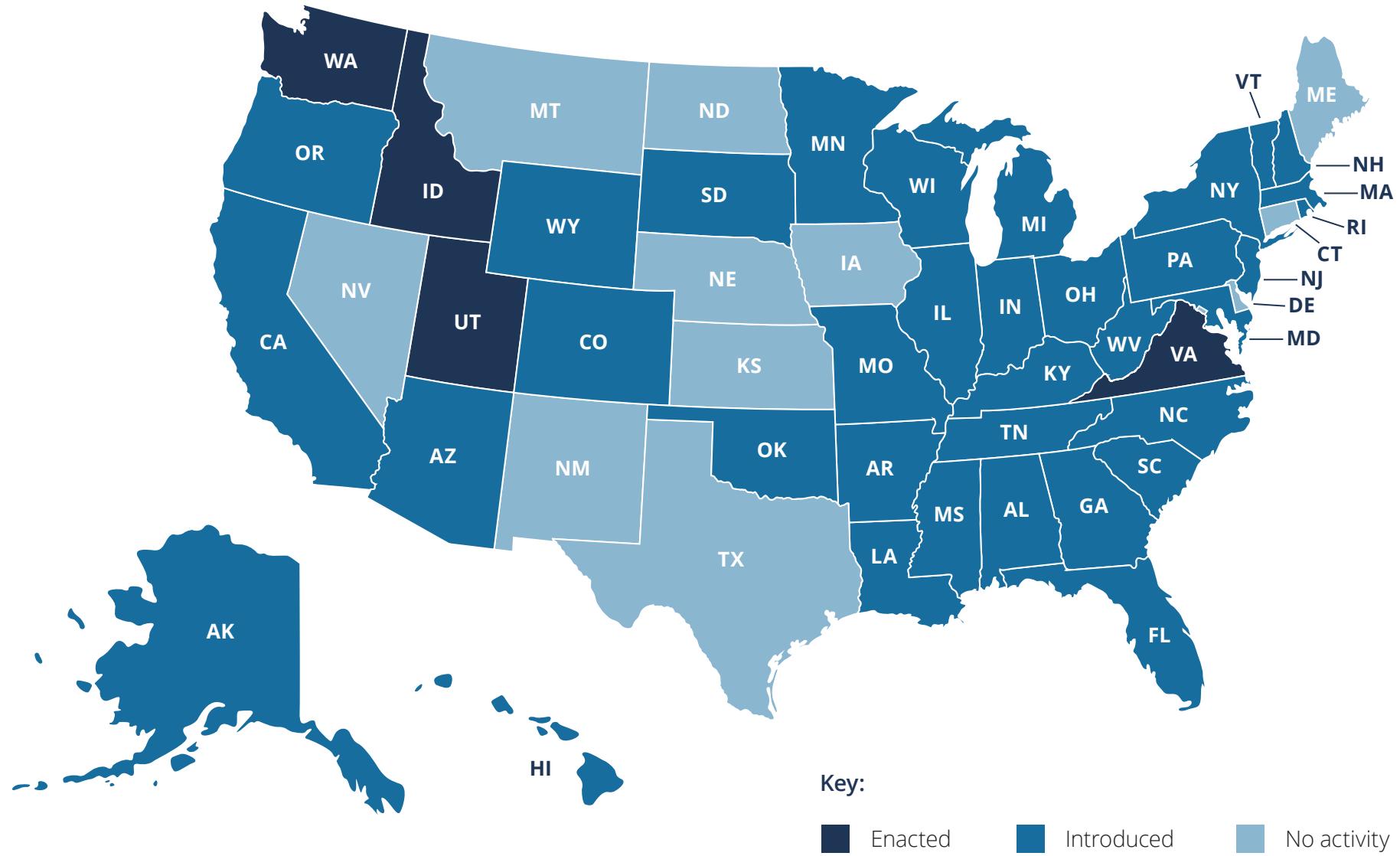
Enacted bill summaries

Across the United States, only four bills passed related to advancing sex education and access to sexual and reproductive health care for young people. [Washington's](#) provision will **advance** sex education requirements, and [Virginia's](#) provisions will have a **mixed impact** on sex education requirements. Idaho, Mississippi, Tennessee, and Utah have enacted provisions that will **restrict** access to sexual and reproductive health care for young people.



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Map of enacted bills by state:





Sex education



Virginia enacted [**HB 1336**](#), enrolled as Ch. 687, on April 6. Introduced by Rep. Mark Keam (D-35), the law requires the Board of Education to develop standards of learning and guidelines for K-12 family life education curriculum. Guidelines must include instruction on the value of marriage for men and women, abstinence, the value of family relationships, the value of postponing sexual activity, benefits of adoption for an unintended pregnancy, human sexuality and reproduction, the prevention of human trafficking, and healthy relationships instruction. Virginia also enacted [**HB 134**](#) and [**SB 186**](#), which both require the Department of Education to establish guidelines for individualized education program (IEP) teams. These guidelines are to be followed to ensure that young people with disabilities receive instruction on sexual health, self-restraint and protection, and respect for personal privacy and boundaries in an age- and developmentally appropriate manner.



Washington enacted [**SB 5395**](#), enrolled as Ch. 188, on March 27. Introduced by Senator Claire Wilson (D-30), the law requires all school districts to provide comprehensive sex education. Beginning in the 2020-2021 school year, the law also mandates instruction on affirmative consent and bystander training. Comprehensive sex education must be provided once to students in grades K-3, once to students in grades 4-5, twice to students in grades 6-8; and twice to students in grades 9-12. Despite this win, there is a [ballot initiative](#) currently pending in Washington that could repeal this provision.



Restricting access to reproductive health care for young people



Idaho enacted [S 1385](#), enrolled as Ch. 284, on March 19. Introduced by the Senate Committee on State Affairs, the law prohibits abortion unless to prevent the death of the pregnant person. The law would be automatically enacted 30 days after it is ruled that states have the authority to prohibit abortion through either an amendment to the Constitution of the United States or a ruling by the Supreme Court of the United States.



Mississippi enacted [HB 1295](#), introduced by Representative Carolyn Crawford (R-121), on June 25. The law prohibits abortions based on the race or sex of the fetus, or the presence of a genetic abnormality, unless in the case of a medical emergency. The bill further requires patients to confirm that the reason for the abortion was not based on these factors.

Restricting access to reproductive health care for young people (cont.)



Tennessee enacted [**HB 2263**](#), introduced by Representative William Lamberth (R-44), on June 19. The law prohibits abortion as early as six weeks and prevents patients from obtaining an abortion that's based on the race or sex of the fetus, or if there is a potential prenatal diagnosis of Down syndrome. At the time of this publication, the bill was enrolled and awaiting final approval prior to being enacted.



Utah enacted [**SB 174**](#), which was introduced by Senator Daniel McCay (R-11), on March 28. The law prohibits abortion unless in the case of a medical emergency. The law would be automatically enacted the day that a court of binding authority rules that a state may prohibit abortion. Utah also enacted [**H 377**](#) on March 38 which goes further. This bill requires the Utah Health Department to apply for a waiver in order to provide services funded by Title X to a minor without parental consent. This action goes against a pre-existing federal ruling that specifies Title X service cannot be conditioned on parental consent or notification.⁵



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Regressive legislative provisions

16 bills were introduced across **13** states that sought to restrict sex education. Legislative topics included: abstinence requirements; “opt-in” policies; abortion education or advocacy; one provision that would require young beneficiaries of Temporary Aid to Needy Families (TANF) to attend programming that emphasizes abstinence; one provision that sought to prohibit sex education in its entirety; and restrictions in accessing sexual and reproductive health care.

Abstinence requirements

Abstinence based programming overwhelmingly inhibits educators from teaching young people about the benefits of contraception and utilizes biased, morally charged instructional materials about sexuality. Further, it fails to respond to the needs of young people who are sexually active, are survivors of sexual abuse, and/or are LGBTQ. Abstinence should be taught as one of the many topics covered within sex education instruction. However, teaching abstinence to the exclusion of other topics,

including contraceptive options, disregards decades of research demonstrating the ineffectiveness of abstinence-only programming. Further, abstinence-only programs fail to address, and often shame, young people’s lived experiences. Such disregard for the real lives of young people creates a harmful environment in which students are routinely stigmatized based on their identities or experiences, rather than affirmed. In 2020, **six** provisions emphasized abstinence programming across Arizona, Mississippi, Ohio, and Virginia. While introduced as a bill that permits schools

to teach “comprehensive” sex education, Ohio’s **HB 184**, for example, requires such instruction to stress abstinence and discuss the possible “emotional, physical, and psychological consequences of pre-adolescent and adolescent sexual activity and unintended pregnancy”.

“Opt-in” policies

Policies that mandate written permission from a parent or guardian before a student can participate in sex education, also known as **“opt-in”** policies, present an unnecessary

barrier to young people receiving sex education. They establish additional steps that must be taken before a young person can participate in sex education, overlooking the fact that parents and guardians have a say under **both** opt-in and opt-out policies. In 2020, **11** bills mandated opt-in requirements. Opt-in requirements were included in two abstinence-only provisions during the 2020 legislative sessions, such as South Dakota's [**House Bill 1162**](#). This bill would require the school district board of trustees to make the permission forms available two weeks prior to the sex education instruction or presentation. It would instruct parents to opt their children into the program by completing and filing the permission form with the board of trustees.

Abortion education or advocacy

Young people have a right to receive medically accurate and unbiased information on the full range of sexual and reproductive health care options—including abortion. **Three** bills considered in 2020 would limit the ability of educators to provide accurate information concerning abortion. Ohio's [**HB 90**](#) sought to allow each school district and non-chartered private school to integrate an instructional program on the "humanity of the unborn child," which would be developed by the state

board of education without consulting any abortion providers. Tennessee's [**HB 2135/ SB 2089**](#) would prohibit anyone from "advocating or encouraging" abortion on school property, which would include sex education.

Temporary Aid to Needy Families (TANF) and sex education

One provision in [**Mississippi**](#) sought to require young people ages 13-20 who receive [**TANF benefits**](#) to participate in programming that emphasizes abstinence. Under the provision, programming would be medically accurate, age-appropriate, factual, and provide information on the health benefits and potential side effects of all forms of contraception, including their success and failure rates for unintended pregnancy and STI prevention. However, the explicit emphasis on abstinence would inhibit young parents from receiving comprehensive programming.

Sex education prohibition

Among the most regressive efforts this legislative session is West Virginia's [**HB 4153**](#) that sought to **ban all displays related to sexuality and sex education altogether**. While unique during this legislative session, such hostile attempts mirror the beliefs of a

handful of legislators across the U.S. working to undermine the importance of sex education.

Reproductive health care restrictions

Provisions designed to partially or completely limit access to reproductive health care services for young people were among the most prominent trends in 2020. While the **47** near or total abortion bans introduced across 23 states target all people who need abortion care, they have a particularly harmful impact on young people who already face additional barriers to care.

It is imperative that young people have the ability to make sexual and reproductive health care decisions in confidence with their providers. This year, **eight** bills sought to increase parental consent requirements for minors to obtain reproductive health care. Maryland's [**HB 53**](#), for example, sought to require parental consent for a minor to have a contraceptive inserted or implanted.

Two provisions mandate parental or guardian consent specifically for a young person to have an abortion, and Maryland's [**HB 113**](#) sought to mandate that parents and guardians have full decision-making authority regarding the health care of a minor patient. This would include abortion, unless a federal

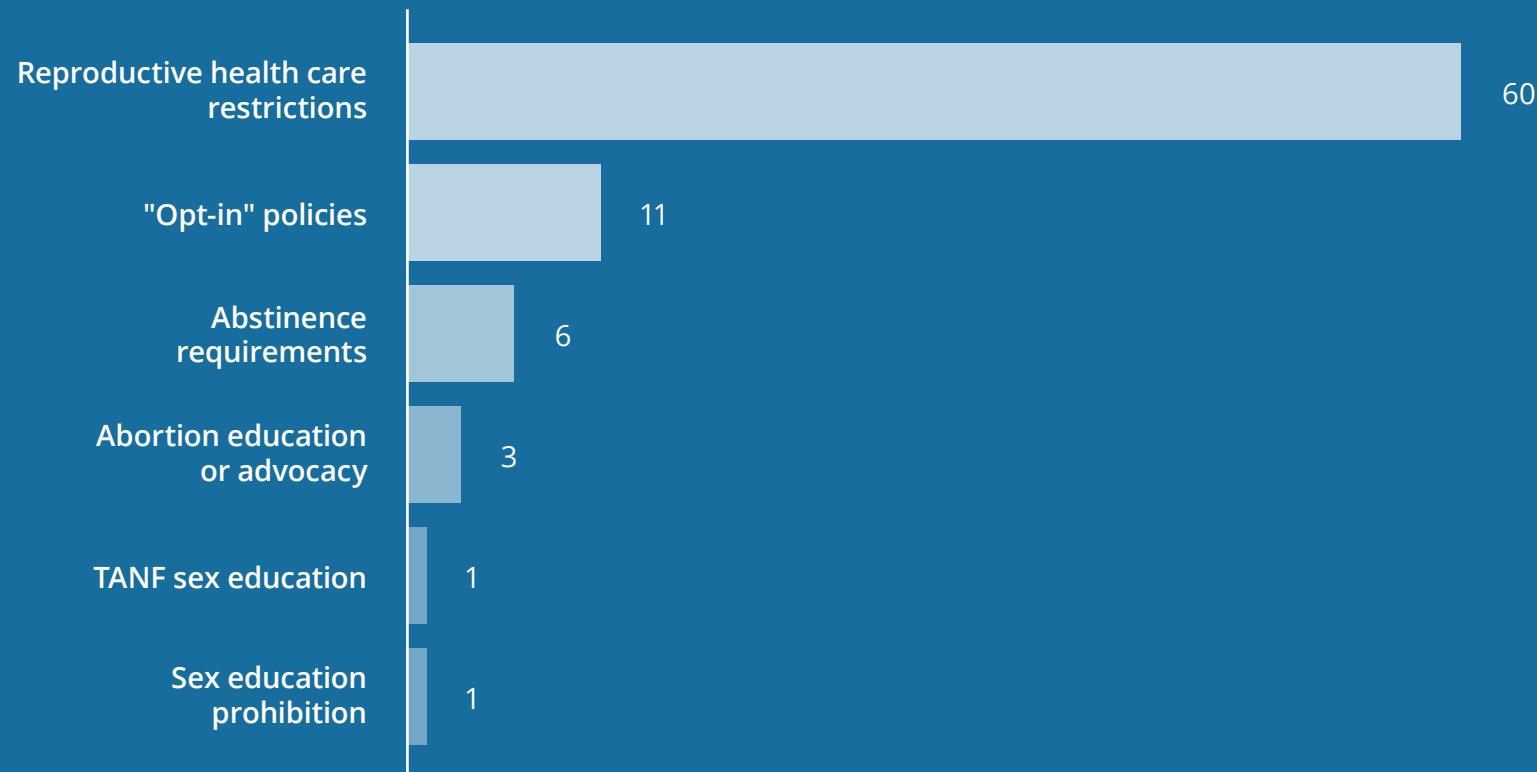
or state law permits the minor to consent. Further, **five** bills require parental notification if a young person receives reproductive health care services. New York's **AB 599**, for example, aimed to require parental notification 48 hours prior to a minor obtaining an abortion.



PHOTO BY
GIT STEPHEN GITAU

Topics break down:

The chart below shows the number of bills that fall into each category. These do not represent individual bills, as bills often address topics that fall into multiple categories.



Proactive legislative provisions

50 bills were introduced across 14 states that would advance sex education. Legislative topics include CSE mandates, CSE for foster youth, abuse prevention, quality requirements, teacher training, communication skills, and sex education grant programs and resolutions. 16 bills were introduced to increase access to reproductive health care services for young people.

CSE mandates

While the majority of sex education provisions introduced in 2020 have focused on advancing specific elements of sex education, such as mandating medically accurate instruction or instruction on healthy relationships, 14 bills were introduced across Arizona, Illinois, Kentucky, Massachusetts, Michigan, New York, and Washington with the goal of mandating comprehensive sex education in public schools and/or charter schools. Two bills (New York [A 6512/S 4844](#)) aligned the comprehensive sex education requirements with the [National Sex Education Standards, Second Edition](#), and

highlighted this compliance within the bill text. In addition to CSE mandates in school settings, one [California](#) bill sought to require social workers working with foster youth to report whether or not the young people they see have received comprehensive sex education.

Abuse prevention

Following similar trends in recent years, state legislatures nationwide have continued to grapple with ways to make abuse prevention education more comprehensive. Such efforts have been informed by ongoing conversations around sexual assault and

abuse in popular media, the entertainment industry, the workforce, higher education, among politicians, and across social media platforms. 23 bills across 13 states (Arizona, Florida, Hawaii, Massachusetts, Michigan, New York, Pennsylvania, Rhode Island, Tennessee, Utah, Washington, West Virginia, and Wisconsin) required additional education regarding human trafficking, dating and sexual abuse prevention, or healthy relationships to be added to existing health education curricula. Further, 15 of these bills mandate instruction on consent or expand on current consent education requirements.

Quality requirements

Many bills were introduced to advance specific sex education quality requirements in 2020. For example, **14** bills required that sex education be medically accurate, age-appropriate, evidence-based, and/or culturally appropriate. Notably, **nine** of the 14 bills include definitions for these terms, an advancement from previous years' legislation that overwhelmingly failed to define such terms in the context of sex education instruction.

Encouraging communication skills

Teaching students to successfully communicate sexual wants, desires, concerns, and boundaries, both digitally and in-person, is an essential component of sex education. **Thirteen** bills in 2020 addressed teaching the skills to effectively and safely communicate with parents and partners, including through digital means. While one bill focused solely on advancing communication skills education, **12** communication skill education mandates were incorporated into comprehensive sex education (CSE) mandates, quality requirement provisions, or abuse prevention provisions. Illinois's **HB 4007**, for example, would expand on the state's mandate curriculum to include instruction on sexting. Hawaii's **HB 385**

aimed to require sex education to "help students develop relationship and communication skills to form healthy relationships" and "communicate with their parents, guardians, and other trusted adults about sexuality and intimate relations".

Teacher training

Teacher training has been proven to be the most significant indicator in determining the quality of sex education instruction and confidence and comfort with teaching sex education.⁴ Because of this, provisions that mandate increased funding and dedication for training educators in accordance with the [National Teacher Preparation Standards for Sexuality Education](#) are critical. In 2020, **21** bills mandated teacher training for educators who teach human sexuality. [Virginia](#), for example, now requires The Board of Education to establish teacher training requirements for family life education instructors. Similar to communication skill provisions, teacher training mandates were incorporated into CSE mandates, quality requirement provisions, and abuse prevention provisions. Arizona's **SB 2067**, for example, aimed to require the Department of Education to provide assistance in training sex educators for any school district that requests it—in addition to mandating CSE.

Sex education grant programs and resolutions

In addition to CSE mandates, two provisions in New York ([A 1083/S 1030](#)) sought to establish sex education grant programs, and New York's **S 3798** sought to specifically establish a CSE grant program. Further, [Illinois](#) introduced a CSE resolution that affirmed the right of every young person to comprehensive sex education and highlighted its necessity in reducing rates of sexual violence and STIs.

Reproductive health care

Legislation introduced with the intent of expanding access to reproductive health care services to minors is critical in ensuring young people have the means to make decisions about their sexual and reproductive health. In 2020, **16** bills addressed the ability of minors to consent to preventative STI treatment or reproductive health care services. **Three**⁶ provisions sought to allow minors to consent to abortion care without parental consent. Arizona's **SB 1272**, for example, sought to allow minors to obtain an abortion once the physician received the minor's informed consent and determined that they were mentally and physically competent to give consent.

Topics break down:

The chart below shows the number of bills that fall into each category. These do not represent individual bills, as bills often address topics that fall into multiple categories.

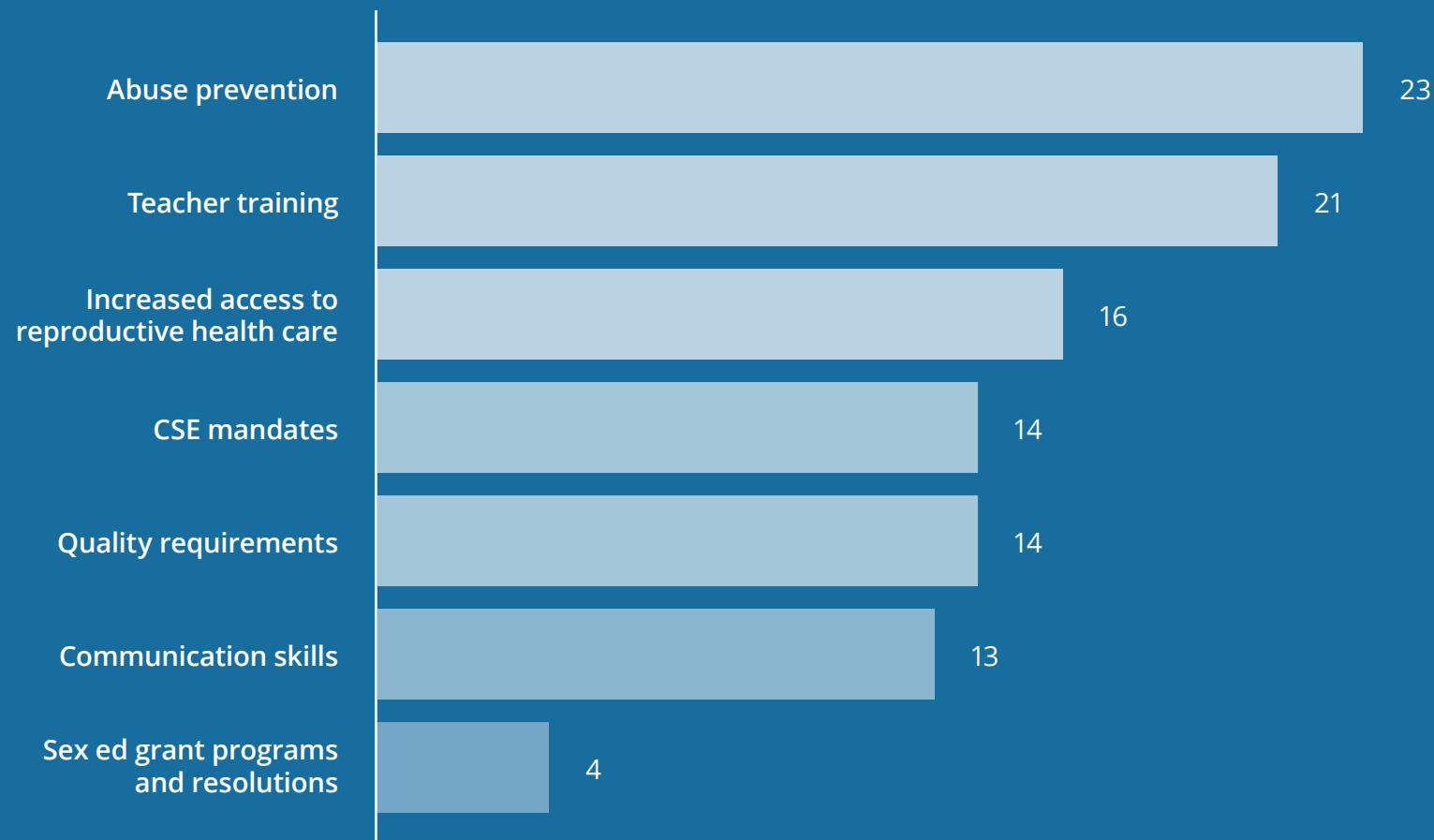




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OLADIMEJI AJEGBILE

Implications for the future of sex ed

The coronavirus pandemic

The unprecedented coronavirus pandemic took a demonstrated toll on states' legislative sessions and its impact on education continues to develop. As educational institutions grapple with the most effective means of continuing education online for millions of young people nationwide during the 2020-2021 school year, current disparities in access to education are only amplified by the impact of the coronavirus. State budgets and funding for online education, school curricula, and student engagement have been severely impacted by the pandemic and must be continuously monitored to ensure that young people have the means to succeed during the upcoming school year. While such limitations pose a significant challenge in ensuring a successful school year as a whole, the implications for sex education, specifically, remain somewhat unclear.

State budgets and funding for education

Through the passage of federal legislation, including the [Coronavirus Preparedness and Response Supplemental Appropriation Act](#) on March 6, the [Families First Coronavirus Aid Package](#) on March 18, the [Coronavirus Aid, Relief, and Economic Security Act \(CARES\) Act](#) on March 27, and the [Paycheck Protection Program and Health Care Enhancement Act](#) on April 24, funding has been allocated to both state and education relief to curb the devastating impact that coronavirus has had on the United States' health care system, communities, and economy. The CARES Act included a \$150 billion Coronavirus Relief Fund for [state, local, and tribal governments](#) to use for expenses during the pandemic to compensate for the widespread decline in state revenue.

Within the CARES Act, \$30.75 billion⁷ was allocated to the Education Stabilization Fund for states, school districts, and institutions of higher education. Of this amount, [\\$13.5 billion](#) was allocated to K-12 formula grants to states and an additional \$3 billion was allocated through the Governor's Education Relief Fund. Funding was allocated based on the proportion of [ESEA Title-IA](#) funds each state receives, with 90% of the funding allocated to local education agencies (LEAs) based on their allocation of [ESEA Title I-A](#) funds and the remaining 10% for emergency needs determined by the state. The funding can be used for coronavirus-response, including planning during long term school closures and purchasing technology to support online learning. Despite this investment in education, school superintendents nationwide have already written to Congress to warn them of future layoffs due to budgetary constraints if more federal funding isn't allocated to local school systems.

The digital gap and student engagement

Even before the spread of the coronavirus, an estimated **17%** of young people between the ages of 13 and 17 said they were often or sometimes unable to finish homework assignments because of a lack of internet

connection or computer, often referred to as the "homework gap".⁹ Households making less than \$30K a year make up **35%** of the households that lack high-speed internet access.⁹ Further, young people of color make up the overwhelming majority of youth affected. **Native youth make up the majority of students who have no internet access or only dial-up access at home at 27%, followed by Black youth at 19%, Hispanic youth at 17%, and Pacific Islander youth at 12%.** Comparatively, only 7% of white youth and 3% of Asian youth have no internet access or only dial-up access at home.¹⁰

These racist, systemic barriers to education are only further exacerbated by the coronavirus. The successful transition from in-person to online learning largely depends on the amount of public funding available per student, how the funding is being spent, and the availability of internet connections in rural areas.¹¹ Beyond the initial challenge of learning from home, further considerations such as [food insecurity](#), [the impact of remote learning on parents](#), and [the strain on after school programming](#) must be taken into account when determining the future success of students during the coronavirus pandemic.

Curriculum prioritization

Beyond funding, districts are now tasked with determining programming prioritization as both educators and students adjust to the limitations and challenges of online learning. Educators report that the predictable "learning loss" that occurs over the summer will [only be magnified](#) by the effects of the pandemic, and students returning in the fall for virtual learning will be substantially behind academically.⁸

In addition to academic shortfalls and the public health debate, it is anticipated that teacher layoffs, retirements, and refusals to return to the classroom, will result in larger class sizes and educators being reassigned to teach subjects they may not be used to teaching.⁸ Even if a school determines that sex education will be taught virtually, ill-prepared and unsupported educators pose a significant threat to the integrity of successful sex education programming.

The prioritization of sex education and health courses during the upcoming school year is unfortunately unclear at best. Educators report that sex education is low priority in the transition to online learning as they struggle to teach even basic courses such as math and English while protecting

their health and the health of their students amid a global pandemic.¹²

While parents and guardians have the opportunity to [play a larger role](#) in their children's sex education due to continuing social distancing guidelines, it's critical that districts continue to maintain sex education programming and educator training to ensure young people receive quality instruction. While not often classified as a "core subject", access to comprehensive sex education is essential in ensuring young people have the tools they need to make informed decisions about their sexual health and future.

Regardless of the coronavirus pandemic or the prioritization of sex education courses, young people will still need to utilize sexual health resources, engage in sexual activity, maintain relationships, go through puberty, and grow into their sexuality and sexual identity. It is the responsibility of educators, school districts, state governments, and the federal government to ensure that they receive appropriate instruction to support this lifelong journey.



PHOTO BY
KETUT SUBIYANTO

A photograph showing two Black women shouting into a blue megaphone. The woman on the left has curly hair and is wearing a black t-shirt with "MUHAMMAD ALI" printed on it. The woman on the right has long braided hair and is wearing a pink mask that says "I CAN'T BREATHE". They are outdoors, possibly at a protest, with a chain-link fence and city buildings in the background.

Sex education and racial justice

A lack of internet access isn't the only barrier young people of color—Black and Indigenous youth in particular—face when attempting to access sex education during the coronavirus pandemic.

Reports show that Black young people are more likely than their white counterparts to receive abstinence-only instruction¹⁴, which has been proven time and again to be ineffective at achieving its own stated goals.¹⁵ Even when people of color receive sex education, the language used frequently identifies their race as a “problem” or “risk factor” and does not take into account information including the history of trauma and experimentation that people of color have been subjected to by the U.S.—particularly in relation to the field of sexual and reproductive health.¹⁶ These programs

do not serve young people of color. On the contrary, they further marginalize them by attributing disparate health outcomes to their race, rather than the systemic and institutional failures that have disparaged them to begin with.

[The current spotlight](#) on racial justice must be acknowledged and sustained. State legislatures must act now to ensure that sex education is culturally responsive and explicitly acknowledges the history of systemic racism within the sexual and reproductive health field.¹⁶ When drafting

legislation related to teacher training and sex education, states can align requirements to both the [Professional Learning Standards for Sex Education](#) and the [National Sex Education Standards, Second Edition](#), which include considerations for the impact of racism on sexual health. States can also ensure that people of color have a voice in sex education policy decisions. For example: Colorado's [HB 1032](#), enacted in 2019, now requires that a sex education grant program include reviewers who hold marginalized identities. Advocates for comprehensive sex education must continue to ask themselves how the policies they promote acknowledge and incorporate race, and understand racial justice as a key component of sex education advocacy.

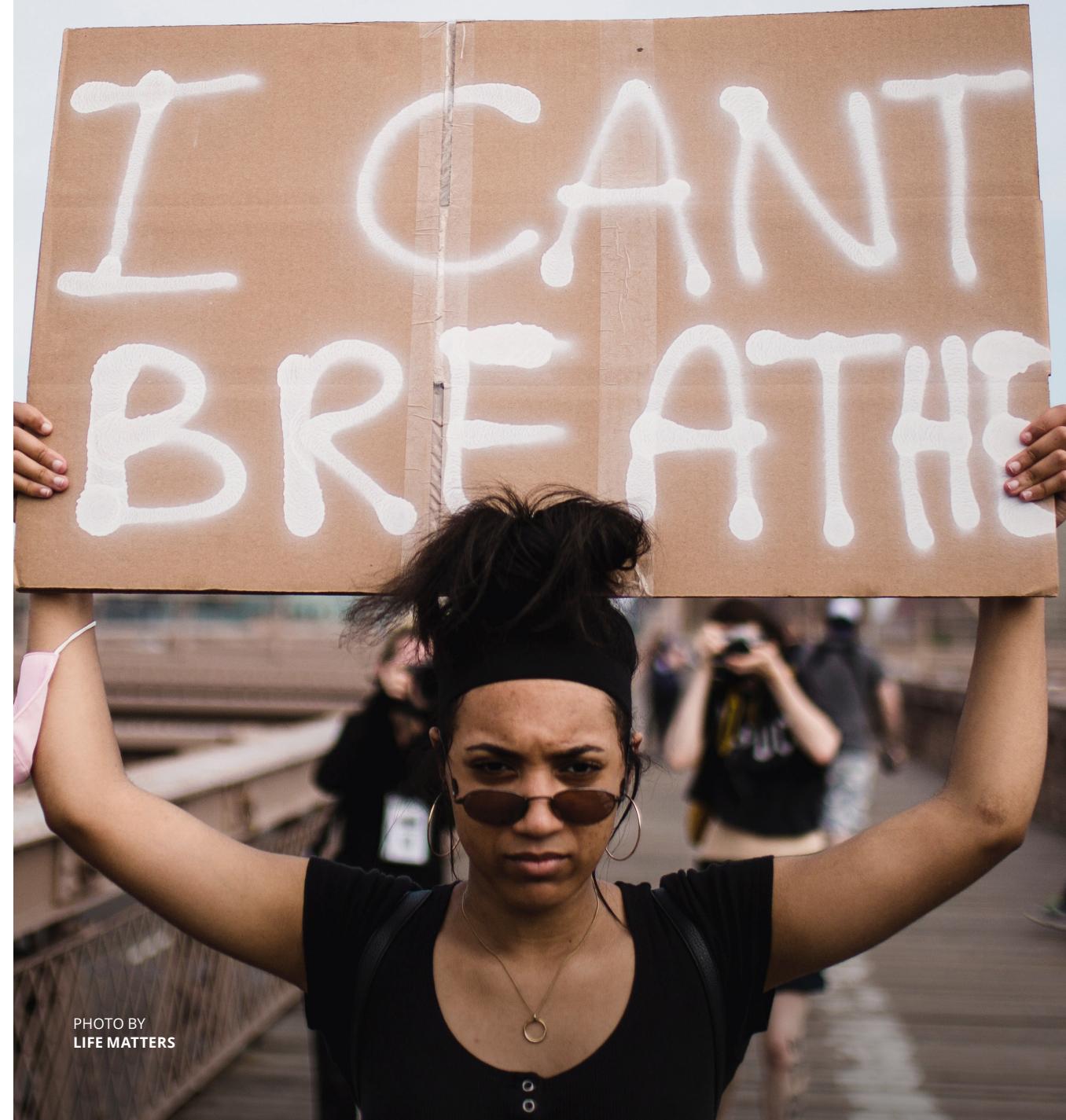


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LIFE MATTERS



LGBTQ youth

While introducing legislation that requires sex education be inclusive of sexual orientation and gender identity was not a trend observed during 2020 state legislative sessions, advocates advanced **13 bills** that either amended or added to current sex education requirements to require inclusive instruction.

Alabama's **HB 71/SB 168**, for example, sought to remove the required emphasis on the "unacceptable nature of homosexuality" in sex education instruction.

While comprehensive sex education must be culturally responsive to the needs of LGBTQ youth and include instruction on sexual orientation and gender identity, only **11 states** currently mandate such instruction.¹³ Continuous advocacy is needed to advance the inclusive nature of sex education

nationwide. This is particularly important as a slew of anti-transgender bills, aimed at preventing transgender youth from participating in sports or receiving gender affirming medical care, [gained traction](#) across the United States this session. To prevent a future onslaught of regressive bills designed to limit the rights of LGBTQ youth, it is essential that advocates continue to advance proactive legislation to affirm them.

State bill table

The previous highlights provide a topline glance at the common types of sex education and related bills provisions introduced across the country in 2020.

A **comprehensive list** of state sex education bills, the topics they cover, and available links to the legislation are included in the following table.



Key:

Bold intent = Sex education legislation

* = Special session

A = Abortion

AP = Abuse/violence/assault prevention

Ab = Abstinence

CSE = Comprehensive sex education

Comm = Communication (parents, partners, digital)

CR = Consent requirements

FC = Foster care

STI/HIV = Sexually transmitted infections, including HIV

LGBT = LGBT

MEAC = Medically accurate, evidence-based,
age-/ developmentally-/culturally-appropriate

RHC = Reproductive health care

TX = Title X

N = Notification

TT = Teacher/training

OI = Other implementation

OC = Other content

Opt = Opt-in and opt-out requirements

State	Bill number	Intent	Bill status	Topic areas	Legislative session status
AL	HB 71	Advance	Died in committee	MEAC, LGBT	Adjourned May 18
	SB 168	Advance	Died in committee	MEAC, LGBT	
	HB 321	Restrict	Died in committee	Opt	
AK	HB 302	Restrict	Died in committee	A	Adjourned May 20
AZ	HB 2277	Advance	Died in committee	MEAC, Opt, Comm, TT	Adjourned May 26
	HB 2658	Restrict	Died in committee	Opt	
	SB 1082	Restrict	Died in committee	A, Ab, Opt	
	SB 1120	Advance	Died in committee	MEAC, Opt, Comm, TT	
	SB 1200	Advance	Died in committee	AP, TT	
	SB 1270	Advance	Senate 2nd reading	Ab, CR	
	SB 1272	Advance	Senate 2nd reading	Ab, CR	
	SB 2067	Advance	Died in committee	CSE, TT	
CA	AB 2035	Advance	Referred to committee	CSE, FC	Adjourns Nov. 30
	SB 673	Restrict	Referred to committee	Opt	
	SB 1265	Neutral	Referred to committee	N	
	SB 1394	Restrict	Referred to committee	Opt	
CO	HB 1075	Restrict	Died in committee	A	Adjourned June 15
	HB 1144	Neutral	Died in committee	N	
	SB 72	Neutral	Died in committee	N	

State	Bill number	Intent	Bill status	Topic areas	Legislative session status
FL	HB 105	Advance	Died in committee	AP	Adjourned March 19
	SB 154	Advance	Died in committee	AP	
	SB 404	Restrict	Passed legislature	Ab, CR	
	HB 265	Restrict	Died in committee	Ab, CR	
	HB 271	Restrict	Died in committee	A	
	HB 1059	Mixed	Died in committee	N, Opt	
	SB 1634	Mixed	Died in committee	N, Opt	
GA	HB 546	Restrict	House 2nd read	A	Adjourned March 16*
HI	HB 385	Advance	Carried over	AP, Comm, TT	Adjourned July 10
	HB 386	Advance	Carried over	AP, TT	
	SB 2025	Advance	Passed Senate; Referred to House committee	CR, STI/HIV	
ID	HB 361	Restrict	Died in committee	A	Adjourned March 20
	HB 539	Restrict	Died in committee	Opt	
	SB 1385	Restrict	Approved by governor	A	
IL	HR 660	Advance	Referred to committee	CSE	Adjourned May 24*
	HB 2462	Restrict	Re-referred to committee	A	
	HB 4007	Advance	Passed House; Referred to House committee	Comm	
	HB 5012	Advance	Referred to committee	CSE, Comm, LGBT	
	SB 3668	Advance	Referred to committee	RHC, CR, STI/HIV	
	SB 3788	Advance	Referred to committee	CSE, Comm, TT, LGBT	
IN	HB 1089	Restrict	Died in committee	A	Adjourned March 11
KY	HB 296	Advance	Died in committee	CSE, Comm, TT, LGBT	Adjourned April 15
MD	HB 53	Restrict	Died in committee	CR, RHC	Adjourned March 18
	HB 113	Restrict	Died in committee	CR, RHC	
	HB 1299	Restrict	Died in committee	A	

State	Bill number	Intent	Bill status	Topic areas	Legislative session status
MA	HB 410	Advance	Referred to committee	CSE, Comm, TT, LGBT, N	Adjourned July 31
	HD 827	Advance	Referred to committee	CSE, Comm, TT, LGBT, N	
	HB 503*	Restrict	Accompanied HB 410	Opt, N	
	HD 2199	Restrict	Accompanied HB 410	Opt, N	
	HB 484*	Advance	Accompanied HB 410	AP	
	HD 3550	Advance	Accompanied HB 410	AP	
	SB 1237	Advance	Referred to committee	STI/HIV, CR, RHC	
	SB 1265	Advance	Referred to committee	STI/HIV, CR, RHC	
	SB 2399	Advance	New draft substituted, see SB 2459	MEAC, Comm, LGBT, N	
	SB 2459	Advance	Passed Senate; Referred to House	MEAC, N, AP, TT, LGBT	
	SB 2475	Advance	Passed Senate; Referred to House committee	CSE, Comm, TT, LGBT	
MI	HB 4664	Restrict	Referred to committee	A	Adjourns Dec. 31
	SB 357	Restrict	Referred to committee	A	
	HB 5499	Advance	Referred to committee	CSE, Comm, TT, LGBT	
	HB 5500	Advance	Referred to committee	AP	
	HB 5501	Advance	Referred to committee	STI/HIV	
	SB 270	Advance	Referred to committee	AP	
MN	HF 271	Restrict	Died in committee	A	Adjourned July 21*
	HF 2101	Restrict	Died in committee	A	
	HF 2245	Restrict	Died in committee	A	
	HF 3147	Restrict	Died in committee	Opt	
	SF 869	Restrict	Died in committee	A	
MS	HB 483	Restrict	Died in committee	Ab	Reconvened May 7*
	HB 627	Restrict	Died in committee	A	
	HB 901	Neutral	Died in committee	Ab	
	HB 902	Mixed	Died in committee	OC, RHC, Ab	
	HB 1001	Restrict	Died in committee	A	
	HB 1295	Restrict	Approved by governor	A	
	HB 1537	Mixed	Died in committee	MEAC	

State	Bill number	Intent	Bill status	Topic areas	Legislative session status
MO	HB 1565	Neutral	Died in committee	Opt, LGBT	Adjourns Sept. 3*
	SB 786	Neutral	Died in committee	Opt, LGBT	
	HB 2285	Restrict	Died in committee	A	
	HB 2200	Restrict	Died in committee	Opt	
	HB 2448	Restrict	Died in committee	A, CR	
NC	HB 196	Restrict	Referred to committee	Opt	Adjourns Sept. 3
NH	HB 1404	Advance	Passed House; Referred to Senate committee	CR, STI/HIV	Adjourned June 30*
	HB 1475	Restrict	Died in committee	A	
NJ	SB 398	Advance	Died in committee	CR, STI/HIV	Adjourns Jan. 11, 2022
	SCR 20	Restrict	Referred to committee	N, RHC	
NY	AB 973	Advance	Died in committee	CR, STI/HIV	Reconvened May 26*
	SB 3899	Advance	Died in committee	CR, STI/HIV	
	AB 1083	Advance	Died in committee	CSE	
	SB 1030	Advance	Died in committee	CSE	
	AB 1904	Advance	Died in committee	CSE	
	SB 791	Advance	Died in committee	CSE	
	AB 5389	Restrict	Died in committee	A	
	AB 5999	Restrict	Died in committee	A, N	
	AB 6064	Restrict	Referred to committee	A	
	AB 6125	Restrict	Died in committee	N, RHC	
	AB 6512	Advance	Died in committee	CSE, TT, LGBT	
	AB 6802	Restrict	Referred to committee	CR, RHC	
	SB 4844	Advance	Died in committee	CSE, TT, LGBT	
	SB 2621	Advance	Died in committee	AP, TT	
	SB 3798	Advance	Died in committee	CSE	
OH	HB 90	Restrict	Referred to committee	A	Adjourns Dec. 31
	HB 184	Mixed	Referred to committee	Ab, STI/HIV	
	HB 538	Restrict	Referred to committee	A	
	HB 554	Advance	Referred to committee	CR, RHC	

State	Bill number	Intent	Bill status	Topic areas	Legislative session status
OK	HB 1182	Restrict	Died in committee	A	Adjourned May 30*
	HB 2900	Restrict	Died in committee	A	
	HB 4116	Restrict	Died in committee	A	
	SB 13	Restrict	Died in committee	A	
	SB 867	Restrict	Died in committee	A	
	SB 1395	Advance	Died in committee	CR, RHC	
	SB 1786	Restrict	Died in committee	A	
	SB 1859	Restrict	Passed Senate; Died after 2nd House reading	A	
OR	HB 4112	Advance	Died in committee	TT	Adjourned June 26*
PA	HB 495	Advance	Referred to committee	AP, TT	Adjourns Nov. 30
	HB 843	Advance	Referred to committee	AP, TT	
	HB 1586	Advance	Referred to committee	MEAC, AP, TT	
	HB 1977	Restrict	Referred to committee	A	
	SB 912	Restrict	Referred to committee	A	
RI	HB 7508	Advance	Referred to committee	AP	Reconvened July 13*
SC	HB 3020	Restrict	Failed to pass	A	Adjourned June 25*
SD	HB 1162	Restrict	Withdrawn	Ab, Opt	Adjourned March 30
TN	HB 77	Restrict	Passed House; Referred to Senate committee	A	Adjourned June 19
	SB 1236	Restrict	Referred to committee	A	
	HB 1962	Restrict	Passed House; Referred to Senate committee	A	
	HB 2135	Restrict	Referred to committee	A, OI	
	HB 2263	Restrict	Passed legislature	A	
	SB 2196	Restrict	HB substituted	A	
	SB 2089	Restrict	Passed Senate; Held on H. desk	A, OI	
	HB 2434	Mixed	Referred to committee	MEAC, Comm, AP	
	SB 2583	Mixed	Referred to committee	MEAC, Comm, AP	
	HB 2567	Restrict	Referred to committee	CR, RHC	
	SB 1780	Restrict	Referred to committee	A	

State	Bill number	Intent	Bill status	Topic areas	Legislative session status
UT	HB 254	Advance	Died in committee	A, CR, TX	Adjourned June 18*
	HB 377	Restrict	Approved by governor	CR, RHC, TX	
	SB 136	Advance	Died in committee	AP	
	SB 174	Restrict	Approved by governor	A	
VT	HB 684	Advance	Referred to committee	CR, STI/HIV	Adjourned until August 25*
	HB 663	Advance	Referred to committee	CR, RHC	
	SB 314	Advance	Referred to committee	CR, STI/HIV	
VA	HB 1336	Mixed	Approved by governor	Ab, MEAC	Convenes August 18*
	HB 134	Advance	Approved by governor	MEAC, OC	
	SB 186	Advance	Approved by governor	MEAC, OC	
WA	HB 1407	Advance	Died in committee	CSE	Adjourned March 12
	SB 5395	Advance	Approved by governor	CSE	
	HB 2056	Advance	Died in committee	AP	
	HB 2154	Restrict	Died in committee	A	
	HB 2184	Advance	Died in committee	AP, TT, Comm	
	HB 2648	Neutral	Died in committee	N, MEAC	
	SB 6175	Advance	Died in committee	MEAC, AP	
WV	HB 2327	Advance	Died in committee	AP, TT	Adjourned March 7
	HB 2903	Restrict	Died in committee	A	
	HB 2915	Restrict	Died in committee	A	
	HB 4037	Restrict	Died in committee	A	
	SB 83	Restrict	Died in committee	A	
	SB 473	Restrict	Died in committee	N, RHC	
	SB 474	Restrict	Died in committee	N, RHC	
	SB 480	Restrict	Died in committee	A	
WI	AB 378	Advance	Failed to pass	AP	Adjourned May 7
	SB 420	Advance	Failed to pass	AP	
WY	SF 131	Restrict	Died in committee	A	Adjourned May 16*

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