

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas  
93rd General Assembly  
Regular Session, 2021

# A Bill

SENATE BILL 655

By: Senator G. Leding  
By: Representative Godfrey

## For An Act To Be Entitled

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

### Subtitle

TO CREATE THE EDUCATION FOR HEALTHY YOUTH  
ACT.

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

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

#### Subchapter 16 – Education for Healthy Youth Act

##### 6-16-1601. Title.

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

##### 6-16-1602. Legislative findings.

###### (a) The General Assembly finds that:

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

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



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

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

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

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

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

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

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

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

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

(1) Promote:

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

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

(C) Sexual health;

(D) Positive body image; and

(E) Family and social norms;

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

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

information and make healthy decisions throughout their lives.

6-16-1603. Definitions.

As used in this subchapter:

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

(2) “Characteristics of effective programs” means the aspects of evidence-informed programs, including development, content, and implementation of such evidence-informed programs, that:

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

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

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

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

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

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

(A) Information provided through the instruction is:

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

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

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

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

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

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

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

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

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

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

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

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

(1) Medically accurate and complete;

(2) Age- and developmentally appropriate; and

(3) Culturally appropriate.

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

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

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

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

(C) Healthy relationships, including without limitation:

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

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

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

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

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

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

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

(ii) Exploring individual values and attitudes;

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

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

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

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

(a) Their parents or legal guardians;

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

(c) Other trusted adults; and

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

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

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

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

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

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

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

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

(2) Reflect the characteristics of effective programs;

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

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

(B) Curricula shall:

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

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

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

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

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

6-16-1605. Parental requests for information.

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

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

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

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

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

6-16-1606. Implementation – Enforcement.

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

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

compliance with the provisions of this subchapter;

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

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

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

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

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

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

(iv) The duration of the sex education instruction.

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

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

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

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