

1 HOUSE BILL NO. 596

2 INTRODUCED BY T. HENRY

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4 A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING THE HEALTHY TEEN ACT; SPECIFYING THE
5 GOAL OF TEEN PREGNANCY PREVENTION; ESTABLISHING A TEEN PREGNANCY PREVENTION AND
6 SEXUALLY TRANSMITTED INFECTION AND DISEASE PREVENTION PROGRAM; AND PROVIDING
7 RULEMAKING AUTHORITY."

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9 WHEREAS, the Montana Department of Public Health and Human Services, the Montana Office of Public
10 Instruction, American Medical Association, the American Nurses Association, the American Academy of
11 Pediatrics, the American College of Obstetricians and Gynecologists, the American Public Health Association,
12 the Institute of Medicine, and the Society of Adolescent Medicine support responsible sex education that includes
13 information about both abstinence and contraception; and

14 WHEREAS, the physical and emotional consequences of teen sexual behaviors place greater demands
15 on Montana's health care delivery system and require that we take immediate action and embark on a dedicated
16 mission to provide youth with a sexuality education program; and

17 WHEREAS, it is the intent of the Legislature that sex education as established in this legislation should
18 provide adolescents with information, assistance, skills, and support to enable them to make responsible life
19 decisions and protect their sexual and reproductive health, prevent unintended pregnancy, and reduce the risk
20 of sexually transmitted infections; and

21 WHEREAS, it is the intent of the Legislature to develop healthy attitudes concerning adolescent growth
22 and development, body image, gender roles, sexual orientation, dating, marriage, and family; and

23 WHEREAS, studies have shown that discussion between young people and their parents or guardians
24 helps young people make responsible and healthy life decisions; and

25 WHEREAS, in Montana, 46% of high school students have had sexual intercourse and by age 19, over
26 75% of females and 85% of males have had intercourse; and

27 WHEREAS, of those surveyed who had recently had sexual intercourse, 35% did not use a condom and
28 80% did not use birth control; and

29 WHEREAS, in 2006, 1,670 of Montana's teens experienced a pregnancy, resulting in 1,289 live births,
30 6 fetal deaths, and 375 abortions; and

1 WHEREAS, in Montana, 36% of all chlamydia cases and 29% of all gonorrhea cases occur in youth ages
2 15 to 19; and

3 WHEREAS, nearly half of all new sexually transmitted infections occur among Americans aged 15 to 24
4 and experts estimate that each year about 9 million new cases of sexually transmitted infections occur among
5 15- to 24-year-olds, with the direct cost of these new cases estimated at \$6.5 billion per year; and

6 WHEREAS, females ages 16 to 24 are more vulnerable to intimate partner violence than any other age
7 group, at a rate almost triple the national average; and

8 WHEREAS, according to the 2007 Montana youth risk behavior study conducted by the Office of Public
9 Instruction, 11% of Montana teens reported that they had been hit, slapped, or physically hurt by the other person
10 in a relationship and 9% were forced to have sex when they didn't want to; and

11 WHEREAS, a study by the American Association of University Women found that 61% of students knew
12 someone who had been derogatorily called gay or lesbian, 36% of those students had been the target
13 themselves, and this rate of marginalization helps explain why the U.S. Department of Health and Human
14 Services has found that 28% of students who self-identify as gay or lesbian drop out of school; and

15 WHEREAS, teens with disabilities need accessible and disability-specific sex education to support the
16 development of positive relationships and sexual behaviors and to help them to avoid and reject unwanted and
17 unwelcome sexual overtures as demonstrated by the 2007 Montana youth risk behavior study conducted by the
18 Office of Public Instruction that reported that 53% of students with disabilities had engaged in sexual intercourse
19 in their lifetime, compared to 46% of students in the general high school population; and

20 WHEREAS, a November 2006 study of declining pregnancy rates among teens concluded that the
21 reduction in teen pregnancy between 1995 and 2002 is primarily the result of increased use of contraceptives;
22 and

23 WHEREAS, research has identified highly effective sex education and HIV prevention programs that
24 affect multiple behaviors and achieve positive health impacts, including delaying the initiation of sex as well as
25 reducing the frequency of sex, the number of new partners, and the incidence of unprotected sex and increasing
26 the use of condoms and contraception among sexually active participants; and

27 WHEREAS, long-term impacts in some programs have included lower sexually transmitted infections and
28 lower pregnancy rates.

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30 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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2 NEW SECTION. **Section 1. Short title.** [Sections 1 through 5] may be cited as the "Healthy Teen Act".

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4 NEW SECTION. **Section 2. Definitions.** As used in [sections 1 through 5], the following definitions
5 apply:

6 (1) "Age-appropriate" means topics, messages, and teaching methods suitable to particular ages or age
7 groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical
8 for the age or age group.

9 (2) "Department" means the department of public health and human services as provided for in
10 2-15-2201.

11 (3) "HIV" has the meaning provided in 50-16-1003.

12 (4) "Medically accurate" means supported by peer-reviewed research conducted in compliance with
13 accepted scientific methods and recognized as accurate by leading professional organizations with relevant
14 experience, such as the American medical association.

15 (5) "Office of public instruction" means the agency under the direction of the superintendent of public
16 instruction whose purpose is to improve teaching and learning for all students through education, communication,
17 advocacy, and accountability by supporting schools to achieve high standards, guiding and monitoring the
18 development of all aspects of K-12 education, and providing for quality instruction through professional
19 development.

20 (6) "Teen pregnancy prevention" means instruction focusing on the elements contained in [section 3].

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22 NEW SECTION. **Section 3. Goal of teen pregnancy prevention.** The goal of teen pregnancy
23 prevention instruction is to:

24 (1) help youth gain knowledge about reproductive and sexual anatomy and physiology, as well as the
25 biological, psychosocial, and emotional changes that accompany human development and maturation;

26 (2) stress the benefits of sexual abstinence while addressing the health needs of adolescents who have
27 had or who are engaged in a sexual relationship;

28 (3) provide information about the health benefits, side effects, and proper use of all contraceptives and
29 barrier methods, including emergency contraception. Contraceptive information should include medically
30 accurate information about:

- 1 (a) actual and perfect use rates for preventing pregnancy; and
2 (b) reducing the risk of contracting sexually transmitted infections and diseases.
3 (4) assist youth in gaining knowledge about the involvement and responsibility of both sexes in sexual
4 decisionmaking, including:
5 (a) practicing communication and negotiation with a partner about sexual activity before it occurs;
6 (b) sexual limits; and
7 (c) contraceptive use;
8 (5) teach skills in making responsible decisions about sexuality, including how to refrain from making and
9 how to avoid receiving unwanted verbal, physical, and sexual advances. This includes information about dating
10 violence, sexual harassment, and sexual violence.
11 (6) illustrate how alcohol and drug use can affect responsible decisionmaking;
12 (7) encourage youth to communicate with parents, guardians, partners, and other family members about
13 sexuality; and
14 (8) promote self-esteem and positive interpersonal skills focusing on healthy, caring relationships and
15 personal safety within relationships, goal setting, decisionmaking, and stress management.
16

17 **NEW SECTION. Section 4. Teen pregnancy prevention and sexually transmitted infection and**
18 **disease prevention program -- duties of office of public instruction.** (1) The office of public instruction shall
19 expand its existing HIV prevention program by creating a teen pregnancy prevention and sexually transmitted
20 infection and disease prevention program. As part of this program, the office of public instruction shall:

- 21 (a) present program information that is medically accurate and in an accessible format;
22 (b) offer developmental and age-appropriate program support to grades K-12;
23 (c) provide updates on teen pregnancy prevention and sexually transmitted infection and disease
24 prevention training opportunities for policy implementation, worksite safety, and education during monthly
25 administrator meetings;
26 (d) provide training and technical assistance to at least 50 policy decisionmakers, such as school
27 administrators, trustees, and lead health teachers, regarding appropriate and effective policies that address
28 accommodation, worksite safety, and education through 10 regional workshops, six ancillary staff workshops,
29 and onsite school visits and telephone and e-mail communications;
30 (e) consult and collaborate with the department in the development of and support for a school policy

- 1 regarding teen pregnancy prevention and sexually transmitted infection and disease prevention in conjunction
2 with the department's AIDS education and prevention efforts contained in Title 50, chapter 16, part 10;
- 3 (f) (i) provide guidance to schools on the school accreditation standards for teen pregnancy and HIV and
4 sexually transmitted disease education within a health enhancement program, as well as the centers for disease
5 control guidelines for teen pregnancy and HIV and sexually transmitted disease prevention education within a
6 comprehensive school health program; and
- 7 (ii) provide teaching materials consistent with the standards and guidelines. Guidance must be offered
8 through the distribution of written guidelines to schools and teachers and by:
- 9 (A) including the information in regional teacher training workshops; and
10 (B) posting resource materials on the agency website.
- 11 (g) provide regional teacher training programs as a service for practicing classroom and certified
12 educators as follows:
- 13 (i) the regional trainers shall offer up to 10 teacher training sessions targeting 160 teachers, including
14 teachers working in the special education programs;
- 15 (ii) training sessions held during the school year must provide 5 to 6 contact hours; and
16 (iii) training sessions held during a 3-day summer institute must provide 15 to 18 contact hours;
- 17 (h) promote the teen pregnancy and HIV and sexually transmitted disease education component of the
18 recommended school policy to encourage school administrators to send teachers to ongoing training provided
19 by the regional teacher training workshops using multiple strategies, including but not limited to multiday district
20 training sessions and offering stipends, travel reimbursement, and credit or renewal unit hours required for
21 certification;
- 22 (i) conduct evaluations of regional teacher training workshops and a 6-month followup survey regarding
23 the usefulness of the information presented at the workshops. The department shall develop an analysis of the
24 evaluation findings to be used as a component of the HIV program strategic planning process.
- 25 (j) increase the involvement of youth in teen pregnancy and HIV and sexually transmitted disease
26 prevention education through a peer education component requiring regional trainers to identify and work with
27 students who will serve as peer-to-peer or peer-to-teacher educators;
- 28 (k) increase youth involvement in teen pregnancy and HIV and sexually transmitted disease prevention
29 education through attendance at a 2-day, intensive training session or six 1-day regional training sessions for
30 peer educator team development training in HIV and sexually transmitted disease prevention education. The goal

1 of the training is to have up to 30 students who will act as trained peer educators to their schools and
2 communities in helping to reduce risk behaviors associated with HIV and sexually transmitted disease infection
3 and unintended pregnancy.

4 (2) Program staff must be knowledgeable about research on human sexuality, pregnancy, and sexually
5 transmitted infections and shall remain current on recent developments in the subject matter covered.

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7 **NEW SECTION. Section 5. Rulemaking.** The office of public instruction may adopt rules necessary
8 to implement the provisions of [sections 1 through 5].

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10 **NEW SECTION. Section 6. Codification instruction.** [Sections 1 through 5] are intended to be codified
11 as an integral part of Title 20, chapter 5, and the provisions of Title 20, chapter 5, apply to [sections 1 through 5].

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