

ENGROSSED SUBSTITUTE SENATE BILL 5395

AS AMENDED BY THE HOUSE

Passed Legislature - 2019 Regular Session

State of Washington, 66th Legislature, 2019 Regular Session

By Senate Early Learning & K-12 Education (originally sponsored by Senators Wilson, C., Randall, Keiser, Saldaña, Takko, Mullet, Wellman, Das, Nguyen, Billig, Pedersen, Rolfes, Darneille, Dhingra, Hasegawa, Hunt, and Kuderer; by request of Superintendent of Public Instruction

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 Sec. 1. RCW 28A.300.475 and 2007 c 265 s 2 are each amended to read as follows:

(a)(i) In accordance with the requirements of this section, every public school shall provide comprehensive sexual health education to each student by the 2022-23 school year. The curriculum, instruction, and materials used to provide the comprehensive sexual health education must be medically and scientifically accurate, age-appropriate and inclusive of all students, regardless of their protected class status under chapter 49.60 RCW, and must include information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases. Abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention.

(ii)(A)

Beginning in the 2020-21 school year, any public school that provides comprehensive sexual health education must ensure that the curriculum, instruction, and materials include information about affirmative consent and bystander training.

(ii)(B)

The school district boards of directors of one or more public schools that are not providing comprehensive sexual health education in either the 2019-20 school year, the 2020-21 school year, or both, must prepare for incorporating information about affirmative consent and bystander training into the comprehensive sexual health education curriculum, instruction, and materials required by this section. In satisfying the requirements of this subsection (1)(a)(ii)(B), school district boards of directors must also, no later than the 2020-21 school year, consult with parents and guardians

of students, local communities, and the Washington state school directors' association.

(b) A public school may choose to use separate, outside speakers or prepared curriculum to teach different content areas or units within its comprehensive sexual health education program if all speakers, curriculum, and materials used are in compliance with this section.

(c) Comprehensive sexual health education must be consistent with the Washington state health and physical education K-12 learning standards and the January 2005 guidelines for sexual health information and disease prevention developed by the department of health and the office of the superintendent of public instruction.

(2)(a) Beginning in the 2021-22 school year, comprehensive sexual health education must be provided to all public school students in grades six through twelve.

(b) Beginning in the 2022-23 school year, comprehensive sexual health education must be provided to all public school students.

(c) The provision of comprehensive sexual health education to public school students as required by (a) and (b) of this subsection (2) must be provided no less than:

- (i) Once to students in kindergarten through grade three;
- (ii) Once to students in grades four through five;
- (iii) Twice to students in grades six through eight; and
- (iv) Twice to students in grades nine through twelve.

(3) The office of the superintendent of public instruction and the department of health shall make the Washington state health and physical education K-12 learning standards and the January 2005 guidelines for sexual health information and disease prevention available to public schools, teachers, and guest speakers on their web sites. Within available resources, the office of the superintendent of public instruction and the department of health shall also, and to the extent permitted by applicable federal law, make any related information, model policies, curricula, or other resources available on their web sites.

(4) The office of the superintendent of public instruction, in consultation with the department of health, shall develop a list of comprehensive sexual health education curricula that are consistent with the 2005 guidelines for sexual health information and

disease prevention, the Washington state health and physical education K-12 learning standards, and this section. This list, which may serve as a resource for schools, teachers, or any other organization or community group, must be updated at least annually, and must be made available on the web sites of the office of the superintendent of public instruction and the department of health.

(5) Subject to the availability of amounts appropriated for this specific purpose, the office of the superintendent of public instruction shall periodically review and revise, as necessary, training materials, which may be in an electronic format, for classroom teachers and principals to implement the applicable requirements of this section. The initial review required by this subsection (5) must be completed by March 1, 2021.

(6)(a) Public schools are encouraged to review their comprehensive sexual health education curricula and choose a curriculum from the list developed under subsection (4) of this section. Any public school may identify, choose, or develop any other curriculum if it complies with the requirements of this section.

(b) If a public school chooses a curriculum that is not from the list developed under subsection (4) of this section, the public school or applicable school district, in consultation with the office of the superintendent of public instruction, must conduct a review of the selected or developed curriculum to ensure compliance with the requirements of this section using a comprehensive sexual health education curriculum analysis tool of the office of the superintendent of public instruction.

(c) The office of the superintendent of public instruction shall provide technical assistance to public schools and school districts that is consistent with the curricula review, selection, and development provisions in (a) and (b) of this subsection (6).

(7)(a) Any parent or legal guardian who wishes to have his or her child excused from any planned instruction in comprehensive sexual health education may do so upon filing a written request with the school district board of directors or its designee, or the principal of the school his or her child attends, or the principal's designee. The person or entity to whom the request is directed must grant the written request to have the student excused from this instruction in accordance with this subsection. In addition, any parent or legal guardian may review the

comprehensive sexual health education curriculum provided in his or her child's school by filing a written request with the school district board of directors, the principal of the school his or her child attends, or the principal's designee.

(b) At the beginning of the 2021-22 school year, each school providing comprehensive sexual health education must notify parents and guardians, in writing or in accordance with the methods

the school finds most effective in communicating with parents, that the school will be providing comprehensive sexual health education during the school year. The notice must include, or provide a means for electronic access to, all course materials, by grade, that will be used at the school during the instruction.

(8)(a) Public schools shall annually, by September 1st, identify to the office of the superintendent of public instruction any curricula used by the school to provide comprehensive sexual health education as required by this section. Materials provided by schools under this subsection (8)(a) must also describe how the provided classroom instruction aligns with the requirements of this section.

(b) The office of the superintendent of public instruction shall summarize and, in accordance with RCW 43.01.036, report the results provided under (a) of this subsection (8) to the education committees of the house of representatives and the senate biennially, beginning after the 2022-23 school year.

(9) RCW 28A.600.480(2), which encourages school employees, students, and volunteers to report harassment, intimidation, or bullying applies to this section.

(10) Nothing in this section expresses legislative intent to require that comprehensive sexual health education, or components of comprehensive sexual health education, be integrated into curriculum, materials, or instruction in unrelated subject matters or courses.

(11) For the purposes of this section:

(a) "Affirmative consent" means a conscious and voluntary agreement to engage in sexual activity as a requirement before sexual activity;

(b) "Comprehensive sexual health education" means recurring instruction in human development and reproduction that is age appropriate and inclusive of all students, regardless

of their protected class status under chapter 49.60 RCW. All curriculum, instruction, and materials used in providing comprehensive sexual health education must be medically and scientifically accurate and must use language and strategies that recognize all members of protected classes under chapter 49.60 RCW. Comprehensive sexual health education for students

in kindergarten through grade three must be instruction (instructed) in social-emotional learning that is consistent with learning standards and benchmarks adopted by the office of the superintendent of public instruction under RCW 28A.300.478. Comprehensive sexual health education for students in grades four through twelve must include information about:

- (i) The physiological, psychological, and sociological developmental processes experienced by an individual;
 - (ii) The development of intrapersonal and interpersonal skills to communicate, respectfully and effectively, to reduce health risks, and choose healthy behaviors and relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation;
 - (iii) Health care and prevention resources;
 - (iv) The development of meaningful relationships and avoidance of exploitative relationships;
 - (v) Understanding the influences of family, peers, community, and the media throughout life on healthy sexual relationships; and
 - (vi) Affirmative consent and recognizing and responding safely and effectively when violence, or a risk of violence, is or may be present with strategies that include bystander training;
- (c) "Medically and scientifically accurate" means information that is verified or supported by research in compliance with scientific methods, is published in peer-reviewed journals, where appropriate, and is recognized as accurate and objective by professional organizations and agencies with expertise in the field of sexual health including but not limited to the American college of obstetricians and gynecologists, the Washington state department of health, and the federal centers for disease control and prevention; and
- (d) "Public schools" has the same meaning as in RCW 28A.150.010.

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