



1           Whereas, American teens need access to full, complete, and medically and  
2 factually accurate information regarding sexuality, including contraception, STD/HIV  
3 prevention, and abstinence; and

4           Whereas, although teen pregnancy rates are decreasing, there are still between  
5 750,000 and 850,000 teen pregnancies in the United States each year; and

6           Whereas, there were over 18,000 teen pregnancies among 15- to 19- year-  
7 olds in North Carolina in 2005; and

8           Whereas, North Carolina has the ninth highest teen pregnancy rate for 15- to  
9 19- year-olds in the United States and the nation's highest birthrate among Hispanic  
10 teens; and

11           Whereas, the cost of teen pregnancy in North Carolina, according to the  
12 National Campaign to Prevent Teen Pregnancy, is \$312,000,000 a year; and

13           Whereas, between 75 and 90 percent of teen pregnancies among 15- to  
14 19-year-olds are unintended; and

15           Whereas, studies estimate that 50 to 75 percent of the reduction in adolescent  
16 pregnancy rates is attributable to improved contraceptive use; the remainder to  
17 increased abstinence; and

18           Whereas, a study conducted by the North Carolina Department of Public  
19 Instruction in October 2003 found that the vast majority of North Carolina parents  
20 (more than 90.5%) thought sexuality education should be taught in the public schools;  
21 and

22           Whereas, United States teens and young adults acquire an estimated  
23 4,000,000 sexually transmitted infections each year; and

24           Whereas, by age 25, at least one of every 12 sexually active people will have  
25 contracted a sexually transmitted disease; and

26           Whereas, more than two young people in the United States are infected with  
27 HIV every hour of every day; and

28           Whereas, African-American and Hispanic youth have been disproportionately  
29 affected by the HIV/AIDS epidemic; and

30           Whereas, although about 15 percent of the adolescent population (ages 13 to  
31 19) in the United States is African-American, nearly 60 percent of AIDS cases through  
32 2002 among 13- to 19-year-olds were among African-Americans; and

33           Whereas, Hispanics comprise nearly 16 percent of the adolescent population  
34 (ages 13 to 19) in the United States and 22 percent of reported adolescent AIDS cases  
35 through June 2002; and

36           Whereas, one in five women in North Carolina will be sexually assaulted in  
37 her lifetime; Now, therefore,

38 The General Assembly of North Carolina enacts:

39           **SECTION 1.** G.S. 115C-81(e1) reads as rewritten:

40           "(e1) School Health Education Program to Be Developed and Administered.

41           (1) A comprehensive school health education program shall be developed  
42 and taught to ~~pupils~~ students of the public schools of this State from  
43 kindergarten through ninth grade. This program includes  
44 age-appropriate instruction in the following subject areas, regardless of

1 whether this instruction is described as, or incorporated into a  
2 description of, "family life education", "family health education",  
3 "health education", "family living", "health", "healthful living  
4 curriculum", or "self-esteem":

- 5 a. Mental and emotional health;  
6 b. Drug and alcohol abuse prevention;  
7 c. Nutrition;  
8 d. Dental health;  
9 e. Environmental health;  
10 f. Family living;  
11 g. Consumer health;  
12 h. Disease control;  
13 i. Growth and development;  
14 j. First aid and emergency care, including the teaching of  
15 cardiopulmonary resuscitation (CPR) and the Heimlich  
16 maneuver by using hands-on training with mannequins so that  
17 students become proficient in order to pass a test approved by  
18 the American Heart Association, or American Red Cross;  
19 k. Preventing unintended pregnancy and sexually transmitted  
20 diseases, including HIV/AIDS, and other communicable  
21 diseases;  
22 l. ~~Abstinence until marriage education; and~~Abstinence-based  
23 comprehensive sexual health education;  
24 m. ~~Bicycle safety;~~safety; and  
25 n. Awareness of sexual abuse and assault and risk reduction.

26 (1a) As used in this subsection, "HIV/AIDS" means Human  
27 Immunodeficiency Virus/Acquired Immune Deficiency Syndrome.

28 (2) The State Board of Education shall supervise the development and  
29 operation of a statewide comprehensive school health education  
30 program including curriculum development, in-service training  
31 provision and promotion of collegiate training, learning material  
32 review, and assessment and evaluation of local programs in the same  
33 manner as for other programs. The State Board of Education shall  
34 adopt objectives for the instruction of the subject areas listed in  
35 subdivision (1) of this subsection that are appropriate for each grade  
36 level. In addition, the State Board shall approve textbooks and other  
37 materials incorporating these objectives that local school  
38 administrative units may purchase with State funds. The State Board of  
39 Education, through the Department of Public Instruction, shall, on a  
40 regular basis, review materials related to these objectives, and  
41 distribute these reviews to local school administrative units for their  
42 information.

43 (2a) Local school administrative units shall provide comprehensive sexual  
44 health education, consisting of age-appropriate instruction, in grades

1           seven to 12 inclusive, using instructors trained in the appropriate  
2           courses. Students shall receive instruction in grades seven and eight  
3           and in one additional year.

4           (2b) The unit's comprehensive sexual health education shall satisfy all of  
5           the following criteria:

6           a. Instruction and materials shall be age appropriate.

7           b. All information presented shall be factually and medically  
8           accurate and objective.

9           c. Instruction and materials shall be appropriate for use with  
10           students of all races, genders, sexual orientations, ethnic and  
11           cultural backgrounds, and with students with disabilities.

12           d. Instruction and materials shall encourage a pupil to  
13           communicate with his or her parents or guardians about human  
14           sexuality.

15           e. Instruction and materials shall teach respect for marriage and  
16           committed relationships.

17           f. Commencing in grade seven, instruction and materials shall  
18           teach that abstinence from sexual intercourse is the only certain  
19           way to prevent unintended pregnancy, teach that abstinence  
20           from sexual activity is the only certain way to prevent the  
21           sexual transmission of diseases, and provide information about  
22           the value of abstinence.

23           g. Commencing in grade seven, instruction and materials shall  
24           provide information about sexually transmitted diseases. This  
25           instruction shall include how sexually transmitted diseases are  
26           and are not transmitted, the effectiveness and safety of all  
27           federal Food and Drug Administration (FDA) approved  
28           methods of reducing the risk of contracting sexually transmitted  
29           diseases, and information on local resources for testing and  
30           medical care for sexually transmitted diseases.

31           h. Commencing in grade seven, instruction and materials shall  
32           provide information about the effectiveness and safety of all  
33           FDA-approved contraceptive methods in preventing pregnancy,  
34           including, but not limited to, emergency contraception.

35           i. Commencing in grade seven, instruction and materials shall  
36           provide students with skills for making and implementing  
37           responsible decisions about sexuality.

38           j. Commencing in grade seven, instruction and materials shall  
39           provide students with information on the law on surrendering  
40           physical custody of a minor child 72 hours or younger, pursuant  
41           to G.S. 15A-540.

42           (2c) A school unit that elects to offer comprehensive sexual health  
43           education pursuant to subdivision (2a) of this subsection earlier than  
44           grade seven may provide age appropriate and medically accurate

1 information on any of the general topics contained in sub-subdivisions  
2 f. through j. of subdivision (2b) of this subsection.

3 (2d) The school unit shall offer comprehensive sexual health education  
4 pursuant to subdivision (2a) of this subsection and shall comply with  
5 the following:

6 a. Instruction and materials shall not reflect or promote bias  
7 against any person on the basis of sex, ethnic group  
8 identification, race, national origin, religion, color, sexual  
9 orientation, gender identity, or mental or physical disability.

10 b. A school unit shall ensure that all students in grades seven to  
11 12, inclusive, receive HIV/AIDS prevention education from an  
12 instructor trained in the appropriate courses. Each student shall  
13 receive this instruction at least once in junior high or middle  
14 school and at least once in high school.

15 c. HIV/AIDS prevention education shall satisfy all of the criteria  
16 set forth in sub-subdivisions a. through e. of subdivision (2b) of  
17 this subsection and sub-subdivisions a. and b. of subdivision  
18 (2d) of this subsection, shall accurately reflect the latest  
19 information and recommendations from the United States  
20 Surgeon General, the federal Centers for Disease Control and  
21 Prevention, and the National Academy of Sciences, and shall  
22 include the following:

23 1. Information on the nature of HIV/AIDS and its effects  
24 on the human body.

25 2. Information on the manner in which HIV is and is not  
26 transmitted, including information on activities that  
27 present the highest risk of HIV infection.

28 3. Discussion of methods to reduce the risk of HIV  
29 infection. This instruction shall emphasize that sexual  
30 abstinence, monogamy, the avoidance of multiple sexual  
31 partners, and abstinence from intravenous drug use are  
32 the most effective means for HIV/AIDS prevention, but  
33 shall also include statistics based upon the latest medical  
34 information citing the success and failure rates of  
35 condoms and other contraceptives in preventing sexually  
36 transmitted HIV infection.

37 4. Discussion of the public health issues associated with  
38 HIV/AIDS.

39 5. Information on local resources for HIV testing and  
40 medical care.

41 6. Development of refusal skills to assist students in  
42 overcoming peer pressure and using effective  
43 decision-making skills to avoid high-risk activities.

7. Discussion about societal views, including stereotypes and common misconceptions regarding persons with HIV/AIDS.

- (3) ~~The State Board of Education shall develop objectives for instruction in the prevention of sexually transmitted diseases, including HIV/AIDS, that include emphasis on the importance of parental involvement, abstinence from sex until marriage, and avoiding intravenous drug use. Any program developed under this subdivision shall present techniques and strategies to deal with peer pressure and to offer positive reinforcement and shall teach reasons, skills, and strategies for remaining or becoming abstinent from sexual activity; for appropriate grade levels and classes, shall teach that abstinence from sexual activity until marriage is the only certain means of avoiding out of wedlock pregnancy, sexually transmitted diseases when transmitted through sexual contact, and other associated health and emotional problems, and that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding diseases transmitted by sexual contact, including HIV/AIDS, shall teach how alcohol and drug use lower inhibitions, which may lead to risky sexual behavior, and shall teach the positive benefits of abstinence until marriage and the risks of premarital sexual activity.~~
- (4) ~~The State Board of Education shall evaluate abstinence until marriage curricula and their learning materials and shall develop and maintain a recommended list of one or more approved abstinence until marriage curricula. The State Board may develop an abstinence until marriage program to include on the recommended list. The State Board of Education shall not select or develop a program for inclusion on the recommended list that does not include the positive benefits of abstinence until marriage and the risks of premarital sexual activity as the primary focus. The State Board shall include on the recommended list only programs that include, in appropriate grades and classes, instruction that:~~
- ~~a. Teaches that abstinence from sexual activity outside of marriage is the expected standard for all school age children;~~
  - ~~b. Presents techniques and strategies to deal with peer pressure and offering positive reinforcement;~~
  - ~~c. Presents reasons, skills, and strategies for remaining or becoming abstinent from sexual activity;~~
  - ~~d. Teaches that abstinence from sexual activity is the only certain means of avoiding out of wedlock pregnancy, sexually transmitted diseases when transmitted through sexual contact, including HIV/AIDS, and other associated health and emotional problems;~~

- 1 e. ~~Teaches that a mutually faithful monogamous heterosexual~~  
2 ~~relationship in the context of marriage is the best lifelong means~~  
3 ~~of avoiding sexually transmitted diseases, including HIV/AIDS;~~  
4 f. ~~Teaches the positive benefits of abstinence until marriage and~~  
5 ~~the risks of premarital sexual activity;~~  
6 g. ~~Provides opportunities that allow for interaction between the~~  
7 ~~parent or legal guardian and the student; and~~  
8 h. ~~Provides factually accurate biological or pathological~~  
9 ~~information that is related to the human reproductive system.~~
- 10 (5) The State Board of Education shall make available to all local school  
11 administrative units for review by the parents and legal guardians of  
12 students enrolled at that unit any State-developed objectives for  
13 instruction, any approved textbooks, the list of reviewed materials, and  
14 any other State-developed or approved materials that pertain to or are  
15 intended to impart information or promote discussion or understanding  
16 in regard to the prevention of sexually transmitted diseases, including  
17 HIV/AIDS, to the avoidance of out-of-wedlock pregnancy, or to the  
18 abstinence until marriage curriculum. The review period shall extend  
19 for at least 60 days before use.
- 20 (6) Each local school administrative unit shall provide a comprehensive  
21 school health education program that meets all the requirements of this  
22 subsection and all the objectives established by the State Board. Each  
23 local board of education may expand on the subject areas to be  
24 included in the program and on the instructional objectives to be met.  
25 ~~This expanded program may include a comprehensive sex education~~  
26 ~~program for that local school administrative unit only if all of the~~  
27 ~~following requirements are satisfied:~~
- 28 a. ~~Before a comprehensive sex education program is adopted, the~~  
29 ~~local board of education shall conduct a public hearing, after~~  
30 ~~adequately notifying the public of the hearing.~~
- 31 b. ~~For at least 30 days before this public hearing and during this~~  
32 ~~public hearing, the objectives for this proposed program and all~~  
33 ~~instructional materials shall be made available for review.~~
- 34 e. ~~For at least 30 days after the public hearing, the objectives for~~  
35 ~~the program and all instructional materials shall remain~~  
36 ~~available for review by parents and legal guardians of students~~  
37 ~~in that local school administrative unit.~~
- 38 (7) Each school year, before students may participate in any portion of (i)  
39 a program that pertains to or is intended to impart information or  
40 promote discussion or understanding in regard to the prevention of  
41 sexually transmitted diseases, including HIV/AIDS, or to the  
42 avoidance of out-of-wedlock pregnancy, (ii) an abstinence until  
43 marriage program, abstinence-based comprehensive sexual health  
44 education, or (iii) a comprehensive sex education program, whether

1 developed by the State or by the local board of education, the parents  
2 and legal guardians of those students shall be given an opportunity to  
3 review the objectives and materials. Local boards of education shall  
4 adopt policies to provide opportunities either ~~for parents and legal~~  
5 ~~guardians to consent or~~ for parents and legal guardians to withhold  
6 their consent to the students' participation in any or all of these  
7 programs.

8 (8) Students may receive information about where to obtain contraceptives  
9 and abortion referral services only in accordance with a local board's  
10 policy regarding parental consent. Any instruction concerning the use  
11 of contraceptives or prophylactics shall provide accurate statistical  
12 information on their effectiveness and failure rates for preventing  
13 pregnancy and sexually transmitted diseases, including HIV/AIDS, ~~in~~  
14 ~~actual use among adolescent populations~~ and shall explain clearly the  
15 difference between risk reduction and risk elimination through  
16 abstinence. The Department of Health and Human Services shall  
17 provide the most current available information at the beginning of each  
18 school year.

19 (9) Contraceptives, including condoms and other devices, shall not be  
20 made available or distributed on school property.

21 (10) School health coordinators may be employed to assist in the  
22 instruction of any portion of the comprehensive school health  
23 education program. Where feasible, a school health coordinator should  
24 serve more than one local school administrative unit. Each person  
25 initially employed as a State-funded school health coordinator after  
26 June 30, 1987, shall have a degree in health education.

27 (11) The State Board of Education shall develop objectives for instruction  
28 in the awareness of sexual assault and abuse. As used in this  
29 subdivision, "sexual assault" means any unwanted sexual contact. The  
30 curriculum, textbooks, and materials for the program shall:

31 a. Inform students about relevant school policies, complaint  
32 procedures, and existing laws;

33 b. Examine the concept of consent, including the forms coercion  
34 can take, sexual harassment, and typical strategies people might  
35 use to pressure someone into unwanted touching and sexual  
36 activity;

37 c. Examine common misconceptions and stereotypes about sexual  
38 assault and promote victim empathy;

39 d. Explore the contribution that alcohol and drugs may play in  
40 sexual assault;

41 e. Focus on healthy relationships as well as understanding what  
42 sexual assault, sexual harassment, and unwanted touching are  
43 and their causes; and

- 1                    f. Provide information on national and local resources to help  
2                    those victimized by sexual assault.  
3            (12) Enforcement. – If the school unit knows or should have known that  
4            school personnel or outside consultants are not in compliance with this  
5            subsection, the board shall:  
6            a. Terminate the contract of the outside consultant;  
7            b. Prohibit noncompliant school personnel from program  
8            instruction; or  
9            c. Take other appropriate action necessary to ensure compliance  
10           with this subsection."

11                    **SECTION 2.** This act becomes effective July 1, 2007, and applies beginning  
12 with the 2007-2008 school year.