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3 **Title: Define “Medically Accurate” in Sex Education Program**
4 **Requirements**
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6 **Introduced by: Fariah Ahmad, Alyssa Cowell, Gunjan Malhotra, Powell**
7 **Graham, and Amanda Truer for the Medical Student Section**
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9 **Original Author: Fariah Ahmad**
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11 **Referred to: Reference Committee D**
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13 **House Action: Referred to the Board**
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16 **Whereas, in 2010 most of the funding for abstinence-only sex education**
17 **(Title V section 510(b) of the Social Security Act) were allowed to expire under the**
18 **Obama administration and, for the first time, funds were available for any program**
19 **that uses evidence-based sex education programs using medically accurate**
20 **information aimed at reducing teen pregnancy¹, and**
21

22 **Whereas, all but two of the grantees of federal funding under Title V section**
23 **510(b) of the Social Security Act, which promoted abstinence as the "only certain**
24 **way" of preventing "out-of-wedlock pregnancy" and acquirement of STDs,**
25 **approved programs that, among other scientific factual inaccuracies,**
26 **misrepresented the failure rates of condoms, made false claims about condoms'**
27 **efficacy in preventing HIV transmission, and presented various demographic**
28 **stereotypes as fact^{1,3,4,5,8}, and**
29

30 **Whereas, to be applicable for funds under the Obama administration, many**
31 **states amended their existing laws² concerning sex education to include the**
32 **phrase "medically accurate" defined as "scientifically based and published, where**
33 **appropriate, in peer-reviewed journals and textbooks" without changes to old**
34 **requirements that reflected the abstinence-only approach compliant with the**
35 **criteria of Title V section 510(b) of the Social Security Act, and**
36

37 **Whereas, the requirements of information being "peer-reviewed" and**
38 **"published" do not necessarily mean the information is "medically accurate" as**
39 **considered by the consensus of physician medical experts in the field and by**
40 **scientists of the discipline^{7,10}, and**
41

42 **Whereas, the highest incidence of chlamydia and gonorrhea are among**
43 **adolescents (15-19) and young adults (20-24)⁸, and**
44

45 **Whereas, misinformation impairs public health efforts to control the spread**
46 **of sexually transmitted diseases^{5,6,11}, and**
47

48 **Whereas, allowing for sex education programs to present information as**
49 **"factual" and "medically accurate" even if it contradicts the "weight of the**
50 **literature," consensus among experts in the field, and prevailing scientific theory is**
51 **irresponsible to the reality of adolescent public health concerns^{9,10}, and**

52 Whereas, current AMA policy (H-170.968) does not define "medically
53 accurate" or "scientifically accurate" and includes similar criteria as the Title V
54 legislation, despite explicitly stating opposition for the legislation; therefore be it
55

56 **RESOLVED:** That MSMS and the AMA support and advocate for “medically
57 accurate” information in sex education programs to be defined as information that
58 satisfies all of the following:

- 59 1. Relevant to informed decision-making based on the weight of scientific
60 evidence
- 61 2. Consistent with generally recognized scientific theory, conducted under
62 accepted scientific methods
- 63 3. Published in peer-reviewed journals with findings replicated by
64 subsequent studies
- 65 4. Recognized as accurate, objective, and complete information by
66 mainstream professional organizations such as AMA, American
67 Congress of Obstetricians and Gynecologists, American Public Health
68 Association, and American Academy of Pediatrics; government agencies
69 such as Center for Disease Control, Food and Drug Administration, and
70 National Institutes of Health; and, scientific advisory groups such as the
71 Institute of Medicine and the Advisory Committee on Immunization
72 Practices; and be it further
73

74 **RESOLVED:** That MSMS and the AMA oppose sex education programs that
75 deliberately withhold information that is needed to protect individual and public
76 health well-being and that is needed to facilitate sexual safety.
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79 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**

¹ (2014) “Health Reform.” National Conference of State Legislatures. Available at www.ncsl.org/research/health/health-reform.aspx

² (2004) “Public Acts 165 and 166 Additions and Deletions to the Revised School Code and State School Aid Act.” Michigan Department of Education. Available at www.michigan.gov/documents/mde/1_Changes_to_HIV_and_Sex_Education_Laws_249406_7.pdf

³ Darroch, J.E., Singh, S., Frost, J.J. et al. (2001) “Differences in Teenage Pregnancy Rates Among Five Developed Countries: The Roles of Sexual Activity and Contraceptive Use.” *Family Planning Perspectives*, 33(6):244-250 & 281.

⁴ Finer, L.B. (2007) “Trends in Premarital Sex in the United States, 1954-2003.” *Public Health Reports*, 122:73-78.

⁵ Kantor, L.M., Santelli, J.S., Teitler, J., et al. (2008) “Abstinence-Only Policies and Programs: An Overview.” *Sexuality Research & Social Policy*, 5(3):6-17.

⁶ Kearney, M.S. and Levine, P.B. (2012) “Why is the Teen Birth Rate in the United States So High and Why Does it Matter?” *The Journal of Economic Perspectives*, 26(2):141-166.

⁷ Leah, R. Dittus, P., Whitaker, D., et al. (2004) “Behavioral interventions to reduce incidence of HIV, STD, and pregnancy among adolescents: a decade in review.” *Journal of Adolescent Health*, 32(4):3-26.

⁸ Martinez, G., Copen C.E., Abma J.C. (2011) “Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2006-2010 National Survey of Family Growth. National Center for Health Statistics: *Vital Health Stat*, 23(31):1-36.

⁹ Perrin, K. and DeJoy, S.B. (2003) “Abstinence-Only Education: How We Got Here and Where We’re Going.” *Journal of Public Health Policy*, 24(3/4):450-459.

¹⁰ Santelli, J.S. (2008) “Medical Accuracy in Sexuality Education: Ideology and the Scientific Process.” *American Journal of Public Health*, 98(10):1786-1792.

¹¹ Stranger-Hall, K.F. and Hall, D.W. “Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S.” *PLoS One*, 6(10). Available at www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0024658#pone-0024658-g005