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3 Title: Support Funding for and Access to Comprehensive Sex Education  
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5 Introduced by: Lauren McGee for the Medical Student Section  
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7 Original Authors: Nicki Byl, Elizabeth Godfrey, Ajay Kolli, Lauren McGee, Jessica Montgomery,  
8 AJ Shadrach, and J. Erik Winterholler  
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10 Referred to: Reference Committee E  
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12 House Action: **APPROVED AS AMENDED**  
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14  
15 Whereas, abstinence education programs funded under federal Title V provisions, also known  
16 as Abstinence Only Until Marriage (AOUM), are defined as curricula that must solely promote  
17 abstinence from sexual activity, with optional funding dedicated towards mentoring, counseling, and  
18 adult supervision to help achieve this goal<sup>1</sup>, and  
19

20 Whereas, Title V AOUM funding is currently rejected by 14 states, accepted by 36 states, Guam,  
21 the Federated States of Micronesia, and Puerto Rico, and currently makes up 23 percent of the sex  
22 education received by students in public middle and high schools<sup>2,3</sup>, and  
23

24 Whereas, to date, Congress has spent over \$2 billion on domestic abstinence only programs,  
25 including \$75 million for the 2017 fiscal year; the Michigan Department of Health and Human Services  
26 annually allocates \$2,358,903 of federal grant money towards Title V AOUM education, affecting 2,850  
27 youth<sup>4,5,6</sup>, and  
28

29 Whereas, Michigan uses this Title V funding to teach the ‘Model Health Education Curriculum’,  
30 which is strictly abstinence only and does not discuss contraception as a means of risk reduction in  
31 middle school, and has abstinence-only or abstinence-based curricula options for high school<sup>7</sup>, and  
32

33 Whereas, young adults who pledge themselves to abstinence-only plans overwhelmingly  
34 break this promise and are at an increased risk of nonmarital pregnancy and an equal risk of sexually  
35 transmitted infection (STI) acquisition compared to students who do not take this pledge<sup>8,9</sup>, and  
36

37 Whereas, countries that provide contraceptive education and counseling have significantly  
38 lower youth birth and pregnancy rates than the United States; meanwhile, the United States’  
39 adolescent birth rate is among the highest in highly developed nations<sup>10,11,12</sup>, and  
40

41 Whereas, a 2012 study by the Centers for Disease Control and Prevention found that  
42 comprehensive risk reduction programs decreased sexual activity, number of sex partners, frequency  
43 of unprotected sexual activity, STIs, and pregnancy, while increasing use of protection; however,  
44 AOUM programs showed no impact on the age of sexual initiation, number of partners, or  
45 contraceptive use<sup>13</sup> (13), and  
46

47 Whereas, existing AMA and AMA-MSS policy urges schools at all education levels to  
48 implement comprehensive, developmentally appropriate sexuality education programs and  
49 recognizes that comprehensive-based sex education is currently the most effective strategy to  
50 address these public health problems as stated by H-170.968 and H-170.962; therefore be it  
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52 RESOLVED: That MSMS amend existing policy, “Public Funding of Sex Education Programs,”  
53 by addition and deletion as follows:

54 MSMS supports public funding of existing state and federal level **comprehensive** sex and  
55 reproductive education programs (as defined by the American College of Obstetricians and  
56 Gynecologists), **recognizing that these programs are the most effective in creating positive**  
57 **health outcomes for students and should be made available to all students in the state of**  
58 **Michigan in an age appropriate manner** including expanded use of the Michigan Model for  
59 Health™; and be it further

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61 RESOLVED: That MSMS supports researching literature and policy regarding best practices in  
62 states that have made comprehensive sex education widely available and effective, with the intent of  
63 finding cost-effective ways to replicate these models in the state of Michigan.  
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66 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

### **Relevant MSMS Policy:**

#### **Define 'Medically Accurate' in Sex Education Program Requirements**

MSMS supports "medically accurate" information in sex education programs to be defined as information that satisfies all of the following:

1. Relevant to informed decision-making based on the weight of scientific evidence.
2. Consistent with generally recognized scientific theory, conducted under accepted scientific methods.
3. Published in peer-reviewed journals with findings replicated by subsequent studies.
4. Recognized as accurate and objective information by mainstream professional organizations such as AMA, American College of Obstetricians and Gynecologists, American Public Health Association, and American Academy of Pediatrics; government agencies such as Center for Disease Control, Food and Drug Administration, and National Institutes of Health; and, scientific advisory groups such as the Institute of Medicine and the Advisory Committee on Immunization Practices.

(Board Action Report #7, 2015 HOD, re Res53-14)

#### **Public Funding of Sex Education Programs**

MSMS supports public funding of existing state and federal level sex and reproductive education programs including expanded use of the Michigan Model for Health™. (Prior to 1990)

– Edited 2016

– Reaffirmed (Res05-16)

#### **Statement on Sex Education**

The primary responsibility for family life education is in the home. At local option and discretion there should be complementary family life and sex education programs in the schools at all levels. Such programs should 1) be part of an overall health education program; 2) be presented in a manner commensurate with the maturation level of the students; 3) have professionally developed curricula; 4) include ample involvement of parents and other concerned members of the community; and 5) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training.

(Prior to 1990)

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<sup>1</sup> Family & Youth Services Bureau. (2016) "State Abstinence Education Grant Program Fact Sheet." Available at <https://www.acf.hhs.gov/fysb/resource/aegp-fact-sheet>.

<sup>2</sup> "Federal Funding Overview Fiscal Year 2015 Edition." Sexuality Information and Education Council of the United States (SIECUS), 2015. Available at: <http://siecus.org/index.cfm?fuseaction=document.viewDocument&documentid=598&documentFormatId=705&CFID=685806&CFTOKEN=d946f10292cac875-039EF3C6-1C23-C8EB-80A357F7DA40DA46>

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- <sup>3</sup> "American Teens' Sources of Sexual Health Education." Guttmacher Institute, April 2016. Available at: <https://www.guttmacher.org/fact-sheet/facts-american-teens-sources-information-about-sex>
- <sup>4</sup> Sexuality Information and Education Counsel of the United States. (2016) "State Profiles Fiscal Year 2016." Available at: <http://siecus.org/index.cfm;jsessionid=2BC16F1AE4285829A473FCA65CDDDC02.cfusion?fuseaction=document.viewDocument&documentid=689&documentFormatId=798&vDocLinkOrigin=1&CFID=28592383&CFTOKEN=a00bb751fd3b49ed-47E73436-1C23-C8EB-80A25B194FA65DE1>
- <sup>5</sup> Family & Youth Services Bureau. (2017) "Title V State Abstinence Education Program Grantee Profiles." Available at: <https://www.acf.hhs.gov/fysb/resource/aegp-profiles>
- <sup>6</sup> Sexuality Information and Education Counsel of the United States. (2017) "A History of Federal Funding for Abstinence-Only-Until-Marriage Programs." Available at: <http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=1340&nodeid=1>
- <sup>7</sup> Michigan Department of Education. (2007) "HIV/STD and Sex Education in Michigan Public Schools: A Summary of Legal Obligations and Best Practices." Available at [https://www.michigan.gov/documents/mdch/Michigans\\_Sex\\_Education\\_Laws\\_Summary\\_303019\\_7.pdf](https://www.michigan.gov/documents/mdch/Michigans_Sex_Education_Laws_Summary_303019_7.pdf)
- <sup>8</sup> Paik, A., Sanchagrin, K. J. and Heimer. Broken Promises: Abstinence Pledging and Sexual and Reproductive Health. *Journal of Marriage and Family* 2016; 78: 546–561. doi: 10.1111/jomf.12279
- <sup>9</sup> Brückner H and Bearman P. After the promise: the STD consequences of adolescent virginity pledges. *Journal of Adolescent Health* 2005 Apr;36(4):271-8. DOI: 10.1016/j.jadohealth.2005.01.005
- <sup>10</sup> Adolescent birth rate (women aged 15-19 years) (births per 1,000 women ages 15-19)." *Human Development Reports*, 2016. Available at: [http://hdr.undp.org/sites/default/files/2016\\_human\\_development\\_report.pdf](http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf)
- <sup>11</sup> "Sonfield A, Alrich C and Gold RB, Public funding for family planning, sterilization and abortion services, FY 1980–2006, Occasional Report, New York: Guttmacher Institute, 2008, No. 38.
- <sup>12</sup> Bromberg DS, O'Donohue WT. *Handbook of Child and Adolescent Sexuality, Developmental and Forensic Psychology*. Academic Press; 2013.
- <sup>13</sup> Chin, H., Sipe, T., Elder, R., et al. The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services. *American Journal of Preventative Medicine* 2012; Volume 42, Issue 3: 272-294. Doi: 10.1016/j.amepre.2011.11.006