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3 Title: Medically Accurate Comprehensive Sex Education in Michigan
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5 Introduced by: Denise Collins, MD, for the Wayne County Delegation
6
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8 and Harrison Quaal
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10 Referred to: Reference Committee E
11
12 House Action: **APPROVED**
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14
15 Whereas, comprehensive sex education is defined as age-appropriate and medically accurate
16 information on abstinence, contraception, disease prevention, sexuality, relationships, human
17 development, and decision-making¹, and
18

19 Whereas, meta-analysis of comprehensive sex education programs showed marked effectiveness
20 reducing sexual partners, unprotected sex, sexually transmitted infections (STIs), and pregnancy, while
21 abstinence-only sex education programs did not indicate a statistically significant reduction in these
22 measures², and
23

24 Whereas, states that have laws that require or stress abstinence-only programs have higher rates of
25 teenage pregnancy³, and
26

27 Whereas, in states that do not require medically accurate sexual education, rates of teen
28 pregnancy, birth, and sexually transmitted infection are the highest⁴, and
29

30 Whereas, 95 percent of unintended pregnancies were due to lack of contraception use and
31 incorrect or inconsistent contraception usage⁵, and
32

33 Whereas, the 2015 Michigan Youth Risk Behavior Survey reports that 35.8 percent of high school
34 students have engaged in sexual intercourse⁶, and
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36 Whereas, the Centers for Disease Control and Prevention (CDC) reports rates of chlamydia and
37 gonorrhea in people aged 15-24 is four times higher than the total population and adolescents aged 15-19
38 having the highest rates of unintended pregnancy⁷, and
39

40 Whereas, the CDC reports that of all sexually active high school students, only 56.9 percent used a
41 condom during their last sexual intercourse, 13.8 percent did not use any type of pregnancy prevention,
42 and 11.5 percent have had more than four sexual partners⁸, and
43

44 Whereas, Michigan Compiled Law (MCL) 380.1169 requires that HIV/AIDS education be taught and
45 that the information be medically accurate⁹, and
46

47 Whereas, MCL 380.1507 allows public schools to choose whether to teach sex education; if
48 providing sex education, they cannot share medically inaccurate information, but can share statements
49 that are not proven to be accurate¹⁰, and
50

51 Whereas, MCLs 380.1507 and 380.1507b require that sex education, when taught, be
52 abstinence-stressed, but does not require information on risk reduction and contraception^{10,11}, and
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54 Whereas, MCLs 380.1507 and 380.1506 allow parents the opportunity to be involved in the
55 sexual education curriculum and the option to excuse their child without penalty^{10,12}, and

56 Whereas, the Michigan State Board of Education and the American Public Health Association
57 support comprehensive sex education with medically accurate content^{13,14}, and

58
59 Whereas, the American Public Health Association cites data from the CDC that states parents
60 strongly and consistently favor school-based sex education programs that include comprehensive health
61 education, abstinence, birth control, STIs, healthy relationships, and sexual orientation¹⁴, and

62
63 Whereas, our American Medical Association recognizes a public health need to improve sex
64 education programs through scientifically proven methods, such as comprehensive sex education (H-
65 170.962), and

66
67 Whereas, legislation introduced in the Michigan House and Senate, House Bill 4859 and Senate Bill
68 467, respectively, calls for age-appropriate, medically accurate, and objective sex education in public
69 schools including facts on medical, psychiatric, psychological, empirical and statistical data¹⁵; therefore be
70 it

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72 RESOLVED: That MSMS amend existing policy, "Statement on Sex Education," as follows:

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74 ~~The primary responsibility for family life education is in the home. At local option and discretion~~
75 ~~there should be complementary family life and sex education programs in the schools at all levels. **Public**~~
76 ~~**schools should be required to teach medically accurate, age appropriate, comprehensive sex**~~
77 ~~**education at all school levels with the option for parental opt out. Sex education** Such programs~~
78 should 1) be part of an overall health education program; 2) be presented in a manner commensurate with
79 the maturation level of the students; 3) have professionally developed curricula; 4) include ample
80 involvement of **opportunities to involve** parents and other concerned members of the community; and 5)
81 utilize classroom teachers and other professionals who have shown an aptitude for working with young
82 people and who have received special training; and be it further

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84 RESOLVED: That MSMS advocate for public schools to offer medically accurate, age appropriate,
85 comprehensive sex education in accordance with the American Medical Association's policies H-170.962
86 and H-170.968.

87
88
89 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy:

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)

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)

Relevant AMA Policy:

An Updated Review of Sex Education Programs in the United States H-170.962

Our AMA: (1) recognizes that increasing sexually transmitted disease (STD) and human immunodeficiency virus (HIV) transmission rates among youth, as well as a recent increase in the national teen pregnancy rate, indicate a gap in public health education and should be addressed; and that comprehensive-based sex education is currently the most effective strategy to address these public health problems; and (2) supports the redirection of federal resources toward the development and dissemination of more comprehensive health and sex education programs that are shown to be efficacious by rigorous scientific methodology. This includes programs that include scientifically accurate education on abstinence in addition to contraception, condom use, and transmission of STDs and HIV, and teen pregnancy.

Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968

Our AMA:

- (1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction;
- (2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; (f) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and (g) are part of an overall health education program;
- (3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;
- (4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program;
- (5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems;
- (6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes;
- (7) Supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and
- (8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy;

(9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and
(10) Encourages physicians and all interested parties to develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate.

¹ Sexuality Information and Education Council of the United States (2009, October). What the Research Says... Comprehensive Sex Education, Retrieved from

<http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1193>

² Chin H, Sipe T, Elder R, et al. (2012, March). 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 Preventive Medicine*. 2012;42(3):272-294. Doi: 10.1016/j.amepre.2011.11.006

³ Stanger-Hall, K. F., & Hall, D. W. (2011, October 14). Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S. Retrieved from

<http://journals.plos.org/plosone/article?id=10.1371>

percent2Fjournal.pone.0024658&utm_source=AOL&utm_medium=readMore&utm_campaign=partner

⁴ Jozkowski, K. N., & Crawford, B. L. (2015). The Status of Reproductive and Sexual Health in Southern USA: Policy Recommendations for Improving Health Outcomes. *Sexuality Research and Social Policy*, 13(3), 252-262. doi:10.1007/s13178-015-0208-7

⁵ Gold, RB, Sonfield A, Richards CL, Frost JJ. (2009). *Next Steps for America's Family Planning Program*. New York: Guttmacher Institute.

⁶ Centers for Disease Control and Prevention. (2015). Michigan, High School Youth Risk Behavior Survey, 2015. Retrieved from <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=MI>

⁷ Centers for Disease Control and Prevention. (2009, November). *Sexually Transmitted Disease Surveillance A*. Atlanta, GA: U.S. Department of Health and Human Services.

⁸ Kann, L, et al. (2016, August). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. *MMWR Surveillance Summaries* 65(No. SS-9):1-202. DOI:10.15585/mmwr.ss6509a1

⁹ The Revised School Code Mi. Act 451 of 1976 § MCL 380.1169

¹⁰ The Revised School Code Mi. Act 451 of 1976 § MCL 380.1507

¹¹ The Revised School Code Mi. Act 451 of 1976 § MCL 380.1507b

¹² The Revised School Code Mi. Act 451 of 1976 § MCL 380.1506

^{13,14} State of Michigan State Board of Education. (2003). Policy to Promote Health and Prevent Disease and Pregnancy. Retrieved from

http://www.michigan.gov/documents/mde/SBE_Sex_Ed_Policy_and_Resources_249446_7.pdf

¹⁴ American Public Health Association (2014, November 18). Sexuality Education as Part of a Comprehensive Health Education Program in K to 12 Schools. Retrieved from <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/23/09/37/sexuality-education-as-part-of-a-comprehensive-health-education-program-in-k-to-12-schools>

¹⁵ Blackman, K., Scotti, S., & Heller, E. (Eds.). (2016, December 21). *State Policies on Sex Education in Schools*. Retrieved from

<http://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx>