107TH CONGRESS 1ST SESSION H.R. 3469

To provide for the reduction of adolescent pregnancy, HIV rates, and other sexually transmitted diseases, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 12, 2001

Ms. LEE (for herself, Mr. GREENWOOD, and Ms. WOOLSEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

- To provide for the reduction of adolescent pregnancy, HIV rates, and other sexually transmitted diseases, and for other purposes.
 - 1 Be it enacted by the Senate and House of Representa-
 - 2 tives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the "Family Life Education5 Act".

6 SEC. 2. FINDINGS.

7 The Congress finds as follows:

8 (1) The American Medical Association
9 ("AMA"), the American Nurses Association
10 ("ANA"), the American Academy of Pediatrics

("AAP"), the American College of Obstetricians and
 Gynecologists ("ACOG"), the American Public
 Health Association ("APHA"), and the Society of
 Adolescent Medicine ("SAM"), support responsible
 sexuality education that includes information about
 both abstinence and contraception.

7 (2) Recent scientific reports by the Institute of Medicine, the American Medical Association and the 8 9 Office on National AIDS Policy stress the need for 10 sexuality education that includes messages about ab-11 stinence and provides young people with information 12 about contraception for the prevention of teen preg-13 nancy, HIV/AIDS and other sexually transmitted 14 diseases ("STDs").

(3) Research shows that teenagers who receive
sexuality education that includes discussion of contraception are more likely than those who receive abstinence-only messages to delay sexual activity and
to use contraceptives when they do become sexually
active.

(4) Comprehensive sexuality education programs respect the diversity of values and beliefs represented in the community and will complement and
augment the sexuality education children receive
from their families.

1	(5) The median age of puberty is 13 years and
2	the average age of marriage is nearly 26 years old.
3	American teens need access to full, complete, and
4	medically and factually accurate information regard-
5	ing sexuality, including contraception, STD/HIV
6	prevention, and abstinence.
7	(6) Although teen pregnancy rates are decreas-
8	ing, there are still nearly 900,000 teen pregnancies
9	each year. Nearly 80 percent of teen pregnancies
10	among 15- to 19-year olds are unintended.
11	(7) Research shows that 75 percent of the de-
12	crease in teen pregnancy between 1988 and 1995
13	was due to improved contraceptive use, while 25 per-
14	cent was due to increased abstinence.
15	(8) More than eight out of ten Americans be-
16	lieve that young people should have information
17	about protecting themselves from unplanned preg-
18	nancies and sexually transmitted diseases.
19	(9) United States teens acquire an estimated
20	4,000,000 sexually transmitted infections each year.
21	By age 24, at least one in three sexually active peo-
22	ple will have contracted a sexually transmitted dis-
23	ease.
24	(10) An average of two young people in the

25 United States are infected with HIV every hour of

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1	every day. African Americans and Hispanic youth
2	have been disproportionately affected by the $HIV/$
3	AIDS epidemic. Although less than 16 percent of
4	the adolescent population in the United States is Af-
5	rican American, nearly 50 percent of AIDS cases
6	through June 2000 among 13- to 19-year olds were
7	among Blacks. Hispanics comprise 13 percent of the
8	population and 20 percent of the reported adolescent
9	AIDS cases though June 2000.
10	SEC. 3. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/
11	AIDS, AND OTHER SEXUALLY TRANSMITTED
12	DISEASES AND TO SUPPORT HEALTHY ADO-
13	LESCENT DEVELOPMENT.
14	(a) IN GENERAL.—Each eligible State shall be enti-
15	tled to receive from the Secretary of Health and Human
16	Services, for each of the fiscal years 2003 through 2007,
17	a grant to conduct programs of family life education, in-
18	cluding education on both abstinence and contraception
19	for the prevention of teenage pregnancy and sexually
20	transmitted diseases, including HIV/AIDS.
21	(b) Requirements for Family Life Programs.—
22	For purposes of this Act, a program of family life edu-
23	cation is a program that—
24	(1) is age-appropriate and medically accurate;
25	(2) does not teach or promote religion;

1	(3) teaches that abstinence is the only sure way
2	to avoid pregnancy or sexually transmitted diseases;
3	(4) stresses the value of abstinence while not ig-
4	noring those young people who have had or are hav-
5	ing sexual intercourse;
6	(5) provides information about the health bene-
7	fits and side effects of all contraceptives and barrier
8	methods as a means to prevent pregnancy;
9	(6) provides information about the health bene-
10	fits and side effects of all contraceptives and barrier
11	methods as a means to reduce the risk of con-
12	tracting sexually transmitted diseases, including
13	HIV/AIDS;
14	(7) encourages family communication about
15	sexuality between parent and child;
16	(8) teaches young people the skills to make re-
17	sponsible decisions about sexuality, including how to
18	avoid unwanted verbal, physical, and sexual ad-
19	vances and how not to make unwanted verbal, phys-
20	ical, and sexual advances; and
21	(9) teaches young people how alcohol and drug
22	use can effect responsible decisionmaking.
23	(c) Additional Activities.—In carrying out a pro-
24	gram of family life education, a State may expend a grant

under subsection (a) to carry out educational and motiva tional activities that help young people—

3 (1) gain knowledge about the physical, emo-4 tional, biological, and hormonal changes of adoles-5 cence and subsequent stages of human maturation; 6 (2) develop the knowledge and skills necessary 7 to ensure and protect their sexual and reproductive health from unintended pregnancy and sexually 8 9 transmitted disease, including HIV/AIDS through-10 out their lifespan;

(3) gain knowledge about the specific involvement of and male responsibility in sexual decisionmaking;

(4) develop healthy attitudes and values about
adolescent growth and development, body image,
gender roles, racial and ethnic diversity, sexual orientation, and other subjects;

(5) develop and practice healthy life skills including goal-setting, decisionmaking, negotiation,
communication, and stress management;

(6) promote self-esteem and positive interpersonal skills focusing on relationship dynamics, including, but not limited to, friendships, dating, romantic involvement, marriage and family interactions; and

(7) prepare for the adult world by focusing on
 educational and career success, including developing
 skills for employment preparation, job seeking, inde pendent living, financial self-sufficiency, and work place productivity.

6 SEC. 4. SENSE OF CONGRESS.

7 It is the sense of Congress that while States are not8 required to provide matching funds, they are encouraged9 to do so.

10 SEC. 5. EVALUATION OF PROGRAMS.

(a) IN GENERAL.—For the purpose of evaluating the
effectiveness of programs of family life education carried
out with a grant under section 3, evaluations of such program shall be carried out in accordance with subsections
(b) and (c).

- 16 (b) NATIONAL EVALUATION.—
- (1) IN GENERAL.—The Secretary shall provide
 for a national evaluation of a representative sample
 of programs of family life education carried out with
 grants under section 3. A condition for the receipt
 of such a grant is that the State involved agree to
 cooperate with the evaluation. The purposes of the
 national evaluation shall be the determination of—

1	(A) the effectiveness of such programs in
2	helping to delay the initiation of sexual inter-
3	course and other high-risk behaviors;
4	(B) the effectiveness of such programs in
5	preventing adolescent pregnancy;
6	(C) the effectiveness of such programs in
7	preventing sexually transmitted disease, includ-
8	ing HIV/AIDS;
9	(D) the effectiveness of such programs in
10	increasing contraceptive knowledge and contra-
11	ceptive behaviors when sexual intercourse oc-
12	curs; and
13	(E) a list of best practices based upon es-
14	sential programmatic components of evaluated
15	programs that have led to success in subpara-
16	graphs (A) through (D).
17	(2) REPORT.—A report providing the results of
18	the national evaluation under paragraph (1) shall be
19	submitted to the Congress not later than March 31,
20	2008, with an interim report provided on a yearly
21	basis at the end of each fiscal year.
22	(c) Individual State Evaluations.—
23	(1) IN GENERAL.—A condition for the receipt
24	of a grant under section 3 is that the State involved
25	agree to provide for the evaluation of the programs

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1	of family education carried out with the grant in ac-
2	cordance with the following:
3	(A) The evaluation will be conducted by an
4	external, independent entity.
5	(B) The purposes of the evaluation will be
6	the determination of—
7	(i) the effectiveness of such programs
8	in helping to delay the initiation of sexual
9	intercourse and other high-risk behaviors;
10	(ii) the effectiveness of such programs
11	in preventing adolescent pregnancy;
12	(iii) the effectiveness of such pro-
13	grams in preventing sexually transmitted
14	disease, including HIV/AIDS; and
15	(iv) the effectiveness of such programs
16	in increasing contraceptive knowledge and
17	contraceptive behaviors when sexual inter-
18	course occurs.
19	(2) USE OF GRANT.—A condition for the re-
20	ceipt of a grant under section 3 is that the State in-
21	volved agree that not more than 10 percent of the
22	grant will be expended for the evaluation under
23	paragraph (1).
24	SEC. 6. DEFINITIONS.
25	For purposes of this Act:

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1	(1) The term "eligible State" means a State
2	that submits to the Secretary an application for a
3	grant under section 3 that is in such form, is made
4	in such manner, and contains such agreements, as-
5	surances, and information as the Secretary deter-
6	mines to be necessary to carry out this Act.
7	(2) The term "HIV/AIDS" means the human
8	immunodeficiency virus, and includes acquired im-
9	mune deficiency syndrome.
10	(3) The term "medically accurate", with respect
11	to information, means information that is supported
12	by research, recognized as accurate and objective by
13	leading medical, psychological, psychiatric, and pub-
14	lic health organizations and agencies, and where rel-
15	evant, published in peer review journals.
16	(4) The term "Secretary" means the Secretary
17	of Health and Human Services.
18	SEC. 7. APPROPRIATIONS.
19	(a) IN GENERAL.—For the purpose of carrying out
20	this Act, there is authorized to be appropriated
21	\$100,000,000 for each of the fiscal years 2002 through
22	2006.
23	(b) Allocations.—Of the amounts appropriated
24	under subsection (a) for a fiscal year—

(1) not more than 7 percent may be used for
 the administrative expenses of the Secretary in car rying out this Act for that fiscal year; and
 (2) not more than 10 percent may be used for
 the national evaluation under section 5(b).

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