110TH CONGRESS
1ST SESSION

S. 972

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

IN THE SENATE OF THE UNITED STATES

MARCH 22, 2007

Mr. LAUTENBERG (for himself, Mr. KENNEDY, Mrs. MURRAY, Mr. SCHUMER, Mrs. BOXER, Mr. HARKIN, and Mr. BROWN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Responsible Education About Life Act''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) The American Medical Association (''AMA''), the American Nurses Association

(''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.

(2) Recent scientific reports by the Institute of Medicine, the American Medical Association, and the Office on National AIDS Policy stress the need for sexuality education that includes messages about abstinence and provides young people with information about contraception for the prevention of teen pregnancy, HIV/AIDS and other sexually transmitted diseases (''STDs'').

(3) Government-funded abstinence-only-until-marriage programs are precluded from discussing contraception except to talk about failure rates. An October 2006 report from the Government Accountability Office concluded that the current administration of abstinence-only-until-marriage programs by the Department of Health and Human Services (''HHS'') fails to require medical accuracy of the vast majority of funded programs and that no regular monitoring of medical accuracy is being carried

out by HHS. The Government Accountability Office also reported on the Department's total lack of appropriate and customary measurements to determine if funded programs are effective. In addition, a separate letter from the Government Accountability Office in October 2006 to the Secretary of Health and Human Services Michael Leavitt contained a legal finding that the Department was in violation of Federal law, in particular section 317P(c)(2) of the Public Health Services Act (42 U.S.C. 247b–17(c)(2)), for not requiring abstinence-only-until-marriage programs to provide full and medically accurate information about the effectiveness of condoms. The Department has argued that the abstinence-only-until-marriage programs are exempt from the law; however, the Government Accountability Office disagrees.

(4) A 2006 statement from the American Public Health Association (''APHA'') ''recognizes the importance of abstinence education, but only as part of a comprehensive sexuality education program. . . . APHA calls for repealing current federal funding for abstinence-only programs and replacing it with funding for a new Federal program to promote comprehensive sexuality education, combining

information about abstinence with age-appropriate sexuality education.''.

(5) The Society for Adolescent Medicine (''SAM'') in a 2006 position paper found the following: ''Efforts to promote abstinence should be provided within health education programs that provide adolescents with complete and accurate information about sexual health, including information about concepts of healthy sexuality, sexual orientation and tolerance, personal responsibility, risks of HIV and other STIs and unwanted pregnancy, access to reproductive health care, and benefits and risks of condoms and other contraceptive methods. . . . Current funding for abstinence-only programs should be replaced with funding for programs that offer comprehensive, medically accurate sexuality education''.

(6) 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.

(7) Comprehensive sexuality education programs respect the diversity of values and beliefs rep-

resented in the community and will complement and augment the sexuality education children receive from their families.

(8) The median age of puberty is 13 years and the average age of marriage is over 26 years old. American teens need access to full, complete, and medically and factually accurate information regarding sexuality, including contraception, STD/HIV prevention, and abstinence.

(9) Although teen pregnancy rates are decreasing, the United States has the highest teen pregnancy rate in the industrialized world with between 750,000 and 850,000 teen pregnancies each year. Between 75 and 90 percent of teen pregnancies among 15- to 19-year olds are unintended.

(10) A November 2006 study of declining pregnancy rates among teens concluded that the reduction in teen pregnancy between 1995 and 2002 is primarily the result of increased use of contraceptives. As such, it is critically important that teens receive accurate, unbiased information about contraception.

(11) More than eight out of ten Americans believe that young people should have information about abstinence and protecting themselves from un-

planned pregnancies and sexually transmitted diseases.

(12) The United States has the highest rate of infection with sexually transmitted diseases of any industrialized country. In 2005, there were approximately 19,000,000 new cases of sexually transmitted diseases, almost half of them occurring in young people ages 15 to 24. According to the Centers for Disease Control and Prevention, these sexually transmitted diseases impose a tremendous economic burden with direct medical costs as high as $14,100,000,000 per year.

(13) Each year, teens in the United States contract an estimated 9.1 million sexually transmitted infections. Each year, one in four sexually active teens contracts a sexually transmitted disease.

(14) Nearly half of the 40,000 annual new cases of HIV infections in the United States occur in youth ages 13 through 24. Approximately 50 young people a day, an average of two young people every hour of every day, are infected with HIV in the United States.

(15) African-American and Latino youth have been disproportionately affected by the HIV/AIDS epidemic. Although African-American adolescents

ages 13 through 19 represent only 15 percent of the adolescent population in the United States, they accounted for 73 percent of new AIDS cases reported among teens in 2004. Although Latinos ages 20 through 24 represent only 18 percent of the young adults in the United States, they accounted for 23 percent of the new AIDS cases in 2004.

SEC. 3. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASES AND TO SUPPORT HEALTHY ADOLESCENT DEVELOPMENT.

(a) IN GENERAL.—Each eligible State shall be entitled to receive from the Secretary of Health and Human Services, for each of the fiscal years 2008 through 2012, a grant to conduct programs of family life education, including education on both abstinence and contraception for the prevention of teenage pregnancy and sexually transmitted diseases, including HIV/AIDS.

(b) REQUIREMENTS FOR FAMILY LIFE PROGRAMS.—For purposes of this Act, a program of family life education is a program that—

(1) is age-appropriate and medically accurate;

(2) does not teach or promote religion;

(3) teaches that abstinence is the only sure way to avoid pregnancy or sexually transmitted diseases;

(4) stresses the value of abstinence while not ignoring those young people who have had or are having sexual intercourse;

(5) provides information about the health benefits and side effects of all contraceptives and barrier methods as a means to prevent pregnancy;

(6) provides information about the health benefits and side effects of all contraceptives and barrier methods as a means to reduce the risk of contracting sexually transmitted diseases, including HIV/AIDS;

(7) encourages family communication about sexuality between parent and child;

(8) teaches young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances and how not to make unwanted verbal, physical, and sexual advances; and

(9) teaches young people how alcohol and drug use can effect responsible decisionmaking.

(c) ADDITIONAL ACTIVITIES.—In carrying out a program of family life education, a State may expend a grant under subsection (a) to carry out educational and motivational activities that help young people—

(1) gain knowledge about the physical, emotional, biological, and hormonal changes of adolescence and subsequent stages of human maturation;

(2) develop the knowledge and skills necessary to ensure and protect their sexual and reproductive health from unintended pregnancy and sexually transmitted disease, including HIV/AIDS throughout 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, independent living, financial self-sufficiency, and workplace productivity.

SEC. 4. SENSE OF CONGRESS.

It is the sense of Congress that while States are not required to provide matching funds, they are encouraged to do so.

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).

(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—

(A) the effectiveness of such programs in helping to delay the initiation of sexual intercourse and other high-risk behaviors;

(B) the effectiveness of such programs in preventing adolescent pregnancy;

(C) the effectiveness of such programs in preventing sexually transmitted disease, including HIV/AIDS;

(D) the effectiveness of such programs in increasing contraceptive knowledge and contraceptive behaviors when sexual intercourse occurs; and

(E) a list of best practices based upon essential programmatic components of evaluated programs that have led to success in subparagraphs (A) through (D).

(2) REPORT.—A report providing the results of the national evaluation under paragraph (1) shall be submitted to the Congress not later than March 31, 2011, with an interim report provided on a yearly basis at the end of each fiscal year.

(c) INDIVIDUAL STATE EVALUATIONS.—

(1) IN GENERAL.—A condition for the receipt of a grant under section 3 is that the State involved agree to provide for the evaluation of the programs of family education carried out with the grant in accordance with the following:

(A) The evaluation will be conducted by an external, independent entity.

(B) The purposes of the evaluation will be the determination of—

(i) the effectiveness of such programs in helping to delay the initiation of sexual intercourse and other high-risk behaviors;

(ii) the effectiveness of such programs in preventing adolescent pregnancy;

(iii) the effectiveness of such programs in preventing sexually transmitted disease, including HIV/AIDS; and

(iv) the effectiveness of such programs in increasing contraceptive knowledge and contraceptive behaviors when sexual intercourse occurs.

(2) USE OF GRANT.—A condition for the receipt of a grant under section 3 is that the State involved agree that not more than 10 percent of the grant will be expended for the evaluation under paragraph (1).

SEC. 6. DEFINITIONS.

For purposes of this Act:

(1) The term ''eligible State'' means a State that submits to the Secretary an application for a

grant under section 3 that is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this Act.

(2) The term ''HIV/AIDS'' means the human immunodeficiency virus, and includes acquired immune deficiency syndrome.

(3) The term ''medically accurate'', with respect to information, means information that is supported by research, recognized as accurate and objective by leading medical, psychological, psychiatric, and public health organizations and agencies, and where relevant, published in peer review journals.

(4) The term ''Secretary'' means the Secretary of Health and Human Services.

SEC. 7. APPROPRIATIONS.

(a) IN GENERAL.—For the purpose of carrying out this Act, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2008 through 2012.

(b) ALLOCATIONS.—Of the amounts appropriated under subsection (a) for a fiscal year—

(1) not more than 7 percent may be used for the administrative expenses of the Secretary in carrying 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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