I

111TH CONGRESS
2D SESSION

H. R. 6283

To amend title V of the Social Security Act to eliminate the abstinence-only education program.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 29, 2010

Ms. LEE of California (for herself, Ms. WOOLSEY, Ms. SLAUGHTER, and Ms. DEGETTE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Appropriations, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title V of the Social Security Act to eliminate the abstinence-only education program.

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 ''Repealing Ineffective
5 and Incomplete Abstinence-Only Program Funding Act of
6 2010''.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

1 (1) The United States has one of the highest
2 teen pregnancy rates in the developed world. Be-
3 tween 1990 and 2005, the United States teenage
4 pregnancy rate declined 41 percent. For the first
5 time in more than a decade, the rate rose 3 percent
6 in 2006. At the same time, teens were receiving less
7 information about contraception in schools and their
8 use of contraceptives was declining.
9 (2) While young people in the United States
10 aged 15 to 25 make up only ¼ of the sexually active
11 population, they contract about ½ of the 19,000,000
12 sexually transmitted infections (STIs) which occur
13 annually. Young people ages 13 to 29 account for
14 nearly ¼ of the estimated 56,300 new HIV infec-
15 tions each year. Every hour, 1 young person is in-
16 fected with HIV. In 2008, the Centers for Disease
17 Control and Prevention estimated that 1 in 4 young
18 women between the ages of 14 and 19 and nearly 1
19 in 2 African-American young women are infected
20 with at least one of the four most common STIs.
21 (3) Abstinence-only-until-marriage programs
22 have been discredited by a wide body of evidence, in-
23 cluding most recently in a congressionally mandated
24 study in 2007 which found these programs ineffec-
25 tive in stopping or delaying teen sex, reducing the

1 number of reported sexual partners, reducing re-
2 ported rates of pregnancy or sexually transmitted in-
3 fections, or otherwise beneficially impacting young
4 people's sexual behavior. The Institute of Medicine
5 of the National Academy of Sciences recommends
6 the termination of such programs because they rep-
7 resent "poor fiscal and public health policy."
8 (4) Leading medical and public health profes-
9 sional groups, including the American Medical Asso-
10 ciation, the American Academy of Pediatrics, the So-
11 ciety of Adolescent Health and Medicine, the Amer-
12 ican College of Obstetricians and Gynecologists, the
13 American Nurses Association, the American Public
14 Health Association, and the American Psychological
15 Association, oppose an abstinence-only-until-mar-
16 riage approach as antithetical to the principles of
17 science. These organizations all stress the need for
18 sexuality education that includes messages about ab-
19 stinence and also provide young people with informa-
20 tion about contraception for the prevention of teen
21 pregnancy, HIV/AIDS, and other STIs.
22 (5) Since 1996, the United States has spent
23 over $1,500,000,000 in Federal funding on absti-
24 nence-only-until-marriage programs that fail to
25 teach teens how to prevent unintended pregnancy or

1 STIs, including HIV. Particularly during the Na-
2 tion's worst economic disaster since the Great De-
3 pression, government funding should only support
4 evidence-based programs.
5 (6) According to the results of a 2005–2006
6 nationally representative survey of United States
7 adults published in the Archives of Pediatric & Ado-
8 lescent Medicine, more than 8 in 10 (82 percent) of
9 those polled, regardless of political ideology, support
10 comprehensive sex education that is medically accu-
11 rate and age-appropriate and includes information
12 about both abstinence and contraception for protec-
13 tion against unintended pregnancy and STIs, includ-
14 ing HIV.
15 (7) There is strong evidence that more com-
16 prehensive approaches to sex education help young
17 people both to withstand the pressures to have sex
18 too soon and to have healthy, responsible, and mutu-
19 ally protective relationships when they do become
20 sexually active. More comprehensive sex education
21 has been found to be effective in delaying sexual
22 intercourse, increasing contraceptive use, and reduc-
23 ing the number of partners among teens.
24 (8) Strong evidence indicates that sex education
25 programs that promote both abstinence and the use

1 of contraception does not increase sexual behavior.
2 Studies show that when teens are educated about
3 and have access to contraception, levels of contracep-
4 tion use at first intercourse increase while levels of
5 sex stay the same.

6 (9) Teens who receive sex education that in-
7 cludes both abstinence and contraception are more
8 likely than those who receive abstinence-only-until-
9 marriage messages to delay sexual activity and use
10 contraception when they do become sexually active.
11 Research from the United States shows that teens
12 who practice contraception consistently in their first
13 sexual relationship are more likely to continue doing
14 so than those who use no method or who use a
15 method inconsistently.

16 (10) The Personal Responsibility Education
17 Program (PREP) funds programs that are required
18 to provide information on both abstinence and con-
19 traception for the prevention of pregnancy and STIs,
20 including HIV/AIDS, with a substantial emphasis on
21 both abstinence and contraceptive use. Programs
22 must also address adulthood preparation topics such
23 as healthy relationships, adolescent development, fi-
24 nancial literacy, educational and career success, and
25 healthy life skills. Funded programs are required to

1 be evidence-based or replicate elements of evidence-
2 based programs that have been proven on the basis
3 of rigorous scientific research to change behavior.

4 **SEC. 3. ELIMINATION OF ABSTINENCE-ONLY EDUCATION**
5 **PROGRAM.**

6 (a) IN GENERAL.—Title V of the Social Security Act
7 (42 U.S.C. 701 et seq.) is amended by striking section
8 510.

9 (b) RESCISSION.—Amounts appropriated for fiscal
10 year 2010 under section 510(d) of the Social Security Act
11 (42 U.S.C. 710(d)) (as in effect on the day before the date
12 of enactment of this Act) that are unobligated as of the
13 date of enactment of this Act are rescinded.

14 (c) REPROGRAM OF ELIMINATED ABSTINENCE-ONLY
15 FUNDS FOR THE PERSONAL RESPONSIBILITY EDUCATION
16 PROGRAM (PREP).—Section 513(f) of the Social Security
17 Act (42 U.S.C. 713(f)) is amended by striking ''for each
18 of fiscal years 2010 through 2014'' and inserting ''for fis-
19 cal year 2010, and $125,000,000 for each of fiscal years
20 2011 through 2014''.

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