

109TH CONGRESS
1ST SESSION

S. 368

To provide assistance to reduce teen pregnancy, HIV/AIDS, and other sexually transmitted diseases and to support healthy adolescent development.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 10, 2005

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

A BILL

To provide assistance to reduce teen pregnancy, HIV/AIDS, and other sexually transmitted diseases and to support healthy adolescent development.

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 “Responsible Education
5 About Life Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) The American Medical Association
9 (“AMA”), the American Nurses Association

1 (“ANA”), the American Academy of Pediatrics
 2 (“AAP”), the American College of Obstetricians and
 3 Gynecologists (“ACOG”), the American Public
 4 Health Association (“APHA”), and the Society of
 5 Adolescent Medicine (“SAM”), support responsible
 6 sexuality education that includes information about
 7 both abstinence and contraception.

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

16 (3) Research shows that teenagers who receive
 17 sexuality education that includes discussion of con-
 18 traception are more likely than those who receive ab-
 19 stinence-only messages to delay sexual activity and
 20 to use contraceptives when they do become sexually
 21 active.

22 (4) Comprehensive sexuality education pro-
 23 grams respect the diversity of values and beliefs rep-
 24 resented in the community and will complement and

1 augment the sexuality education children receive
2 from their families.

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

9 (6) Although teen pregnancy rates are decreas-
10 ing, there are still between 750,000 and 850,000
11 teen pregnancies each year. Between 75 and 90 per-
12 cent of teen pregnancies among 15- to 19-year olds
13 are unintended.

14 (7) Studies estimate that 50 to 75 percent of
15 the reduction in adolescent pregnancy rates is attrib-
16 utable to improved contraceptive use; the remainder
17 to increased abstinence.

18 (8) More than eight out of ten Americans be-
19 lieve that young people should have information
20 about abstinence and protecting themselves from un-
21 planned pregnancies and sexually transmitted dis-
22 eases.

23 (9) United States teens and young adults ac-
24 quire an estimated 4,000,000 sexually transmitted
25 infections each year. By age 25, at least 1 of every

1 2 sexually active people will have contracted a sexu-
 2 ally transmitted disease.

3 (10) More than 2 young people in the United
 4 States are infected with HIV every hour of every
 5 day. African American and Hispanic youth have
 6 been disproportionately affected by the HIV/AIDS
 7 epidemic. Although about 15 percent of the adoles-
 8 cent population (ages 13 to 19) in the United States
 9 is African American, nearly 60 percent of AIDS
 10 cases through 2002 among 13- to 19-year olds were
 11 among African Americans. Hispanics comprise near-
 12 ly 16 percent of the adolescent population (ages 13
 13 to 19) in the United States and 22 percent of re-
 14 ported adolescent AIDS cases through June 2002.

15 **SEC. 3. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/**
 16 **AIDS, AND OTHER SEXUALLY TRANSMITTED**
 17 **DISEASES AND TO SUPPORT HEALTHY ADO-**
 18 **LESCENT DEVELOPMENT.**

19 (a) IN GENERAL.—Each eligible State shall be enti-
 20 tled to receive from the Secretary of Health and Human
 21 Services, for each of the fiscal years 2006 through 2010,
 22 a grant to conduct programs of family life education, in-
 23 cluding education on both abstinence and contraception
 24 for the prevention of teenage pregnancy and sexually
 25 transmitted diseases, including HIV/AIDS.

1 (b) REQUIREMENTS FOR FAMILY LIFE PROGRAMS.—

2 For purposes of this Act, a program of family life edu-
3 cation is a program that—

4 (1) is age-appropriate and medically accurate;

5 (2) does not teach or promote religion;

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

8 (4) stresses the value of abstinence while not ig-
9 noring those young people who have had or are hav-
10 ing sexual intercourse;

11 (5) provides information about the health bene-
12 fits and side effects of all contraceptives and barrier
13 methods as a means to prevent pregnancy;

14 (6) provides information about the health bene-
15 fits and side effects of all contraceptives and barrier
16 methods as a means to reduce the risk of con-
17 tracting sexually transmitted diseases, including
18 HIV/AIDS;

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

21 (8) teaches young people the skills to make re-
22 sponsible decisions about sexuality, including how to
23 avoid unwanted verbal, physical, and sexual ad-
24 vances and how not to make unwanted verbal, phys-
25 ical, and sexual advances; and

1 (9) teaches young people how alcohol and drug
2 use can affect responsible decisionmaking.

3 (c) ADDITIONAL ACTIVITIES.—In carrying out a pro-
4 gram of family life education, a State may expend a grant
5 under subsection (a) to carry out educational and motiva-
6 tional activities that help young people—

7 (1) gain knowledge about the physical, emo-
8 tional, biological, and hormonal changes of adoles-
9 cence and subsequent stages of human maturation;

10 (2) develop the knowledge and skills necessary
11 to ensure and protect their sexual and reproductive
12 health from unintended pregnancy and sexually
13 transmitted disease, including HIV/AIDS through-
14 out their lifespan;

15 (3) gain knowledge about the specific involve-
16 ment of and male responsibility in sexual decision-
17 making;

18 (4) develop healthy attitudes and values about
19 adolescent growth and development, body image,
20 gender roles, racial and ethnic diversity, sexual ori-
21 entation, and other subjects;

22 (5) develop and practice healthy life skills in-
23 cluding goal-setting, decisionmaking, negotiation,
24 communication, and stress management;

1 (6) promote self-esteem and positive inter-
2 personal skills focusing on relationship dynamics, in-
3 cluding, but not limited to, friendships, dating, ro-
4 mantic involvement, marriage and family inter-
5 actions; and

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

11 **SEC. 4. SENSE OF CONGRESS.**

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

15 **SEC. 5. EVALUATION OF PROGRAMS.**

16 (a) IN GENERAL.—For the purpose of evaluating the
17 effectiveness of programs of family life education carried
18 out with a grant under section 3, evaluations of such pro-
19 gram shall be carried out in accordance with subsections
20 (b) and (c).

21 (b) NATIONAL EVALUATION.—

22 (1) IN GENERAL.—The Secretary shall provide
23 for a national evaluation of a representative sample
24 of programs of family life education carried out with
25 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, 2009, with an interim report provided on a yearly basis at the end of each fiscal year.

(c) INDIVIDUAL STATE EVALUATIONS.—

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

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

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

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

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

15 (iii) the effectiveness of such pro-
16 grams in preventing sexually transmitted
17 disease, including HIV/AIDS; and

18 (iv) the effectiveness of such programs
19 in increasing contraceptive knowledge and
20 contraceptive behaviors when sexual inter-
21 course occurs.

22 (2) USE OF GRANT.—A condition for the re-
23 ceipt of a grant under section 3 is that the State in-
24 volved agree that not more than 10 percent of the

1 grant will be expended for the evaluation under
2 paragraph (1).

3 **SEC. 6. DEFINITIONS.**

4 For purposes of this Act:

5 (1) The term “eligible State” means a State
6 that submits to the Secretary an application for a
7 grant under section 3 that is in such form, is made
8 in such manner, and contains such agreements, as-
9 surances, and information as the Secretary deter-
10 mines to be necessary to carry out this Act.

11 (2) The term “HIV/AIDS” means the human
12 immunodeficiency virus, and includes acquired im-
13 mune deficiency syndrome.

14 (3) The term “medically accurate”, with respect
15 to information, means information that is supported
16 by research, recognized as accurate and objective by
17 leading medical, psychological, psychiatric, and pub-
18 lic health organizations and agencies, and where rel-
19 evant, published in peer review journals.

20 (4) The term “Secretary” means the Secretary
21 of Health and Human Services.

22 **SEC. 7. APPROPRIATIONS.**

23 (a) IN GENERAL.—For the purpose of carrying out
24 this Act, there is authorized to be appropriated
25 \$206,000,000 for each of fiscal years 2006 through 2010.

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

3 (1) not more than 7 percent may be used for
4 the administrative expenses of the Secretary in car-
5 rying out this Act for that fiscal year; and

6 (2) not more than 10 percent may be used for
7 the national evaluation under section 5(b).

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