

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.

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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

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## 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.

(10) More than 2 young people in the United States are infected with HIV every hour of every day. African American and Hispanic youth have been disproportionately affected by the HIV/AIDS epidemic. Although about 15 percent of the adolescent population (ages 13 to 19) in the United States is African American, nearly 60 percent of AIDS cases through 2002 among 13- to 19-year olds were among African Americans. Hispanics comprise nearly 16 percent of the adolescent population (ages 13 to 19) in the United States and 22 percent of reported 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, emotional,  
8 biological, and hormonal changes of adolescence and subsequent stages of human maturation;

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;

## 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

1 of such a grant is that the State involved agree to  
2 cooperate with the evaluation. The purposes of the  
3 national evaluation shall be the determination of—

4 (A) the effectiveness of such programs in  
5 helping to delay the initiation of sexual inter-  
6 course and other high-risk behaviors;

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

9 (C) the effectiveness of such programs in  
10 preventing sexually transmitted disease, includ-  
11 ing HIV/AIDS;

12 (D) the effectiveness of such programs in  
13 increasing contraceptive knowledge and contra-  
14 ceptive behaviors when sexual intercourse oc-  
15 curs; and

16 (E) a list of best practices based upon es-  
17 sential programmatic components of evaluated  
18 programs that have led to success in subpara-  
19 graphs (A) through (D).

20 (2) REPORT.—A report providing the results of  
21 the national evaluation under paragraph (1) shall be  
22 submitted to the Congress not later than March 31,  
23 2009, with an interim report provided on a yearly  
24 basis at the end of each fiscal year.

25 (c) INDIVIDUAL STATE EVALUATIONS.—

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

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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