

109TH CONGRESS
1ST SESSION

H. R. 2553

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

IN THE HOUSE OF REPRESENTATIVES

MAY 23, 2005

Ms. LEE (for herself, Mr. ABERCROMBIE, Mr. BAIRD, Mr. BISHOP of Georgia, Ms. CORRINE BROWN of Florida, Mrs. CAPPS, Ms. CARSON, Mr. CROWLEY, Mr. DAVIS of Illinois, Mr. DEFAZIO, Mr. DOGGETT, Mr. FARR, Mr. GRIJALVA, Ms. HARMAN, Mr. HOLT, Mr. JACKSON of Illinois, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KENNEDY of Rhode Island, Mr. KUCINICH, Mr. LANTOS, Ms. ZOE LOFGREN of California, Ms. MCCOLLUM of Minnesota, Mr. MCGOVERN, Mr. MICHAUD, Mr. GEORGE MILLER of California, Mr. NADLER, Mr. OLVER, Mr. PAYNE, Mr. RANGEL, Ms. ROYBAL-ALLARD, Mr. ACKERMAN, Ms. BALDWIN, Mr. BRADY of Pennsylvania, Mr. BROWN of Ohio, Mr. CARNAHAN, Mrs. CHRISTENSEN, Mr. CUMMINGS, Mrs. DAVIS of California, Mr. DICKS, Ms. ESHOO, Mr. FRANK of Massachusetts, Mr. GUTIERREZ, Mr. HINCHEY, Mr. INSLEE, Ms. JACKSON-LEE of Texas, Mrs. JONES of Ohio, Ms. KILPATRICK of Michigan, Mr. LANGEVIN, Mr. LEWIS of Georgia, Mrs. LOWEY, Mr. McDERMOTT, Mr. McNULTY, Ms. MILLENDER-McDONALD, Mr. MORAN of Virginia, Ms. NORTON, Mr. OWENS, Mr. PRICE of North Carolina, Mr. ROTHMAN, Mr. RUSH, Ms. LINDA T. SÁNCHEZ of California, Mr. SANDERS, Mr. SCHIFF, Mr. SIMMONS, Mr. SMITH of Washington, Mr. STARK, Mr. THOMPSON of California, Mr. TOWNS, Ms. WATERS, Mr. WAXMAN, Mr. WEXLER, Ms. SCHWARTZ of Pennsylvania, Mr. WYNN, Ms. LORETTA SANCHEZ of California, Ms. SCHAKOWSKY, Mr. SHERMAN, Ms. SLAUGHTER, Ms. SOLIS, Mrs. TAUSCHER, Mr. TIERNEY, Mr. UDALL of Colorado, Ms. WATSON, Mr. WEINER, Ms. WOOLSEY, Mr. LARSON of Connecticut, and Mr. MEEK of Florida) 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 “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
10 (“ANA”), the American Academy of Pediatrics
11 (“AAP”), the American College of Obstetricians and
12 Gynecologists (“ACOG”), the American Public
13 Health Association (“APHA”), and the Society of
14 Adolescent Medicine (“SAM”), support responsible
15 sexuality education that includes information about
16 both abstinence and contraception.

17 (2) Recent scientific reports by the Institute of
18 Medicine, the American Medical Association and the
19 Office on National AIDS Policy stress the need for
20 sexuality education that includes messages about ab-
21 stinence and provides young people with information
22 about contraception for the prevention of teen preg-
23 nancy, HIV/AIDS and other sexually transmitted
24 diseases (“STDs”).

1 (3) Research shows that teenagers who receive
2 sexuality education that includes discussion of con-
3 traception are more likely than those who receive ab-
4 stinence-only messages to delay sexual activity and
5 to use contraceptives when they do become sexually
6 active.

7 (4) Comprehensive sexuality education pro-
8 grams respect the diversity of values and beliefs rep-
9 resented in the community and will complement and
10 augment the sexuality education children receive
11 from their families.

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

18 (6) Although teen pregnancy rates are decreas-
19 ing, there are still between 750,000 and 850,000
20 teen pregnancies each year. Between 75 and 90 per-
21 cent of teen pregnancies among 15- to 19-year olds
22 are unintended.

23 (7) Research shows that 75 percent of the de-
24 crease in teen pregnancy between 1988 and 1995

1 was due to improved contraceptive use, while 25 per-
2 cent was due to increased abstinence.

3 (8) More than eight out of ten Americans be-
4 lieve that young people should have information
5 about abstinence and protecting themselves from un-
6 planned pregnancies and sexually transmitted dis-
7 eases.

8 (9) United States teens acquire an estimated
9 4,000,000 sexually transmitted infections each year.
10 By age 24, at least one in three sexually active peo-
11 ple will have contracted a sexually transmitted dis-
12 ease.

13 (10) An average of two young people in the
14 United States are infected with HIV every hour of
15 every day. African Americans and Hispanic youth
16 have been disproportionately affected by the HIV/
17 AIDS epidemic. Although less than 16 percent of
18 the adolescent population in the United States is Af-
19 rican American, nearly 50 percent of AIDS cases
20 through June 2000 among 13- to 19-year olds were
21 among Blacks. Hispanics comprise 13 percent of the
22 population and 20 percent of the reported adolescent
23 AIDS cases through June 2000.

1 **SEC. 3. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/
2 AIDS, AND OTHER SEXUALLY TRANSMITTED
3 DISEASES AND TO SUPPORT HEALTHY ADO-
4 LESCENT DEVELOPMENT.**

5 (a) IN GENERAL.—Each eligible State shall be enti-
6 tled to receive from the Secretary of Health and Human
7 Services, for each of the fiscal years 2006 through 2010,
8 a grant to conduct programs of family life education, in-
9 cluding education on both abstinence and contraception
10 for the prevention of teenage pregnancy and sexually
11 transmitted diseases, including HIV/AIDS.

12 (b) REQUIREMENTS FOR FAMILY LIFE PROGRAMS.—
13 For purposes of this Act, a program of family life edu-
14 cation is a program that—

- 15 (1) is age-appropriate and medically accurate;
- 16 (2) does not teach or promote religion;
- 17 (3) teaches that abstinence is the only sure way
18 to avoid pregnancy or sexually transmitted diseases;
- 19 (4) stresses the value of abstinence while not ig-
20 noring those young people who have had or are hav-
21 ing sexual intercourse;
- 22 (5) provides information about the health bene-
23 fits and side effects of all contraceptives and barrier
24 methods as a means to prevent pregnancy;
- 25 (6) provides information about the health bene-
26 fits and side effects of all contraceptives and barrier

1 methods as a means to reduce the risk of con-
2 tracting sexually transmitted diseases, including
3 HIV/AIDS;

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

6 (8) teaches young people the skills to make re-
7 sponsible decisions about sexuality, including how to
8 avoid unwanted verbal, physical, and sexual ad-
9 vances and how not to make unwanted verbal, phys-
10 ical, and sexual advances; and

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

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

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

20 (2) develop the knowledge and skills necessary
21 to ensure and protect their sexual and reproductive
22 health from unintended pregnancy and sexually
23 transmitted disease, including HIV/AIDS through-
24 out their lifespan;

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

4 (4) develop healthy attitudes and values about
5 adolescent growth and development, body image,
6 gender roles, racial and ethnic diversity, sexual ori-
7 entation, and other subjects;

8 (5) develop and practice healthy life skills in-
9 cluding goal-setting, decisionmaking, negotiation,
10 communication, and stress management;

11 (6) promote self-esteem and positive inter-
12 personal skills focusing on relationship dynamics, in-
13 cluding, but not limited to, friendships, dating, ro-
14 mantic involvement, marriage and family inter-
15 actions; and

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

21 **SEC. 4. SENSE OF CONGRESS.**

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

1 **SEC. 5. EVALUATION OF PROGRAMS.**

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

7 (b) NATIONAL EVALUATION.—

8 (1) IN GENERAL.—The Secretary shall provide
9 for a national evaluation of a representative sample
10 of programs of family life education carried out with
11 grants under section 3. A condition for the receipt
12 of such a grant is that the State involved agree to
13 cooperate with the evaluation. The purposes of the
14 national evaluation shall be the determination of—

15 (A) the effectiveness of such programs in
16 helping to delay the initiation of sexual inter-
17 course and other high-risk behaviors;

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

20 (C) the effectiveness of such programs in
21 preventing sexually transmitted disease, includ-
22 ing HIV/AIDS;

23 (D) the effectiveness of such programs in
24 increasing contraceptive knowledge and contra-
25 ceptive behaviors when sexual intercourse oc-
26 curs; and

1 (E) a list of best practices based upon es-
2 sential programmatic components of evaluated
3 programs that have led to success in subpara-
4 graphs (A) through (D).

5 (2) REPORT.—A report providing the results of
6 the national evaluation under paragraph (1) shall be
7 submitted to the Congress not later than March 31,
8 2011, with an interim report provided on a yearly
9 basis at the end of each fiscal year.

10 (c) INDIVIDUAL STATE EVALUATIONS.—

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

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

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

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

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

1 (iii) the effectiveness of such pro-
2 grams in preventing sexually transmitted
3 disease, including HIV/AIDS; and

4 (iv) the effectiveness of such programs
5 in increasing contraceptive knowledge and
6 contraceptive behaviors when sexual inter-
7 course occurs.

8 (2) USE OF GRANT.—A condition for the re-
9 ceipt of a grant under section 3 is that the State in-
10 volved agree that not more than 10 percent of the
11 grant will be expended for the evaluation under
12 paragraph (1).

13 **SEC. 6. DEFINITIONS.**

14 For purposes of this Act:

15 (1) The term “eligible State” means a State
16 that submits to the Secretary an application for a
17 grant under section 3 that is in such form, is made
18 in such manner, and contains such agreements, as-
19 surances, and information as the Secretary deter-
20 mines to be necessary to carry out this Act.

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

24 (3) The term “medically accurate”, with respect
25 to information, means information that is supported

1 by research, recognized as accurate and objective by
2 leading medical, psychological, psychiatric, and pub-
3 lic health organizations and agencies, and where rel-
4 evant, published in peer review journals.

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

7 **SEC. 7. APPROPRIATIONS.**

8 (a) IN GENERAL.—For the purpose of carrying out
9 this Act, there is authorized to be appropriated
10 \$206,000,000 for each of the fiscal years 2006 through
11 2010.

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

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

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

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