

112TH CONGRESS  
1ST SESSION

# H. R. 1085

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

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2011

Ms. LEE of California (for herself, Ms. DEGETTE, Mr. ELLISON, Mr. FARR, Mr. FILNER, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HOLT, Mr. JACKSON of Illinois, Mrs. LOWEY, Mrs. MALONEY, Mr. MCGOVERN, Ms. MOORE, Mr. MORAN, Ms. NORTON, Mr. OLVER, Ms. PINGREE of Maine, Mr. RANGEL, Ms. SCHAKOWSKY, Mr. STARK, Ms. WOOLSEY, Mr. HONDA, Mrs. CHRISTENSEN, Mrs. CAPPAS, Ms. LINDA T. SÁNCHEZ of California, Mr. NADLER, and Mr. CONYERS) 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

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## 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 2011”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) The United States has one of the highest  
4 teen pregnancy rates in the developed world. Be-  
5 tween 1990 and 2005, the United States teenage  
6 pregnancy rate declined 41 percent. For the first  
7 time in more than a decade, the rate rose 3 percent  
8 in 2006. At the same time, teens were receiving less  
9 information about contraception in schools and their  
10 use of contraceptives was declining.

11 (2) While young people in the United States  
12 aged 15 to 25 make up only  $\frac{1}{4}$  of the sexually active  
13 population, they contract about  $\frac{1}{2}$  of the 19,000,000  
14 sexually transmitted infections (STIs) which occur  
15 annually. Young people ages 13 to 29 account for  
16 nearly  $\frac{1}{3}$  of the estimated 56,300 new HIV infec-  
17 tions each year. Every hour, 1 young person is in-  
18 fected with HIV. In 2008, the Centers for Disease  
19 Control and Prevention estimated that 1 in 4 young  
20 women between the ages of 14 and 19 and nearly 1  
21 in 2 African-American young women are infected  
22 with at least one of the four most common STIs.

23 (3) Abstinence-only-until-marriage programs  
24 have been discredited by a wide body of evidence, in-  
25 cluding most recently in a congressionally mandated  
26 study in 2007 which found these programs ineffec-

1       tive in stopping or delaying teen sex, reducing the  
2       number of reported sexual partners, reducing re-  
3       ported rates of pregnancy or sexually transmitted in-  
4       fections, or otherwise beneficially impacting young  
5       people’s sexual behavior. The Institute of Medicine  
6       of the National Academy of Sciences recommends  
7       the termination of such programs because they rep-  
8       resent “poor fiscal and public health policy”.

9               (4) Leading medical and public health profes-  
10       sional groups, including the American Medical Asso-  
11       ciation, the American Academy of Pediatrics, the So-  
12       ciety of Adolescent Health and Medicine, the Amer-  
13       ican College of Obstetricians and Gynecologists, the  
14       American Nurses Association, the American Public  
15       Health Association, and the American Psychological  
16       Association, oppose an abstinence-only-until-mar-  
17       riage approach as antithetical to the principles of  
18       science. These organizations all stress the need for  
19       sexuality education that includes messages about ab-  
20       stinence and also provide young people with informa-  
21       tion about contraception for the prevention of teen  
22       pregnancy, HIV/AIDS, and other STIs.

23               (5) Since 1996, the United States has spent  
24       over \$1,500,000,000 in Federal funding on absti-  
25       nence-only-until-marriage programs that fail to

1 teach teens how to prevent unintended pregnancy or  
2 STIs, including HIV. Particularly during the Na-  
3 tion's worst economic disaster since the Great De-  
4 pression, government funding should only support  
5 evidence-based programs.

6 (6) According to the results of a 2005–2006  
7 nationally representative survey of United States  
8 adults published in the Archives of Pediatric & Ado-  
9 lescent Medicine, more than 8 in 10 (82 percent) of  
10 those polled, regardless of political ideology, support  
11 comprehensive sex education that is medically accu-  
12 rate and age-appropriate and includes information  
13 about both abstinence and contraception for protec-  
14 tion against unintended pregnancy and STIs, includ-  
15 ing HIV.

16 (7) There is strong evidence that more com-  
17 prehensive approaches to sex education help young  
18 people both to withstand the pressures to have sex  
19 too soon and to have healthy, responsible, and mutu-  
20 ally protective relationships when they do become  
21 sexually active. More comprehensive sex education  
22 has been found to be effective in delaying sexual  
23 intercourse, increasing contraceptive use, and reduc-  
24 ing the number of partners among teens.

1           (8) Strong evidence indicates that sex education  
2 programs that promote both abstinence and the use  
3 of contraception does not increase sexual behavior.  
4 Studies show that when teens are educated about  
5 and have access to contraception, levels of contracep-  
6 tion use at first intercourse increase while levels of  
7 sex stay the same.

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

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

1 nancial literacy, educational and career success, and  
2 healthy life skills. Funded programs are required to  
3 be evidence-based or replicate elements of evidence-  
4 based programs that have been proven on the basis  
5 of rigorous scientific research to change behavior.

6 **SEC. 3. ELIMINATION OF ABSTINENCE-ONLY EDUCATION**  
7 **PROGRAM.**

8 (a) IN GENERAL.—Title V of the Social Security Act  
9 (42 U.S.C. 701 et seq.) is amended by striking section  
10 510.

11 (b) RESCISSION.—Amounts appropriated for each of  
12 fiscal years 2010 and 2011 under section 510(d) of the  
13 Social Security Act (42 U.S.C. 710(d)) (as in effect on  
14 the day before the date of enactment of this Act) that are  
15 unobligated as of the date of enactment of this Act are  
16 rescinded.

17 (c) REPROGRAM OF ELIMINATED ABSTINENCE-ONLY  
18 FUNDS FOR THE PERSONAL RESPONSIBILITY EDUCATION  
19 PROGRAM (PREP).—Section 513(f) of the Social Security  
20 Act (42 U.S.C. 713(f)) is amended by striking “for each  
21 of fiscal years 2010 through 2014” and inserting “for fis-  
22 cal year 2010, \$75,000,000 increased by an amount equal  
23 to the unobligated portion of funds appropriated for each  
24 of fiscal years 2010 and 2011 under section 510(d) that

1 are rescinded under subsection (b), and \$125,000,000 for  
2 each of fiscal years 2012 through 2014”.

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