

117TH CONGRESS
1ST SESSION

S. 1689

To provide for the overall health and well-being of young people, including the promotion and attainment of lifelong sexual health and healthy relationships, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 18, 2021

Mr. BOOKER (for himself, Ms. HIRONO, Mr. MARKEY, Mr. MENENDEZ, Ms. WARREN, Mr. BROWN, Ms. BALDWIN, Mr. BLUMENTHAL, Ms. SMITH, Ms. DUCKWORTH, and Mr. MERKLEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for the overall health and well-being of young people, including the promotion and attainment of lifelong sexual health and healthy relationships, 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 “Real Education and
5 Access for Healthy Youth Act of 2021”.

1 **SEC. 2. PURPOSE AND FINDINGS.**

2 (a) PURPOSE.—The purpose of this Act is to provide
3 young people with sex education and sexual health services
4 that—

5 (1) promote and uphold the rights of young
6 people to information and services that empower
7 them to make decisions about their bodies, health,
8 sexuality, families, and communities in all areas of
9 life;

10 (2) are evidence-informed, comprehensive in
11 scope, confidential, equitable, accessible, medically
12 accurate and complete, age and developmentally ap-
13 propriate, culturally responsive, and trauma-in-
14 formed and resilience-oriented;

15 (3) provide information about the prevention,
16 treatment, and care of pregnancy, sexually trans-
17 mitted infections, and interpersonal violence;

18 (4) provide information about the importance of
19 consent as a basis for healthy relationships and for
20 autonomy in healthcare;

21 (5) provide information on gender roles and
22 gender discrimination;

23 (6) provide information on the historical and
24 current condition in which education and health sys-
25 tems, policies, programs, services, and practices have
26 uniquely and adversely impacted Black, Indigenous,

1 Latinx, Asian, Asian American and Pacific Islander,
2 and other People of Color; and

3 (7) redress inequities in the delivery of sex edu-
4 cation and sexual health services to marginalized
5 young people.

6 (b) FINDINGS.—Congress finds the following:

7 (1) Young people need and have the right to sex
8 education and sexual health services that are evi-
9 dence-informed, comprehensive in scope, confiden-
10 tial, equitable, accessible, medically accurate and
11 complete, age and developmentally appropriate, cul-
12 turally responsive, and trauma-informed and resil-
13 ience-oriented.

14 (2) Currently, there is a gap between the sex
15 education that young people should be receiving
16 based on expert standards and the sex education
17 many actually receive.

18 (3) Only 29 States and the District of Colum-
19 bia mandate sex education in schools.

20 (4) When there is sex education or instruction
21 regarding human immunodeficiency virus (HIV) or
22 sexually transmitted infections (STI), 15 States do
23 not require the content to be evidence-informed,
24 medically accurate and complete, age and develop-
25 mentally appropriate, or culturally responsive.

1 (5) Many sex education programs and sexual
2 health services currently available were not designed
3 to and do not currently meet the needs of
4 marginalized young people. Some such programs and
5 services actually harm marginalized young people.

6 (6) For marginalized young people, a lack of
7 comprehensive in scope, confidential, equitable, and
8 accessible sex education and sexual health services is
9 not unfamiliar, but rather a longstanding manifesta-
10 tion of white supremacy, which has touched every
11 aspect of our history, culture, and institutions, in-
12 cluding the education and healthcare systems.

13 (7) The development and delivery of sexual
14 health education and services in the United States
15 historically has been rooted in the oppression of
16 Black, Indigenous, Latinx, Asian, Asian American
17 and Pacific Islander, and other People of Color.

18 (8) The United States has a long history of eu-
19 genics and forced sterilization. The sexual and re-
20 productive rights and bodily autonomy of specific
21 communities deemed “undesirable” or “defective”
22 were targeted by our governments resulting in state-
23 sanctioned violence and generations of trauma and
24 oppression. These communities include—

25 (A) people with low incomes;

1 (B) immigrants;

2 (C) people with disabilities;

3 (D) people living with HIV;

4 (E) survivors of interpersonal violence;

5 (F) people who are incarcerated, detained,

6 or who otherwise have encountered the crimi-

7 nal-legal system;

8 (G) Black, Indigenous, and other People of

9 Color;

10 (H) people who are lesbian, gay, bisexual,

11 transgender, and queer; and

12 (I) young people who are pregnant and

13 parenting.

14 (9) Black young people are more likely to re-

15 ceive abstinence-only instruction. Research shows

16 that abstinence-only instruction, also known as “sex-

17 ual risk avoidance” instruction, is ineffective in com-

18 parison to sex education.

19 (10) Black, Indigenous, and Latinx young peo-

20 ple are disproportionately more likely to be diag-

21 nosed with an STI, have an unintended pregnancy,

22 or experience sexual assault.

23 (11) The framework of Reproductive Justice ac-

24 knowledges and aims to address the legacy of white

25 supremacy, systemic oppression, and the restrictions

1 on sex education and sexual health services that dis-
 2 proportionately impact marginalized communities.
 3 Reproductive Justice will be achieved when all people
 4 regardless of actual or perceived race, color, eth-
 5 nicity, national origin, religion, immigration status,
 6 sex (including gender identity and sexual orienta-
 7 tion), disability status, pregnancy or parenting sta-
 8 tus, or age have the power to make decisions about
 9 their bodies, health, sexuality, families, and commu-
 10 nities in all areas of life.

11 (12) Increased resources are required for sex
 12 education and sexual health services to reach all
 13 young people, redress inequities and their impacts
 14 on marginalized young people, and achieve Repro-
 15 ductive Justice for young people.

16 (13) Such sex education and sexual health serv-
 17 ices should—

18 (A) promote and uphold the rights of
 19 young people to information and services in
 20 order to make and exercise informed and re-
 21 sponsible decisions about their sexual health;

22 (B) be evidence-informed, comprehensive in
 23 scope, confidential, equitable, accessible, age
 24 and developmentally appropriate, culturally re-

1 sponsive, and trauma-informed and resilience-
2 oriented;

3 (C) include instruction and materials that
4 address—

5 (i) puberty and adolescent develop-
6 ment;

7 (ii) sexual and reproductive anatomy
8 and physiology;

9 (iii) sexual orientation, gender iden-
10 tity, and gender expression;

11 (iv) contraception, pregnancy, and re-
12 production;

13 (v) HIV and other STIs;

14 (vi) consent and healthy relationships;

15 and

16 (vii) interpersonal violence;

17 (D) promote gender equity and be inclusive
18 of young people with varying gender identities,
19 gender expressions, and sexual orientations;

20 (E) promote safe and healthy relationships;

21 and

22 (F) promote racial equity and be respon-
23 sive to the needs of young people who are
24 Black, Indigenous, and other People of Color.

1 **SEC. 3. DEFINITIONS.**

2 In this Act:

3 (1) AGE AND DEVELOPMENTALLY APPRO-
4 PRIATE.—The term “age and developmentally appro-
5 priate” means topics, messages, and teaching meth-
6 ods suitable to particular ages, age groups, or devel-
7 opmental levels, based on cognitive, emotional, so-
8 cial, and behavioral capacity of most young people at
9 that age level.

10 (2) CHARACTERISTICS OF EFFECTIVE PRO-
11 GRAMS.—The term “characteristics of effective pro-
12 grams” means the aspects of evidence-informed pro-
13 grams, including development, content, and imple-
14 mentation of such programs, that—

15 (A) have been shown to be effective in
16 terms of increasing knowledge, clarifying values
17 and attitudes, increasing skills, and impacting
18 behavior; and

19 (B) are widely recognized by leading med-
20 ical and public health agencies to be effective in
21 changing sexual behaviors that lead to sexually
22 transmitted infections, unintended pregnancy,
23 and interpersonal violence among young people.

24 (3) CONSENT.—The term “consent” means af-
25 firmative, conscious, and voluntary agreement to en-
26 gage in interpersonal, physical, or sexual activity.

1 (4) CULTURALLY RESPONSIVE.—The term “cul-
 2 turally responsive” means education and services
 3 that—

4 (A) embrace and actively engage and ad-
 5 just to young people and their various cultural
 6 identities;

7 (B) recognize the ways in which many
 8 marginalized young people face unique barriers
 9 in our society that result in increased adverse
 10 health outcomes and associated stereotypes; and

11 (C) may address the ways in which racism
 12 has shaped national health care policy, the last-
 13 ing historical trauma associated with reproduc-
 14 tive health experiments and forced sterilizations
 15 of Black, Latinx, and Indigenous communities,
 16 or sexual stereotypes assigned to young People
 17 of Color or LGBTQ+ people.

18 (5) EVIDENCE-INFORMED.—The term “evi-
 19 dence-informed” means incorporates characteristics,
 20 content, or skills that have been proven to be effec-
 21 tive through evaluation in changing sexual behavior.

22 (6) GENDER EXPRESSION.—The term “gender
 23 expression” means the expression of one’s gender,
 24 such as through behavior, clothing, haircut, or voice,
 25 and which may or may not conform to socially de-

1 fined behaviors and characteristics typically associ-
 2 ated with being either masculine or feminine.

3 (7) GENDER IDENTITY.—The term “gender
 4 identity” means the gender-related identity, appear-
 5 ance, mannerisms, or other gender-related character-
 6 istics of an individual, regardless of the individual’s
 7 designated sex at birth.

8 (8) INCLUSIVE.—The term “inclusive” means
 9 content and skills that ensure marginalized young
 10 people are valued, respected, centered, and sup-
 11 ported in sex education instruction and materials.

12 (9) INSTITUTION OF HIGHER EDUCATION.—The
 13 term “institution of higher education” has the
 14 meaning given the term in section 101 of the Higher
 15 Education Act of 1965 (20 U.S.C. 1001).

16 (10) INTERPERSONAL VIOLENCE.—The term
 17 “interpersonal violence” means abuse, assault, bul-
 18 lying, dating violence, domestic violence, harassment,
 19 intimate partner violence, or stalking.

20 (11) MARGINALIZED YOUNG PEOPLE.—The
 21 term “marginalized young people” means young peo-
 22 ple who are disadvantaged by underlying structural
 23 barriers and social inequities, including young people
 24 who are—

- 1 (A) Black, Indigenous, and other People of
- 2 Color;
- 3 (B) immigrants;
- 4 (C) in contact with the foster care system;
- 5 (D) in contact with the juvenile justice sys-
- 6 tem;
- 7 (E) experiencing homelessness;
- 8 (F) pregnant or parenting;
- 9 (G) lesbian, gay, bisexual, transgender, or
- 10 queer;
- 11 (H) living with HIV;
- 12 (I) living with disabilities;
- 13 (J) from families with low-incomes; or
- 14 (K) living in rural areas.

15 (12) MEDICALLY ACCURATE AND COMPLETE.—

16 The term “medically accurate and complete” means
17 that—

- 18 (A) the information provided through the
- 19 education is verified or supported by the weight
- 20 of research conducted in compliance with ac-
- 21 cepted scientific methods and is published in
- 22 peer-reviewed journals, where applicable; or
- 23 (B) the education contains information
- 24 that leading professional organizations and

1 agencies with relevant expertise in the field rec-
 2 ognize as accurate, objective, and complete.

3 (13) RESILIENCE.—The term “resilience”
 4 means the ability to adapt to trauma and tragedy.

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

7 (15) SEX EDUCATION.—The term “sex edu-
 8 cation” means high quality teaching and learning
 9 that—

10 (A) is delivered, to the maximum extent
 11 practicable, following the National Sexuality
 12 Education Standards of the Future of Sex Ed
 13 Initiative;

14 (B) is about a broad variety of topics re-
 15 lated to sex and sexuality, including—

16 (i) puberty and adolescent develop-
 17 ment;

18 (ii) sexual and reproductive anatomy
 19 and physiology;

20 (iii) sexual orientation, gender iden-
 21 tity, and gender expression;

22 (iv) contraception, pregnancy, and re-
 23 production;

24 (v) HIV and other STIs;

1 (vi) consent and healthy relationships;

2 and

3 (vii) interpersonal violence;

4 (C) explores values and beliefs about such
5 topics; and

6 (D) helps young people in gaining the
7 skills that are needed to navigate relationships
8 and manage one's own sexual health.

9 (16) SEXUAL DEVELOPMENT.—The term “sex-
10 ual development” means the lifelong process of phys-
11 ical, behavioral, cognitive, and emotional growth and
12 change as it relates to an individual's sexuality and
13 sexual maturation, including puberty, identity devel-
14 opment, socio-cultural influences, and sexual behav-
15 iors.

16 (17) SEXUAL HEALTH SERVICES.—The term
17 “sexual health services” includes—

18 (A) sexual health information, education,
19 and counseling;

20 (B) all methods of contraception approved
21 by the Food and Drug Administration;

22 (C) routine gynecological care, including
23 human papillomavirus (HPV) vaccines and can-
24 cer screenings;

1 (D) pre-exposure prophylaxis or post-expo-
 2 sure prophylaxis;

3 (E) substance use and mental health serv-
 4 ices;

5 (F) interpersonal violence survivor services;
 6 and

7 (G) other prevention, care, or treatment
 8 services.

9 (18) SEXUAL ORIENTATION.—The term “sexual
 10 orientation” means an individual’s romantic, emo-
 11 tional, or sexual attraction to other people.

12 (19) TRAUMA.—The term “trauma” means a
 13 response to an event, series of events, or set of cir-
 14 cumstances that is experienced or witnessed by an
 15 individual or group of people as physically or emo-
 16 tionally harmful or life-threatening with lasting ad-
 17 verse effects on their functioning and mental, phys-
 18 ical, social, emotional, or spiritual well-being.

19 (20) TRAUMA-INFORMED AND RESILIENCE-ORI-
 20 ENTED.—The term “trauma-informed and resil-
 21 ience-oriented” means an approach that realizes the
 22 prevalence of trauma, recognizes the various ways
 23 individuals, organizations, and communities may re-
 24 spond to trauma differently, recognizes that resil-

1 ience can be built, and responds by putting this
2 knowledge into practice.

3 (21) YOUNG PEOPLE.—The term “young peo-
4 ple” means individuals who are ages 10 through 29
5 at the time of commencement of participation in a
6 project supported under this Act.

7 (22) YOUTH-FRIENDLY SEXUAL HEALTH SERV-
8 ICES.—The term “youth-friendly sexual health serv-
9 ices” means sexual health services that are provided
10 in a confidential, equitable, and accessible manner
11 that makes it easy and comfortable for young people
12 to seek out and receive services.

13 **SEC. 4. GRANTS FOR SEX EDUCATION AT ELEMENTARY**
14 **AND SECONDARY SCHOOLS AND YOUTH-**
15 **SERVING ORGANIZATIONS.**

16 (a) PROGRAM AUTHORIZED.—The Secretary, in co-
17 ordination with the Secretary of Education, shall award
18 grants, on a competitive basis, to eligible entities to enable
19 such eligible entities to carry out projects that provide
20 young people with sex education.

21 (b) DURATION.—Grants awarded under this section
22 shall be for a period of 5 years.

23 (c) ELIGIBLE ENTITY.—In this section, the term “el-
24 igible entity” means a public or private entity that delivers
25 health education to young people.

1 (d) APPLICATIONS.—An eligible entity desiring a
2 grant under this section shall submit an application to the
3 Secretary at such time, in such manner, and containing
4 such information as the Secretary may require.

5 (e) PRIORITY.—In awarding grants under this sec-
6 tion, the Secretary shall give priority to eligible entities
7 that are—

8 (1) State educational agencies or local edu-
9 cational agencies; or

10 (2) Indian Tribes or Tribal organizations, as
11 defined in section 4 of the Indian Self-Determination
12 and Education Assistance Act (25 U.S.C. 5304).

13 (f) USE OF FUNDS.—Each eligible entity that re-
14 ceives a grant under this section shall use the grant funds
15 to carry out a project that provides young people with sex
16 education.

17 **SEC. 5. GRANTS FOR SEX EDUCATION AT INSTITUTIONS OF**
18 **HIGHER EDUCATION.**

19 (a) PROGRAM AUTHORIZED.—The Secretary, in co-
20 ordination with the Secretary of Education, shall award
21 grants, on a competitive basis, to institutions of higher
22 education or consortia of such institutions to enable such
23 institutions to provide students with age and develop-
24 mentally appropriate sex education.

1 (b) DURATION.—Grants awarded under this section
2 shall be for a period of 5 years.

3 (c) APPLICATIONS.—An institution of higher edu-
4 cation or consortium of such institutions desiring a grant
5 under this section shall submit an application to the Sec-
6 retary at such time, in such manner, and containing such
7 information as the Secretary may require.

8 (d) PRIORITY.—In awarding grants under this sec-
9 tion, the Secretary shall give priority to an institution of
10 higher education that—

11 (1) has an enrollment of needy students, as de-
12 fined in section 318(b) of the Higher Education Act
13 of 1965 (20 U.S.C. 1059e(b));

14 (2) is a Hispanic-serving institution, as defined
15 in section 502(a) of such Act (20 U.S.C. 1101a(a));

16 (3) is a Tribal College or University, as defined
17 in section 316(b) of such Act (20 U.S.C. 1059c(b));

18 (4) is an Alaska Native-serving institution, as
19 defined in section 317(b) of such Act (20 U.S.C.
20 1059d(b));

21 (5) is a Native Hawaiian-serving institution, as
22 defined in section 317(b) of such Act (20 U.S.C.
23 1059d(b));

1 (6) is a Predominantly Black Institution, as de-
 2 fined in section 318(b) of such Act (20 U.S.C.
 3 1059e(b));

4 (7) is a Native American-serving, nontribal in-
 5 stitution, as defined in section 319(b) of such Act
 6 (20 U.S.C. 1059f(b));

7 (8) is an Asian American and Native American
 8 Pacific Islander-serving institution, as defined in
 9 section 320(b) of such Act (20 U.S.C. 1059g(b)); or

10 (9) is a minority institution, as defined in sec-
 11 tion 365 of such Act (20 U.S.C. 1067k), with an en-
 12 rollment of needy students, as defined in section 312
 13 of such Act (20 U.S.C. 1058).

14 (e) USES OF FUNDS.—

15 (1) IN GENERAL.—An institution of higher edu-
 16 cation or consortium of such institutions receiving a
 17 grant under this section shall use grant funds to de-
 18 velop and implement a project to integrate sex edu-
 19 cation into the institution of higher education in
 20 order to reach a large number of students, by car-
 21 rying out 1 or more of the following activities:

22 (A) Adopting and incorporating age and
 23 developmentally appropriate sex education into
 24 student orientation, general education, or
 25 courses.

1 (B) Developing or adopting and imple-
2 menting educational programming outside of
3 class that delivers age and developmentally ap-
4 propriate sex education to students.

5 (C) Developing or adopting and imple-
6 menting innovative technology-based approaches
7 to deliver age and developmentally appropriate
8 sex education to students.

9 (D) Developing or adopting and imple-
10 menting peer-led activities to generate discus-
11 sion, educate, and raise awareness among stu-
12 dents about age and developmentally appro-
13 priate sex education.

14 (E) Developing or adopting and imple-
15 menting policies and practices to link students
16 to sexual health services.

17 **SEC. 6. GRANTS FOR EDUCATOR TRAINING.**

18 (a) PROGRAM AUTHORIZED.—The Secretary, in co-
19 ordination with the Secretary of Education, shall award
20 grants, on a competitive basis, to eligible entities to enable
21 such eligible entities to carry out the activities described
22 in subsection (e).

23 (b) DURATION.—Grants awarded under this section
24 shall be for a period of 5 years.

1 (c) ELIGIBLE ENTITY.—In this section, the term “el-
2 igible entity” means—

3 (1) a State educational agency or local edu-
4 cational agency;

5 (2) an Indian Tribe or Tribal organization, as
6 defined in section 4 of the Indian Self-Determination
7 and Education Assistance Act (25 U.S.C. 5304);

8 (3) a State or local department of health;

9 (4) an educational service agency;

10 (5) a nonprofit institution of higher education
11 or a consortium of such institutions; or

12 (6) a national or statewide nonprofit organiza-
13 tion or consortium of nonprofit organizations that
14 has as its primary purpose the improvement of pro-
15 vision of sex education through training and effec-
16 tive teaching of sex education.

17 (d) APPLICATION.—An eligible entity desiring a
18 grant under this section shall submit an application to the
19 Secretary at such time, in such manner, and containing
20 such information as the Secretary may require.

21 (e) AUTHORIZED ACTIVITIES.—

22 (1) REQUIRED ACTIVITY.—Each eligible entity
23 receiving a grant under this section shall use grant
24 funds for professional development and training of
25 relevant teachers, health educators, faculty, adminis-

trators, and staff, in order to increase effective teaching of sex education to young people.

(2) PERMISSIBLE ACTIVITIES.—Each eligible entity receiving a grant under this section may use grant funds to—

(A) provide training and support for educators about the content, skills, and professional disposition needed to implement sex education effectively;

(B) develop and provide training and support to educators on incorporating anti-racist and gender inclusive policies and practices in sex education;

(C) support the dissemination of information on effective practices and research findings concerning the teaching of sex education;

(D) support research on—

(i) effective sex education teaching practices; and

(ii) the development of assessment instruments and strategies to document—

(I) young people’s understanding of sex education; and

(II) the effects of sex education;

1 (E) convene conferences on sex education,
 2 in order to effectively train educators in the
 3 provision of sex education; and

4 (F) develop and disseminate appropriate
 5 research-based materials to foster sex edu-
 6 cation.

7 (3) SUBGRANTS.—Each eligible entity receiving
 8 a grant under this section may award subgrants to
 9 nonprofit organizations that possess a demonstrated
 10 record of providing training to teachers, health edu-
 11 cators, faculty, administrators, and staff on sex edu-
 12 cation to—

13 (A) train educators in sex education;

14 (B) support internet or distance learning
 15 related to sex education;

16 (C) promote rigorous academic standards
 17 and assessment techniques to guide and meas-
 18 ure student performance in sex education;

19 (D) encourage replication of best practices
 20 and model programs to promote sex education;

21 (E) develop and disseminate effective, re-
 22 search-based sex education learning materials;

23 or

1 (F) develop academic courses on the peda-
 2 gogy of sex education at institutions of higher
 3 education.

4 **SEC. 7. AUTHORIZATION OF GRANTS TO SUPPORT THE DE-**
 5 **LIVERY OF SEXUAL HEALTH SERVICES TO**
 6 **MARGINALIZED YOUNG PEOPLE.**

7 (a) PROGRAM AUTHORIZED.—The Secretary shall
 8 award grants, on a competitive basis, to eligible entities
 9 to enable such entities to provide youth-friendly sexual
 10 health services to marginalized young people.

11 (b) DURATION.—Grants awarded under this section
 12 shall be for a period of 5 years.

13 (c) ELIGIBLE ENTITY.—In this section, the term “el-
 14 igible entity” means—

15 (1) a public or private youth-serving organiza-
 16 tion; or

17 (2) a covered entity, as defined in section 340B
 18 of the Public Health Service Act (42 U.S.C. 256b).

19 (d) APPLICATIONS.—An eligible entity desiring a
 20 grant under this section shall submit an application to the
 21 Secretary at such time, in such manner, and containing
 22 such information as the Secretary may require.

23 (e) USE OF FUNDS.—

1 (1) IN GENERAL.—Each eligible entity that re-
2 ceives a grant under this section may use the grant
3 funds to—

4 (A) develop and implement an evidence-in-
5 formed project to deliver sexual health services
6 to marginalized young people;

7 (B) establish, alter, or modify staff posi-
8 tions, service delivery policies and practices,
9 service delivery locations, service delivery envi-
10 ronments, service delivery schedules, or other
11 services components in order to increase youth-
12 friendly sexual health services to marginalized
13 young people;

14 (C) conduct outreach to marginalized
15 young people to invite them to participate in
16 the eligible entity's sexual health services and to
17 provide feedback to inform improvements in the
18 delivery of such services;

19 (D) establish and refine systems of referral
20 to connect marginalized young people to other
21 sexual health services and supportive services;

22 (E) establish partnerships and collabora-
23 tions with entities providing services to
24 marginalized young people to link such young
25 people to sexual health services, such as by de-

1 livering health services at locations where they
2 congregate, providing transportation to loca-
3 tions where sexual health services are provided,
4 or other linkages to services approaches;

5 (F) provide evidence-informed, comprehen-
6 sive in scope, confidential, equitable, accessible,
7 medically accurate and complete, age and devel-
8 opmentally appropriate, culturally responsive,
9 and trauma-informed and resilience-oriented
10 sexual health information to marginalized
11 young people in the languages and cultural con-
12 texts that are most appropriate for the
13 marginalized young people to be served by the
14 eligible entity;

15 (G) promote effective communication re-
16 garding sexual health among marginalized
17 young people; and

18 (H) provide training and support for eligi-
19 ble entity personnel and community members
20 who work with marginalized young people about
21 the content, skills, and professional disposition
22 needed to provide youth-friendly sex education
23 and youth-friendly sexual health services.

1 **SEC. 8. REPORTING AND IMPACT EVALUATION.**

2 (a) GRANTEE REPORT TO SECRETARY.—For each
3 year an eligible entity receives grant funds under section
4 4, 5, 6, or 7, the eligible entity shall submit to the Sec-
5 retary a report that includes—

6 (1) the use of grant funds by the eligible entity;

7 (2) how the use of grant funds has increased
8 the access of young people to sex education or sexual
9 health services; and

10 (3) such other information as the Secretary
11 may require.

12 (b) SECRETARY’S REPORT TO CONGRESS.—Not later
13 than 1 year after the date of the enactment of this Act,
14 and annually thereafter for a period of 5 years, the Sec-
15 retary shall prepare and submit to Congress a report on
16 the activities funded under this Act. The Secretary’s re-
17 port to Congress shall include—

18 (1) a statement of how grants awarded by the
19 Secretary meet the purposes described in section
20 2(a); and

21 (2) information about—

22 (A) the number of eligible entities that are
23 receiving grant funds under sections 4, 5, 6,
24 and 7;

1 (B) the specific activities supported by
 2 grant funds awarded under sections 4, 5, 6, and
 3 7;

4 (C) the number of young people served by
 5 projects funded under sections 4, 5, and 7, in
 6 the aggregate and disaggregated and cross-tab-
 7 ulated by grant program, race and ethnicity,
 8 sex, sexual orientation, gender identity, and
 9 other characteristics determined by the Sec-
 10 retary (except that such disaggregation or
 11 cross-tabulation shall not be required in a case
 12 in which the results would reveal personally
 13 identifiable information about an individual
 14 young person);

15 (D) the number of teachers, health edu-
 16 cators, faculty, school administrators, and staff
 17 trained under section 6; and

18 (E) the status of the evaluation required
 19 under subsection (c).

20 (c) MULTI-YEAR EVALUATION.—

21 (1) IN GENERAL.—Not later than 6 months
 22 after the date of the enactment of this Act, the Sec-
 23 retary shall enter into a contract with a nonprofit
 24 organization with experience in conducting impact
 25 evaluations to conduct a multi-year evaluation on the

1 impact of the projects funded under sections 4, 5, 6,
2 and 7 and to report to Congress and the Secretary
3 on the findings of such evaluation.

4 (2) EVALUATION.—The evaluation conducted
5 under this subsection shall—

6 (A) be conducted in a manner consistent
7 with relevant, nationally recognized professional
8 and technical evaluation standards;

9 (B) use sound statistical methods and
10 techniques relating to the behavioral sciences,
11 including quasi-experimental designs, inferential
12 statistics, and other methodologies and tech-
13 niques that allow for conclusions to be reached;

14 (C) be carried out by an independent orga-
15 nization that has not received a grant under
16 section 4, 5, 6, or 7; and

17 (D) be designed to provide information on
18 output measures and outcome measures to be
19 determined by the Secretary.

20 (3) REPORT.—Not later than 6 years after the
21 date of enactment of this Act, the organization con-
22 ducting the evaluation under this subsection shall
23 prepare and submit to the appropriate committees of
24 Congress and the Secretary an evaluation report.
25 Such report shall be made publicly available, includ-

1 ing on the website of the Department of Health and
2 Human Services.

3 **SEC. 9. NONDISCRIMINATION.**

4 Activities funded under this Act shall not discrimi-
5 nate on the basis of actual or perceived sex (including sex-
6 ual orientation and gender identity), age, parental status,
7 race, color, ethnicity, national origin, disability, or reli-
8 gion. Nothing in this Act shall be construed to invalidate
9 or limit rights, remedies, procedures, or legal standards
10 available under any other Federal law or any law of a
11 State or a political subdivision of a State, including the
12 Civil Rights Act of 1964 (42 U.S.C. 2000a et seq.), title
13 IX of the Education Amendments of 1972 (20 U.S.C.
14 1681 et seq.), section 504 of the Rehabilitation Act of
15 1973 (29 U.S.C. 794), the Americans with Disabilities Act
16 of 1990 (42 U.S.C. 12101 et seq.), and section 1557 of
17 the Patient Protection and Affordable Care Act (42
18 U.S.C. 18116).

19 **SEC. 10. LIMITATION.**

20 No Federal funds provided under this Act may be
21 used for sex education or sexual health services that—

22 (1) withhold health-promoting or life-saving in-
23 formation about sexuality-related topics, including
24 HIV;

25 (2) are medically inaccurate or incomplete;

1 (3) promote gender or racial stereotypes or are
2 unresponsive to gender or racial inequities;

3 (4) fail to address the needs of sexually active
4 young people;

5 (5) fail to address the needs of pregnant or par-
6 enting young people;

7 (6) fail to address the needs of survivors of
8 interpersonal violence;

9 (7) fail to address the needs of young people of
10 all physical, developmental, or mental abilities;

11 (8) fail to be inclusive of individuals with vary-
12 ing gender identities, gender expressions, and sexual
13 orientations; or

14 (9) are inconsistent with the ethical imperatives
15 of medicine and public health.

16 **SEC. 11. AMENDMENTS TO OTHER LAWS.**

17 (a) AMENDMENT TO THE PUBLIC HEALTH SERVICE
18 ACT.—Section 2500 of the Public Health Service Act (42
19 U.S.C. 300ee) is amended by striking subsections (b)
20 through (d) and inserting the following:

21 “(b) CONTENTS OF PROGRAMS.—All programs of
22 education and information receiving funds under this sub-
23 chapter shall include information about the potential ef-
24 fects of intravenous substance use.”.

1 (b) AMENDMENTS TO THE ELEMENTARY AND SEC-
 2 ONDARY EDUCATION ACT OF 1965.—Section 8526 of the
 3 Elementary and Secondary Education Act of 1965 (20
 4 U.S.C. 7906) is amended—

5 (1) by striking paragraphs (3), (5), and (6);

6 (2) in paragraph (2), by inserting “or” after
 7 the semicolon;

8 (3) by redesignating paragraph (4) as para-
 9 graph (3); and

10 (4) in paragraph (3), as redesignated by para-
 11 graph (3), by striking the semicolon and inserting a
 12 period.

13 **SEC. 12. FUNDING.**

14 (a) AUTHORIZATION.—For the purpose of carrying
 15 out this Act, there is authorized to be appropriated
 16 \$100,000,000 for each of fiscal years 2022 through 2027.
 17 Amounts appropriated under this subsection shall remain
 18 available until expended.

19 (b) RESERVATIONS OF FUNDS.—

20 (1) IN GENERAL.—The Secretary—

21 (A) shall reserve not more than 30 percent
 22 of the amount authorized under subsection (a)
 23 for the purposes of awarding grants for sex
 24 education at elementary and secondary schools

1 and youth-serving organizations under section
2 4;

3 (B) shall reserve not more than 10 percent
4 of the amount authorized under subsection (a)
5 for the purpose of awarding grants for sex edu-
6 cation at institutions of higher education under
7 section 5;

8 (C) shall reserve not more than 15 percent
9 of the amount authorized under subsection (a)
10 for the purpose of awarding grants for educator
11 training under section 6;

12 (D) shall reserve not more than 30 percent
13 of the amount authorized under subsection (a)
14 for the purpose of awarding grants for sexual
15 health services for marginalized youth under
16 section 7; and

17 (E) shall reserve not less than 5 percent of
18 the amount authorized under subsection (a) for
19 the purpose of carrying out the reporting and
20 impact evaluation required under section 8.

21 (2) RESEARCH, TRAINING AND TECHNICAL AS-
22 SISTANCE.—The Secretary shall reserve not less
23 than 10 percent of the amount authorized under
24 subsection (a) for expenditures by the Secretary to
25 provide, directly or through a competitive grant

1 process, research, training, and technical assistance,
 2 including dissemination of research and information
 3 regarding effective and promising practices, pro-
 4 viding consultation and resources, and developing re-
 5 sources and materials to support the activities of re-
 6 cipients of grants. In carrying out such functions,
 7 the Secretary shall collaborate with a variety of enti-
 8 ties that have expertise in sex education and sexual
 9 health services standards setting, design, develop-
 10 ment, delivery, research, monitoring, and evaluation.

11 (c) REPROGRAMMING OF ABSTINENCE ONLY UNTIL
 12 MARRIAGE PROGRAM FUNDING.—The unobligated bal-
 13 ance of funds made available to carry out section 510 of
 14 the Social Security Act (42 U.S.C. 710) (as in effect on
 15 the day before the date of enactment of this Act) are here-
 16 by transferred and shall be used by the Secretary to carry
 17 out this Act. The amounts transferred and made available
 18 to carry out this Act shall remain available until expended.

19 (d) REPEAL OF ABSTINENCE ONLY UNTIL MAR-
 20 RIAGE PROGRAM.—Section 510 of the Social Security Act
 21 (42 U.S.C. 710 et seq.) is repealed.

○