

118TH CONGRESS
1ST SESSION

S. _____

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

Ms. HIRONO (for herself, Mr. BOOKER, Mr. BLUMENTHAL, Mr. BROWN, Ms. DUCKWORTH, Mr. MARKEY, Mr. MENENDEZ, Mr. MERKLEY, Mr. MURPHY, Mr. PADILLA, Ms. SMITH, Mr. VAN HOLLEN, and Ms. WARREN) introduced the following bill; which was read twice and referred to the Committee on _____

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 2023”.

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, trauma-informed
14 and resilience-oriented, and align with the National
15 Sex Education Standards of the Future of Sex Ed
16 Initiative;

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

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

23 (5) provide information on gender identity and
24 gender expression;

25 (6) provide information on the historical and
26 current condition in which education and health sys-

1 tems, policies, programs, services, and practices have
2 uniquely and adversely impacted Black, Indigenous,
3 Latine, Asian American, Native Hawaiian, Pacific
4 Islander, and other People of Color; and

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

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

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

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

20 (3) Only 38 States and the District of Colum-
21 bia mandate sex education or human immuno-
22 deficiency virus (HIV) education in schools.

23 (4) When there is sex education or instruction
24 regarding HIV or sexually transmitted infections
25 (STI), 13 States do not require the content to be

1 evidence-informed, medically accurate and complete,
2 age and developmentally appropriate, or culturally
3 responsive.

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

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

16 (7) The development and delivery of sexual
17 health education and sexual health services in the
18 United States historically has been rooted in the op-
19 pression of Black, Indigenous, Latine, Asian Amer-
20 ican, Native Hawaiian, Pacific Islander, and other
21 People of Color.

22 (8) The United States has a long history of eu-
23 genics and forced sterilization. The sexual and re-
24 productive rights and bodily autonomy of specific
25 communities deemed “undesirable” or “defective”

1 were targeted by our governments resulting in state-
2 sanctioned violence and generations of trauma and
3 oppression. These communities include—

4 (A) people with low incomes;

5 (B) immigrants;

6 (C) people with disabilities;

7 (D) people living with HIV;

8 (E) survivors of interpersonal violence;

9 (F) people who are incarcerated, detained,
10 or who otherwise have encountered the crimi-
11 nal-legal system;

12 (G) Black, Indigenous, Latine, Asian
13 American, and other People of Color;

14 (H) people who are lesbian, gay, bisexual,
15 transgender, and queer; and

16 (I) young people who are pregnant and
17 parenting.

18 (9) Black young people are more likely to re-
19 ceive abstinence-only instruction. Research shows
20 that abstinence-only instruction, also known as “sex-
21 ual risk avoidance” instruction, is ineffective in com-
22 parison to sex education.

23 (10) Black, Indigenous, and Latine young peo-
24 ple are disproportionately more likely to be diag-

1 nosed with an STI, have an unintended pregnancy,
2 or experience sexual assault.

3 (11) The framework of Reproductive Justice ac-
4 knowledges and aims to address the legacy of white
5 supremacy, systemic oppression, and the restrictions
6 on sex education and sexual health services that dis-
7 proportionately impact marginalized communities.
8 Reproductive Justice will be achieved when all people
9 regardless of actual or perceived race, color, eth-
10 nicity, national origin, religion, immigration status,
11 sex (including gender identity and sexual orienta-
12 tion), disability status, pregnancy or parenting sta-
13 tus, or age have the power to make decisions about
14 their bodies, health, sexuality, families, and commu-
15 nities in all areas of life.

16 (12) Increased resources are required for sex
17 education and sexual health services to reach all
18 young people, redress inequities and their impacts
19 on marginalized young people, and achieve Repro-
20 ductive Justice for young people.

21 (13) Such sex education and sexual health serv-
22 ices should—

23 (A) promote and uphold the rights of
24 young people to information and services in

1 order to make and exercise informed and re-
2 sponsible decisions about their sexual health;

3 (B) be evidence-informed, comprehensive in
4 scope, confidential, equitable, accessible, age
5 and developmentally appropriate, culturally re-
6 sponsive, and trauma-informed and resilience-
7 oriented;

8 (C) include instruction and materials that
9 address—

10 (i) puberty and adolescent develop-
11 ment;

12 (ii) sexual and reproductive anatomy
13 and physiology;

14 (iii) sexual orientation, gender iden-
15 tity, and gender expression;

16 (iv) contraception, pregnancy, and re-
17 production;

18 (v) HIV and other STIs;

19 (vi) consent and healthy relationships;

20 and

21 (vii) interpersonal violence;

22 (D) promote gender equity and be inclusive
23 of young people with varying gender identities,
24 gender expressions, and sexual orientations;

- 1 (E) promote safe and healthy relationships;
2 and
3 (F) promote racial equity and be respon-
4 sive to the needs of young people who are
5 Black, Indigenous, and other People of Color.

6 **SEC. 3. DEFINITIONS.**

7 In this Act:

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

15 (2) CONSENT.—The term “consent” means af-
16 firmative, conscious, and voluntary agreement to en-
17 gage in interpersonal, physical, or sexual activity.

18 (3) CULTURALLY RESPONSIVE.—The term “cul-
19 turally responsive” means education and services
20 that—

21 (A) embrace and actively engage and ad-
22 just to young people and their various cultural
23 identities;

24 (B) recognize the ways in which many
25 marginalized young people face unique barriers

1 in our society that result in increased adverse
2 health outcomes and associated stereotypes; and

3 (C) may address the ways in which racism
4 has shaped national health care policy, the last-
5 ing historical trauma associated with reproduc-
6 tive health experiments and forced sterilizations
7 of Black, Latine, and Indigenous communities,
8 or sexual stereotypes assigned to young People
9 of Color or LGBTQ+ people.

10 (4) EVIDENCE-INFORMED.—The term “evi-
11 dence-informed” means incorporates characteristics,
12 content, or skills that have been proven to be effec-
13 tive through evaluation in changing sexual behavior.

14 (5) GENDER EXPRESSION.—The term “gender
15 expression” means the expression of one’s gender,
16 such as through behavior, clothing, haircut, or voice,
17 and which may or may not conform to socially de-
18 fined behaviors and characteristics typically associ-
19 ated with being either masculine or feminine.

20 (6) GENDER IDENTITY.—The term “gender
21 identity” means the gender-related identity, appear-
22 ance, mannerisms, or other gender-related character-
23 istics of an individual, regardless of the individual’s
24 designated sex at birth.

1 (7) INCLUSIVE.—The term “inclusive” means
2 content and skills that ensure marginalized young
3 people are valued, respected, centered, and sup-
4 ported in sex education instruction and materials.

5 (8) INSTITUTION OF HIGHER EDUCATION.—The
6 term “institution of higher education” has the
7 meaning given the term in section 101 of the Higher
8 Education Act of 1965 (20 U.S.C. 1001).

9 (9) INTERPERSONAL VIOLENCE.—The term
10 “interpersonal violence” means abuse, assault, bul-
11 lying, dating violence, domestic violence, harassment,
12 intimate partner violence, or stalking.

13 (10) LOCAL EDUCATIONAL AGENCY.—The term
14 “local educational agency” has the meaning given
15 the term in section 8101 of the Elementary and Sec-
16 ondary Education Act of 1965 (20 U.S.C. 7801).

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

22 (A) Black, Indigenous, Latine, Asian
23 American, Native Hawaiian, Pacific Islander,
24 and other People of Color;

25 (B) immigrants;

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

12 (12) MEDICALLY ACCURATE AND COMPLETE.—

13 The term “medically accurate and complete” means
14 that—

15 (A) the information provided through the
16 education is verified or supported by the weight
17 of research conducted in compliance with ac-
18 cepted scientific methods and is published in
19 peer-reviewed journals, where applicable; or

20 (B) the education contains information
21 that leading professional organizations and
22 agencies with relevant expertise in the field rec-
23 ognize as accurate, objective, and complete.

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

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

3 (15) SEX EDUCATION.—The term “sex edu-
4 cation” means high quality teaching and learning
5 that—

6 (A) is delivered, to the maximum extent
7 practicable, following the National Sexuality
8 Education Standards of the Future of Sex Ed
9 Initiative;

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

12 (i) puberty and adolescent develop-
13 ment;

14 (ii) sexual and reproductive anatomy
15 and physiology;

16 (iii) sexual orientation, gender iden-
17 tity, and gender expression;

18 (iv) contraception, pregnancy, preg-
19 nancy options, and reproduction;

20 (v) HIV and other STIs;

21 (vi) consent and healthy relationships;

22 and

23 (vii) interpersonal violence;

24 (C) explores values and beliefs about such
25 topics; and

1 (D) helps young people in gaining the
2 skills that are needed to navigate relationships
3 and manage one’s own sexual health.

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

6 (A) sexual health information, education,
7 and counseling;

8 (B) all methods of contraception approved
9 by the Food and Drug Administration;

10 (C) routine gynecological care, including
11 human papillomavirus (HPV) vaccines and can-
12 cer screenings;

13 (D) pre-exposure prophylaxis or post-expo-
14 sure prophylaxis;

15 (E) substance use and mental health serv-
16 ices;

17 (F) interpersonal violence survivor services;
18 and

19 (G) other pregnancy and STI prevention,
20 care, or treatment services.

21 (17) SEXUAL ORIENTATION.—The term “sexual
22 orientation” means an individual’s romantic, emo-
23 tional, or sexual attraction to other people.

24 (18) STATE EDUCATIONAL AGENCY.—The term
25 “State educational agency” has the meaning given

1 the term in section 8101 of the Elementary and Sec-
2 ondary Education Act of 1965 (20 U.S.C. 7801).

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

10 (20) TRAUMA-INFORMED AND RESILIENCE-ORI-
11 ENTED.—The term “trauma-informed and resil-
12 ience-oriented” means an approach that realizes the
13 prevalence of trauma, recognizes the various ways
14 individuals, organizations, and communities may re-
15 spond to trauma differently, recognizes that resil-
16 ience can be built, and responds by putting this
17 knowledge into practice.

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

22 (22) YOUTH-FRIENDLY SEXUAL HEALTH SERV-
23 ICES.—The term “youth-friendly sexual health serv-
24 ices” means sexual health services that are provided
25 in a confidential, equitable, and accessible manner

1 that makes it easy and comfortable for young people
2 to seek out and receive services.

3 **SEC. 4. GRANTS FOR SEX EDUCATION AT ELEMENTARY**
4 **AND SECONDARY SCHOOLS AND YOUTH-**
5 **SERVING ORGANIZATIONS.**

6 (a) PROGRAM AUTHORIZED.—The Secretary, in co-
7 ordination with the Secretary of Education, shall award
8 grants, on a competitive basis, to eligible entities to enable
9 such eligible entities to carry out projects that provide
10 young people with sex education.

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 a public or private entity that delivers
15 health education to young people.

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

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

23 (1) State educational agencies or local edu-
24 cational agencies; or

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

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

8 **SEC. 5. GRANTS FOR SEX EDUCATION AT INSTITUTIONS OF**
9 **HIGHER EDUCATION.**

10 (a) PROGRAM AUTHORIZED.—The Secretary, in co-
11 ordination with the Secretary of Education, shall award
12 grants, on a competitive basis, to institutions of higher
13 education or consortia of such institutions to enable such
14 institutions to provide students with age and develop-
15 mentally appropriate sex education.

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

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

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

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

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

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

8 (4) is an Alaska Native-serving institution, as
9 defined in section 317(b) of such Act (20 U.S.C.
10 1059d(b));

11 (5) is a Native Hawaiian-serving institution, as
12 defined in section 317(b) of such Act (20 U.S.C.
13 1059d(b));

14 (6) is a Predominantly Black Institution, as de-
15 fined in section 318(b) of such Act (20 U.S.C.
16 1059e(b));

17 (7) is a Native American-serving, nontribal in-
18 stitution, as defined in section 319(b) of such Act
19 (20 U.S.C. 1059f(b));

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

23 (9) is a minority institution, as defined in sec-
24 tion 365 of such Act (20 U.S.C. 1067k), with an en-

1 rollment of needy students, as defined in section 312
2 of such Act (20 U.S.C. 1058).

3 (e) USES OF FUNDS.—An institution of higher edu-
4 cation or consortium of such institutions receiving a grant
5 under this section shall use grant funds to develop and
6 implement a project to integrate sex education into the
7 institution of higher education in order to reach a large
8 number of students, by carrying out 1 or more of the fol-
9 lowing activities:

10 (1) Adopting and incorporating age and devel-
11 opmentally appropriate sex education into student
12 orientation, general education, or courses.

13 (2) Developing or adopting and implementing
14 educational programming outside of class that deliv-
15 ers age and developmentally appropriate sex edu-
16 cation to students.

17 (3) Developing or adopting and implementing
18 innovative technology-based approaches to deliver
19 age and developmentally appropriate sex education
20 to students.

21 (4) Developing or adopting and implementing
22 peer-led activities to generate discussion, educate,
23 and raise awareness among students about age and
24 developmentally appropriate sex education.

1 (5) Developing or adopting and implementing
2 policies and practices to link students to sexual
3 health services.

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

5 (a) PROGRAM AUTHORIZED.—The Secretary, in co-
6 ordination with the Secretary of Education, shall award
7 grants, on a competitive basis, to eligible entities to enable
8 such eligible entities to carry out the activities described
9 in subsection (e).

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

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

14 (1) a State educational agency or local edu-
15 cational agency;

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

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

20 (4) an educational service agency, as defined in
21 section 8101 of the Elementary and Secondary Edu-
22 cation Act of 1965 (20 U.S.C. 7801);

23 (5) a nonprofit institution of higher education
24 or a consortium of such institutions; or

1 (6) a national or statewide nonprofit organiza-
2 tion or consortium of nonprofit organizations that
3 has as its primary purpose the improvement of pro-
4 vision of sex education through training and effec-
5 tive teaching of sex education.

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

10 (e) AUTHORIZED ACTIVITIES.—

11 (1) REQUIRED ACTIVITY.—Each eligible entity
12 receiving a grant under this section shall use grant
13 funds for professional development and training of
14 relevant teachers, health educators, faculty, adminis-
15 trators, and staff, in order to increase effective
16 teaching of sex education to young people.

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

20 (A) provide training and support for edu-
21 cators about the content, skills, and profes-
22 sional disposition needed to implement sex edu-
23 cation effectively;

24 (B) develop and provide training and sup-
25 port to educators on incorporating anti-racist

1 and gender inclusive policies and practices in
2 sex education;

3 (C) support the dissemination of informa-
4 tion on effective practices and research findings
5 concerning the teaching of sex education;

6 (D) support research on—

7 (i) effective sex education teaching
8 practices; and

9 (ii) the development of assessment in-
10 struments and strategies to document—

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

13 (II) the effects of sex education;

14 (E) convene conferences on sex education,
15 in order to effectively train educators in the
16 provision of sex education; and

17 (F) develop and disseminate appropriate
18 research-based materials to foster sex edu-
19 cation.

20 (3) SUBGRANTS.—Each eligible entity receiving
21 a grant under this section may award subgrants to
22 nonprofit organizations that possess a demonstrated
23 record of providing training to teachers, health edu-
24 cators, faculty, administrators, and staff on sex edu-
25 cation to—

1 (A) train educators in sex education;

2 (B) support internet or distance learning
3 related to sex education;

4 (C) promote rigorous academic standards
5 and assessment techniques to guide and meas-
6 ure student performance in sex education;

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

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

11 or

12 (F) develop academic courses on the peda-
13 gogy of sex education at institutions of higher
14 education.

15 **SEC. 7. AUTHORIZATION OF GRANTS TO SUPPORT THE DE-**
16 **LIVERY OF SEXUAL HEALTH SERVICES TO**
17 **MARGINALIZED YOUNG PEOPLE.**

18 (a) PROGRAM AUTHORIZED.—The Secretary shall
19 award grants, on a competitive basis, to eligible entities
20 to enable such entities to provide youth-friendly sexual
21 health services to marginalized young people.

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

24 (c) ELIGIBLE ENTITY.—In this section, the term “el-
25 ible entity” means—

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

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

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

9 (e) USES OF FUNDS.—Each eligible entity that re-
10 ceives a grant under this section may use the grant funds
11 to—

12 (1) develop and implement an evidence-in-
13 formed project to deliver sexual health services to
14 marginalized young people;

15 (2) establish, alter, or modify staff positions,
16 service delivery policies and practices, service deliv-
17 ery locations, service delivery environments, service
18 delivery schedules, or other services components in
19 order to increase youth-friendly sexual health serv-
20 ices to marginalized young people;

21 (3) conduct outreach to marginalized young
22 people to invite them to participate in the eligible
23 entity's sexual health services and to provide feed-
24 back to inform improvements in the delivery of such
25 services;

1 (4) establish and refine systems of referral to
2 connect marginalized young people to other sexual
3 health services and supportive services;

4 (5) establish partnerships and collaborations
5 with entities providing services to marginalized
6 young people to link such young people to sexual
7 health services, such as by delivering health services
8 at locations where they congregate, providing trans-
9 portation to locations where sexual health services
10 are provided, or other linkages to services ap-
11 proaches;

12 (6) provide evidence-informed, comprehensive in
13 scope, confidential, equitable, accessible, medically
14 accurate and complete, age and developmentally ap-
15 propriate, culturally responsive, and trauma-in-
16 formed and resilience-oriented sexual health infor-
17 mation to marginalized young people in the lan-
18 guages and cultural contexts that are most appro-
19 priate for the marginalized young people to be
20 served by the eligible entity;

21 (7) promote effective communication regarding
22 sexual health among marginalized young people; and

23 (8) provide training and support for eligible en-
24 tity personnel and community members who work
25 with marginalized young people about the content,

1 skills, and professional disposition needed to provide
2 youth-friendly sex education and youth-friendly sex-
3 ual health services.

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

5 (a) **GRANTEE REPORT TO SECRETARY.**—For each
6 year a grantee receives grant funds under section 4, 5,
7 6, or 7, the grantee shall submit to the Secretary a report
8 that includes—

9 (1) the use of grant funds by the grantee;

10 (2) how the use of grant funds has increased
11 the access of young people to sex education or sexual
12 health services; and

13 (3) such other information as the Secretary
14 may require.

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

21 (1) a statement of how grants awarded by the
22 Secretary meet the purpose described in section
23 2(a); and

24 (2) information about—

1 (A) the number of grantees that are receiv-
2 ing grant funds under sections 4, 5, 6, and 7;

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

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

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

20 (E) the status of the evaluation required
21 under subsection (c).

22 (c) MULTI-YEAR EVALUATION.—

23 (1) IN GENERAL.—Not later than 6 months
24 after the date of the enactment of this Act, the Sec-
25 retary shall enter into a contract with a nonprofit

1 organization with experience in conducting impact
2 evaluations to conduct a multi-year evaluation on the
3 impact of the projects funded under sections 4, 5, 6,
4 and 7 and to report to Congress and the Secretary
5 on the findings of such evaluation.

6 (2) EVALUATION.—The evaluation conducted
7 under this subsection shall—

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

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

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

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

22 (3) REPORT.—Not later than 6 years after the
23 date of enactment of this Act, the organization con-
24 ducting the evaluation under this subsection shall
25 prepare and submit to the appropriate committees of

1 Congress and the Secretary an evaluation report.
2 Such report shall be made publicly available, includ-
3 ing on the website of the Department of Health and
4 Human Services.

5 **SEC. 9. NONDISCRIMINATION.**

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

21 **SEC. 10. LIMITATION.**

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

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

4 (2) are medically inaccurate or incomplete;

5 (3) promote gender or racial stereotypes or are
6 unresponsive to gender or racial inequities;

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

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

11 (6) fail to address the needs of survivors of
12 interpersonal violence;

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

15 (8) fail to be inclusive of individuals with vary-
16 ing gender identities, gender expressions, and sexual
17 orientations; or

18 (9) are inconsistent with the ethical imperatives
19 of medicine and public health.

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

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

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

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

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

10 (2) by redesignating paragraph (4) as para-
11 graph (3);

12 (3) in paragraph (3), as redesignated by para-
13 graph (2), by inserting “or” after the semicolon; and

14 (4) by redesignating paragraph (7) as para-
15 graph (4).

16 **SEC. 12. FUNDING.**

17 (a) AUTHORIZATION.—For the purpose of carrying
18 out this Act, there is authorized to be appropriated
19 \$100,000,000 for each of fiscal years 2024 through 2029.
20 Amounts appropriated under this subsection shall remain
21 available until expended.

22 (b) RESERVATIONS OF FUNDS.—

23 (1) IN GENERAL.—The Secretary—

24 (A) shall reserve not more than 30 percent
25 of the amount authorized under subsection (a)

1 for the purposes of awarding grants for sex
2 education at elementary and secondary schools
3 and youth-serving organizations under section
4 4;

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

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

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

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

23 (2) RESEARCH, TRAINING AND TECHNICAL AS-
24 SISTANCE.—The Secretary shall reserve not less
25 than 10 percent of the amount authorized under

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

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

21 (d) REPEAL OF ABSTINENCE ONLY UNTIL MAR-
22 RIAGE PROGRAM.—Section 510 of the Social Security Act
23 (42 U.S.C. 710 et seq.) is repealed.