**South Carolina General Assembly**

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**H. 3663**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Bernstein, Collins, Clary and Rutherford

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Companion/Similar bill(s): 461

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Currently residing in the House Committee on **Education and Public Works**

Summary: Healthy Youth Act

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

2/2/2017 House Introduced and read first time ([House Journal‑page 37](file:///h:\hj\20170202.docx))

2/2/2017 House Referred to Committee on **Education and Public Works** ([House Journal‑page 37](file:///h:\hj\20170202.docx))

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**VERSIONS OF THIS BILL**

[2/2/2017](file:///p:\pprever\2017-18\3663_20170202.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, SO AS TO ENACT THE “HEALTHY YOUTH ACT”; TO AMEND SECTION 59‑32‑10, RELATING TO DEFINITIONS IN THE COMPREHENSIVE HEALTH EDUCATION PROGRAM, SO AS TO DEFINE NECESSARY TERMINOLOGY; TO AMEND SECTION 59‑32‑20, AS AMENDED, RELATING TO THE REQUIREMENT THAT THE STATE BOARD OF EDUCATION ADOPT CERTAIN RELATED INSTRUCTIONAL UNITS, SO AS TO REQUIRE SUCH UNITS MUST BE EVIDENCE‑BASED BEGINNING WITH THE 2018‑2019 SCHOOL YEAR; TO AMEND SECTION 59‑32‑30, AS AMENDED, RELATING TO IMPLEMENTATION OF THE PROGRAM BY LOCAL SCHOOL BOARDS, SO AS TO MAKE CONFORMING CHANGES; TO AMEND SECTION 59‑32‑40, RELATING TO STAFF DEVELOPMENT RELATED TO THE PROGRAM, SO AS TO MAKE CONFORMING CHANGES; AND TO AMEND SECTION 59‑32‑60, RELATING TO REQUIREMENTS THAT THE STATE DEPARTMENT OF EDUCATION ENSURE DISTRICT COMPLIANCE WITH THE PROGRAM AND RELATED REPORTING REQUIREMENTS, SO AS TO PROVIDE DISTRICTS SHALL ENSURE THAT ALL COMPREHENSIVE HEALTH EDUCATION CONDUCTED WITHIN THE DISTRICT USES COMPLIANT CURRICULUM AND ALIGNS TO ALL STANDARDS AND REGULATIONS ADOPTED BY THE STATE BOARD, TO PROVIDE DISTRICTS SHALL PUBLISH CERTAIN RELATED INFORMATION ON THEIR WEBSITES, AND TO PROVIDE FOR THE PARTIAL WITHHOLDING OF FUNDS OF NONCOMPLIANT DISTRICTS BY THE DEPARTMENT.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 59‑32‑10 of the 1976 Code is amended by adding an item at the end to read:

“(8) ‘Evidence‑based’ means programs or interventions supported by credible scientific studies that find associated decreases in risk behaviors or adverse health outcomes.”

SECTION 2. Section 59‑32‑20 of the 1976 Code, as last amended by Act 293 of 2014, is further amended to read:

“Section 59‑32‑20. (A) ~~Before August 1, 1988, the board, through the department, shall select or develop an instructional unit~~ Upon the next cyclical review of the health standards, the board shall ensure that all standards are evidence‑based with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually transmitted diseases ~~and make the instructional unit available to local school districts~~. The board, through the department, also shall make available evidence‑based information about other programs developed by other states upon request of a local school district.

(B) In addition to the provisions of subsection (A), ~~before September 1, 2015,~~ the board~~, through the department,~~ shall ~~select or develop instructional units in sexual abuse and assault awareness and prevention, with separate units appropriate for each age level from four‑year‑old kindergarten through twelfth grade~~ make available to districts a list of evidence‑based instructional materials that meet state standards. Districts shall continue to adopt or develop curriculum locally.”

SECTION 3. Section 59‑32‑30 of the 1976 Code, as last amended by Act 152 of 2016, is further amended to read:

“Section 59‑32‑30. (A) Pursuant to guidelines developed by the board, each local school board shall implement the following program of instruction:

(1) ~~Beginning with the 1988‑89 School Year,~~ For grades kindergarten through five, evidence‑based instruction in comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental and emotional health. Sexually transmitted diseases as defined in the annual Department of Health and Environmental Control List of Reportable Diseases are to be excluded from instruction on the prevention and control of diseases and disorders. At the discretion of the local board, age‑appropriate, evidence‑based instruction in reproductive health may be included.

(2) ~~Beginning with the 1988‑1989 School Year,~~ For grades six through eight, evidence‑based instruction in comprehensive health must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, mental and emotional health, and reproductive health education. Sexually transmitted diseases are to be included as a part of instruction. At the discretion of the local board, instruction in family life education or pregnancy prevention education or both may be included, but instruction in these subjects may not include an explanation of the methods of contraception before the sixth grade. Beginning with the 2016‑2017 school year, for grades six through eight, instruction in comprehensive health education also must include the subject of domestic violence.

(3) ~~Beginning with the 1989‑90 School Year,~~ At least one time during the four years of grades nine through twelve, each student shall receive evidence‑based instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.

(4) The South Carolina ~~Educational Television Commission shall work with the department in developing~~ Department of Education may provide assistance to local districts, as needed, ensuring that evidence‑based instructional programs and materials ~~that may be available to the school districts~~ meet state standards. Films and other materials may be ~~designed~~ used for the purpose of explaining bodily functions or the human reproductive process. These materials may not contain actual or simulated portrayals of sexual activities or sexual intercourse.

(5) The program of evidence‑based instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases.

(6) In grades nine through twelve, students ~~must~~ also must be given appropriate evidence‑based instruction that adoption is a positive alternative.

(7) At least one time during the entire four years of grades nine through twelve, each student shall receive instruction in cardiopulmonary resuscitation (CPR), which must include, but not be limited to, hands‑only CPR and must include awareness in the use of an automated external defibrillator (AED). Each school district shall use a program that incorporates the instruction of the psychomotor skills necessary to perform CPR developed by the American Heart Association, the American Red Cross, or an instructional program that is nationally recognized and based on the most current national evidence‑based emergency cardiovascular care guidelines for CPR and awareness in the use of an AED. Local and statewide school districts shall coordinate with entities that have the experience and necessary equipment for the instruction of CPR and awareness in the use of AEDs; provided, however, that virtual schools may administer the instruction virtually and are exempt from any in‑person instructional requirements. A school district must adopt a policy providing a waiver for this requirement for a student absent on the day the instruction occurred, a student with a disability whose individualized education program indicates such student is unable to complete all or a portion of the hands‑only CPR requirement, or a student whose parent or guardian completes, in writing, a form approved by the school district opting out of hands‑only CPR instruction and AED awareness. The State Board of Education shall incorporate CPR training and AED awareness into the South Carolina Health and Safety Education Curriculum Standards and promulgate regulations to implement this section.

(B) Local school boards ~~may use the instructional unit made available by the board pursuant to Section 59‑32‑20, or local boards may~~ shall develop or select their own evidence‑based instructional ~~materials~~ units, curriculum, or both, addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen‑member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.

(C) The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the ~~1986‑87~~ school year. Evidence‑based health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course.

(D) No contraceptive device or contraceptive medication may be distributed in or on the school grounds of any public elementary or secondary school. No school district may contract with any contraceptive provider for their distribution in or on the school grounds. Except as to that instruction provided by this chapter relating to complications which may develop from all types of abortions, school districts may not offer programs, instruction, or activities including abortion counseling, information about abortion services, or assist in obtaining abortion, and materials containing this information must not be distributed in schools. Nothing in this section prevents school authorities from referring students to a physician for medical reasons after making reasonable efforts to notify the student’s parents or legal guardians or the appropriate court, if applicable.

(E) Any course or instruction in sexually transmitted diseases must be taught within the reproductive health, family life, or pregnancy prevention education components, or it must be presented as a separate component.

(F) Instruction in pregnancy prevention education must be presented separately to male and female students.

(G) Beginning with the ~~2015‑2016~~ 2018‑2019 School Year, districts annually shall provide age‑appropriate instruction in sexual abuse and assault awareness and prevention to all students in four‑year‑old kindergarten, where offered, through twelfth grade. This instruction must be based on the units ~~developed by the board, through the department~~, curriculum, or both, selected or developed by the local school board pursuant to Section 59‑32‑20(B) and Section 59‑32‑30(B).”

SECTION 4. Section 59‑32‑40 of the 1976 Code is amended to read:

“Section 59‑32‑40. As part of their program for staff development, the department and local school boards shall provide appropriate staff development activities based on evidence‑based interventions for educational personnel participating in the comprehensive health education program. Local school boards are encouraged to coordinate the activities with the department and institutions of higher learning.”

SECTION 5. Section 59‑32‑60 of the 1976 Code is amended to read:

“Section 59‑32‑60. The department shall assure district compliance with this chapter. Each local school board shall consider the programs addressed in this chapter in developing its annual district report. A district shall ensure that all comprehensive health education conducted within the district, whether by a school district employee or a private entity, uses curriculum that complies with provisions of this chapter and aligns to all standards and regulations adopted by the State Board of Education. A district shall publish on its website the title and publisher of all health education materials it has approved, adopted, and used in the classroom. If the department determines that a school district is noncompliant with a provision of this chapter upon review of the district’s annual CHE Compliance Survey or that the district has failed to publish the title and publisher of materials on its website as required in this subsection, the department shall withhold one percent of a school district’s annual budget appropriations for the Student Health and Fitness Act until the department determines the district is in compliance. A person concerned that instruction in the district is not in compliance with the provisions of this chapter may complain to the chairman of the district’s governing board by means of a signed and notarized written statement. Upon receiving such a statement, the chairman shall ensure that the complaint is investigated within sixty days and, if he determines the complaint is founded, that immediate corrective action is taken. If such corrective action is not taken within sixty days after this determination by the chairman, or if no investigation is made within sixty days of receipt of the notarized statement by the chairman, then the complainant may give notice to the department within sixty days. This notice must include the original notarized complaint. If the department subsequently investigates the complaint and determines that the district has not taken appropriate immediate action to correct the violation, the department shall withhold one percent of a school district’s annual budget appropriations for the Student Health and Fitness Act until the department determines the district is in compliance.”

SECTION 6. This act takes effect upon approval by the Governor.

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