

117TH CONGRESS  
1ST SESSION

# H. R. 3312

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.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 18, 2021

Ms. LEE of California (for herself, Ms. ADAMS, Mr. SAN NICOLAS, Mr. LOWENTHAL, Mr. JOHNSON of Georgia, Ms. SPEIER, Ms. DELBENE, Ms. CLARKE of New York, Ms. SCHAKOWSKY, Ms. VELÁZQUEZ, Mrs. HAYES, Mr. CONNOLLY, Mr. TONKO, Mr. DEUTCH, Ms. SEWELL, Ms. BASS, Ms. NORTON, Mr. GALLEGO, Ms. BROWNLEY, Mr. BLUMENAUER, Ms. MOORE of Wisconsin, Mr. LIEU, Mrs. FLETCHER, Mr. COHEN, Mr. GRIJALVA, Mr. LARSEN of Washington, Mr. MCNERNEY, Mr. YARMUTH, Mr. GARCÍA of Illinois, Ms. DEGETTE, Ms. PRESSLEY, Mr. TRONE, Ms. BUSH, Ms. KUSTER, Mr. AUCHINCLOSS, Mr. WELCH, Mr. POCAN, Ms. JAYAPAL, Mr. BROWN, Mr. TAKANO, Ms. OMAR, Mr. ESPAILLAT, Ms. TITUS, Mr. PAYNE, Ms. ROSS, Mr. SMITH of Washington, Mr. DANNY K. DAVIS of Illinois, and Ms. CHU) introduced the following bill; which was referred to the Committee on Education and Labor, and in addition to the Committee on Energy and Commerce, 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 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”.

6 **SEC. 2. PURPOSE AND FINDINGS.**

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

10            (1) promote and uphold the rights of young  
11 people to information and services that empower  
12 them to make decisions about their bodies, health,  
13 sexuality, families, and communities in all areas of  
14 life;

15            (2) are evidence-informed, comprehensive in  
16 scope, confidential, equitable, accessible, medically  
17 accurate and complete, age and developmentally ap-  
18 propriate, culturally responsive, and trauma-in-  
19 formed and resilience-oriented;

20            (3) provide information about the prevention,  
21 treatment, and care of pregnancy, sexually trans-  
22 mitted infections, and interpersonal violence;

23            (4) provide information about the importance of  
24 consent as a basis for healthy relationships and for  
25 autonomy in healthcare;

1           (5) provide information on gender roles and  
2 gender discrimination;

3           (6) provide information on the historical and  
4 current condition in which education and health sys-  
5 tems, policies, programs, services, and practices have  
6 uniquely and adversely impacted Black, Indigenous,  
7 Latinx, Asian, Asian American and Pacific Islander,  
8 and other People of Color; and

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

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

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

20           (2) Currently, there is a gap between the sex  
21 education that young people should be receiving  
22 based on expert standards and the sex education  
23 many actually receive.

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

1           (4) When there is sex education or instruction  
2 regarding human immunodeficiency virus (HIV) or  
3 sexually transmitted infections (STI), 15 States do  
4 not require the content to be evidence-informed,  
5 medically accurate and complete, age and develop-  
6 mentally appropriate, or culturally responsive.

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

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

19           (7) The development and delivery of sexual  
20 health education and services in the United States  
21 historically has been rooted in the oppression of  
22 Black, Indigenous, Latinx, Asian, Asian American  
23 and Pacific Islander, and other People of Color.

24           (8) The United States has a long history of eu-  
25 genics and forced sterilization. The sexual and re-

1 productive rights and bodily autonomy of specific  
2 communities deemed “undesirable” or “defective”  
3 were targeted by our governments resulting in state-  
4 sanctioned violence and generations of trauma and  
5 oppression. These communities include—

6 (A) people with low incomes;

7 (B) immigrants;

8 (C) people with disabilities;

9 (D) people living with HIV;

10 (E) survivors of interpersonal violence;

11 (F) people who are incarcerated, detained,

12 or who otherwise have encountered the crimi-  
13 nal-legal system;

14 (G) Black, Indigenous, and other People of  
15 Color;

16 (H) people who are lesbian, gay, bisexual,  
17 transgender, and queer; and

18 (I) young people who are pregnant and  
19 parenting.

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

1           (10) Black, Indigenous, and Latinx young peo-  
2           ple are disproportionately more likely to be diag-  
3           nosed with an STI, have an unintended pregnancy,  
4           or experience sexual assault.

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

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

23          (13) Such sex education and sexual health serv-  
24          ices should—

1 (A) promote and uphold the rights of  
2 young people to information and services in  
3 order to make and exercise informed and re-  
4 sponsible decisions about their sexual health;

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

10 (C) include instruction and materials that  
11 address—

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, and re-  
19 production;

20 (v) HIV and other STIs;

21 (vi) consent and healthy relationships;

22 and

23 (vii) interpersonal violence;

1 (D) promote gender equity and be inclusive  
2 of young people with varying gender identities,  
3 gender expressions, and sexual orientations;

4 (E) promote safe and healthy relationships;  
5 and

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

9 **SEC. 3. DEFINITIONS.**

10 In this Act:

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

18 (2) CHARACTERISTICS OF EFFECTIVE PRO-  
19 GRAMS.—The term “characteristics of effective pro-  
20 grams” means the aspects of evidence-informed pro-  
21 grams, including development, content, and imple-  
22 mentation of such programs, that—

23 (A) have been shown to be effective in  
24 terms of increasing knowledge, clarifying values



1 and attitudes, increasing skills, and impacting  
2 behavior; and

3 (B) are widely recognized by leading med-  
4 ical and public health agencies to be effective in  
5 changing sexual behaviors that lead to sexually  
6 transmitted infections, unintended pregnancy,  
7 and interpersonal violence among young people.

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

11 (4) CULTURALLY RESPONSIVE.—The term “cul-  
12 turally responsive” means education and services  
13 that—

14 (A) embrace and actively engage and ad-  
15 just to young people and their various cultural  
16 identities;

17 (B) recognize the ways in which many  
18 marginalized young people face unique barriers  
19 in our society that result in increased adverse  
20 health outcomes and associated stereotypes; and

21 (C) may address the ways in which racism  
22 has shaped national health care policy, the last-  
23 ing historical trauma associated with reproduc-  
24 tive health experiments and forced sterilizations  
25 of Black, Latinx, and Indigenous communities,

1 or sexual stereotypes assigned to young People  
2 of Color or LGBTQ+ people.

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

7 (6) GENDER EXPRESSION.—The term “gender  
8 expression” means the expression of one’s gender,  
9 such as through behavior, clothing, haircut, or voice,  
10 and which may or may not conform to socially de-  
11 fined behaviors and characteristics typically associ-  
12 ated with being either masculine or feminine.

13 (7) GENDER IDENTITY.—The term “gender  
14 identity” means the gender-related identity, appear-  
15 ance, mannerisms, or other gender-related character-  
16 istics of an individual, regardless of the individual’s  
17 designated sex at birth.

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

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

1           (10) INTERPERSONAL VIOLENCE.—The term  
2           “interpersonal violence” means abuse, assault, bul-  
3           lying, dating violence, domestic violence, harassment,  
4           intimate partner violence, or stalking.

5           (11) MARGINALIZED YOUNG PEOPLE.—The  
6           term “marginalized young people” means young peo-  
7           ple who are disadvantaged by underlying structural  
8           barriers and social inequities, including young people  
9           who are—

10                   (A) Black, Indigenous, and other People of  
11           Color;

12                   (B) immigrants;

13                   (C) in contact with the foster care system;

14                   (D) in contact with the juvenile justice sys-  
15           tem;

16                   (E) experiencing homelessness;

17                   (F) pregnant or parenting;

18                   (G) lesbian, gay, bisexual, transgender, or  
19           queer;

20                   (H) living with HIV;

21                   (I) living with disabilities;

22                   (J) from families with low-incomes; or

23                   (K) living in rural areas.

1 (12) MEDICALLY ACCURATE AND COMPLETE.—

2 The term “medically accurate and complete” means  
3 that—

4 (A) the information provided through the  
5 education is verified or supported by the weight  
6 of research conducted in compliance with ac-  
7 cepted scientific methods and is published in  
8 peer-reviewed journals, where applicable; or

9 (B) the education contains information  
10 that leading professional organizations and  
11 agencies with relevant expertise in the field rec-  
12 ognize as accurate, objective, and complete.

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

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

17 (15) SEX EDUCATION.—The term “sex edu-  
18 cation” means high quality teaching and learning  
19 that—

20 (A) is delivered, to the maximum extent  
21 practicable, following the National Sexuality  
22 Education Standards of the Future of Sex Ed  
23 Initiative;

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

- 1 (i) puberty and adolescent develop-  
2 ment;
- 3 (ii) sexual and reproductive anatomy  
4 and physiology;
- 5 (iii) sexual orientation, gender iden-  
6 tity, and gender expression;
- 7 (iv) contraception, pregnancy, and re-  
8 production;
- 9 (v) HIV and other STIs;
- 10 (vi) consent and healthy relationships;
- 11 and
- 12 (vii) interpersonal violence;
- 13 (C) explores values and beliefs about such  
14 topics; and
- 15 (D) helps young people in gaining the  
16 skills that are needed to navigate relationships  
17 and manage one’s own sexual health.
- 18 (16) SEXUAL DEVELOPMENT.—The term “sex-  
19 ual development” means the lifelong process of phys-  
20 ical, behavioral, cognitive, and emotional growth and  
21 change as it relates to an individual’s sexuality and  
22 sexual maturation, including puberty, identity devel-  
23 opment, socio-cultural influences, and sexual behav-  
24 iors.

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

3           (A) sexual health information, education,  
4 and counseling;

5           (B) all methods of contraception approved  
6 by the Food and Drug Administration;

7           (C) routine gynecological care, including  
8 human papillomavirus (HPV) vaccines and can-  
9 cer screenings;

10           (D) pre-exposure prophylaxis or post-expo-  
11 sure prophylaxis;

12           (E) substance use and mental health serv-  
13 ices;

14           (F) interpersonal violence survivor services;  
15 and

16           (G) other prevention, care, or treatment  
17 services.

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

21           (19) TRAUMA.—The term “trauma” means a  
22 response to an event, series of events, or set of cir-  
23 cumstances that is experienced or witnessed by an  
24 individual or group of people as physically or emo-  
25 tionally harmful or life-threatening with lasting ad-

1       verse effects on their functioning and mental, phys-  
2       ical, social, emotional, or spiritual well-being.

3               (20) TRAUMA-INFORMED AND RESILIENCE-ORI-  
4        ENTED.—The term “trauma-informed and resil-  
5        ience-oriented” means an approach that realizes the  
6        prevalence of trauma, recognizes the various ways  
7        individuals, organizations, and communities may re-  
8        spond to trauma differently, recognizes that resil-  
9        ience can be built, and responds by putting this  
10       knowledge into practice.

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

15              (22) YOUTH-FRIENDLY SEXUAL HEALTH SERV-  
16        ICES.—The term “youth-friendly sexual health serv-  
17        ices” means sexual health services that are provided  
18        in a confidential, equitable, and accessible manner  
19        that makes it easy and comfortable for young people  
20        to seek out and receive services.

21 **SEC. 4. GRANTS FOR SEX EDUCATION AT ELEMENTARY**  
22                                   **AND SECONDARY SCHOOLS AND YOUTH-**  
23                                   **SERVING ORGANIZATIONS.**

24              (a) PROGRAM AUTHORIZED.—The Secretary, in co-  
25        ordination with the Secretary of Education, shall award

1 grants, on a competitive basis, to eligible entities to enable  
2 such eligible entities to carry out projects that provide  
3 young people with sex education.

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

6 (c) ELIGIBLE ENTITY.—In this section, the term “el-  
7 ible entity” means a public or private entity that delivers  
8 health education to young people.

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

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

16 (1) State educational agencies or local edu-  
17 cational agencies; or

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

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



1 **SEC. 5. GRANTS FOR SEX EDUCATION AT INSTITUTIONS OF**  
2 **HIGHER EDUCATION.**

3 (a) PROGRAM AUTHORIZED.—The Secretary, in co-  
4 ordination with the Secretary of Education, shall award  
5 grants, on a competitive basis, to institutions of higher  
6 education or consortia of such institutions to enable such  
7 institutions to provide students with age and develop-  
8 mentally appropriate sex education.

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

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

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

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

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

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

1           (4) is an Alaska Native-serving institution, as  
2 defined in section 317(b) of such Act (20 U.S.C.  
3 1059d(b));

4           (5) is a Native Hawaiian-serving institution, as  
5 defined in section 317(b) of such Act (20 U.S.C.  
6 1059d(b));

7           (6) is a Predominantly Black Institution, as de-  
8 fined in section 318(b) of such Act (20 U.S.C.  
9 1059e(b));

10           (7) is a Native American-serving, nontribal in-  
11 stitution, as defined in section 319(b) of such Act  
12 (20 U.S.C. 1059f(b));

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

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

20           (e) USES OF FUNDS.—An institution of higher edu-  
21 cation or consortium of such institutions receiving a grant  
22 under this section shall use grant funds to develop and  
23 implement a project to integrate sex education into the  
24 institution of higher education in order to reach a large

1 number of students, by carrying out 1 or more of the fol-  
2 lowing activities:

3           (1) Adopting and incorporating age and devel-  
4           opmentally appropriate sex education into student  
5           orientation, general education, or courses.

6           (2) Developing or adopting and implementing  
7           educational programming outside of class that deliv-  
8           ers age and developmentally appropriate sex edu-  
9           cation to students.

10          (3) Developing or adopting and implementing  
11          innovative technology-based approaches to deliver  
12          age and developmentally appropriate sex education  
13          to students.

14          (4) Developing or adopting and implementing  
15          peer-led activities to generate discussion, educate,  
16          and raise awareness among students about age and  
17          developmentally appropriate sex education.

18          (5) Developing or adopting and implementing  
19          policies and practices to link students to sexual  
20          health services.

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

22          (a) PROGRAM AUTHORIZED.—The Secretary, in co-  
23          ordination with the Secretary of Education, shall award  
24          grants, on a competitive basis, to eligible entities to enable

1 such eligible entities to carry out the activities described  
2 in subsection (e).

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

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

7 (1) a State educational agency or local edu-  
8 cational agency;

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

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

13 (4) an educational service agency;

14 (5) a nonprofit institution of higher education  
15 or a consortium of such institutions; or

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

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

25 (e) AUTHORIZED ACTIVITIES.—

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

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

10                   (A) provide training and support for edu-  
11 cators about the content, skills, and profes-  
12 sional disposition needed to implement sex edu-  
13 cation effectively;

14                   (B) develop and provide training and sup-  
15 port to educators on incorporating anti-racist  
16 and gender inclusive policies and practices in  
17 sex education;

18                   (C) support the dissemination of informa-  
19 tion on effective practices and research findings  
20 concerning the teaching of sex education;

21                   (D) support research on—

22                           (i) effective sex education teaching  
23 practices; and

24                           (ii) the development of assessment in-  
25 struments and strategies to document—

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

3 (II) the effects of sex education;

4 (E) convene conferences on sex education,  
5 in order to effectively train educators in the  
6 provision of sex education; and

7 (F) develop and disseminate appropriate  
8 research-based materials to foster sex edu-  
9 cation.

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

16 (A) train educators in sex education;

17 (B) support internet or distance learning  
18 related to sex education;

19 (C) promote rigorous academic standards  
20 and assessment techniques to guide and meas-  
21 ure student performance in sex education;

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

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

3 or

4 (F) develop academic courses on the peda-  
5 gogy of sex education at institutions of higher  
6 education.

7 **SEC. 7. AUTHORIZATION OF GRANTS TO SUPPORT THE DE-**  
8 **LIVERY OF SEXUAL HEALTH SERVICES TO**  
9 **MARGINALIZED YOUNG PEOPLE.**

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

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

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

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

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

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

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

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

7 (2) establish, alter, or modify staff positions,  
8 service delivery policies and practices, service deliv-  
9 ery locations, service delivery environments, service  
10 delivery schedules, or other services components in  
11 order to increase youth-friendly sexual health serv-  
12 ices to marginalized young people;

13 (3) conduct outreach to marginalized young  
14 people to invite them to participate in the eligible  
15 entity’s sexual health services and to provide feed-  
16 back to inform improvements in the delivery of such  
17 services;

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

21 (5) establish partnerships and collaborations  
22 with entities providing services to marginalized  
23 young people to link such young people to sexual  
24 health services, such as by delivering health services  
25 at locations where they congregate, providing trans-



1 portation to locations where sexual health services  
2 are provided, or other linkages to services ap-  
3 proaches;

4 (6) provide evidence-informed, comprehensive in  
5 scope, confidential, equitable, accessible, medically  
6 accurate and complete, age and developmentally ap-  
7 propriate, culturally responsive, and trauma-in-  
8 formed and resilience-oriented sexual health infor-  
9 mation to marginalized young people in the lan-  
10 guages and cultural contexts that are most appro-  
11 priate for the marginalized young people to be  
12 served by the eligible entity;

13 (7) promote effective communication regarding  
14 sexual health among marginalized young people; and

15 (8) provide training and support for eligible en-  
16 tity personnel and community members who work  
17 with marginalized young people about the content,  
18 skills, and professional disposition needed to provide  
19 youth-friendly sex education and youth-friendly sex-  
20 ual health services.

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

22 (a) GRANTEE REPORT TO SECRETARY.—For each  
23 year an eligible entity receives grant funds under section  
24 4, 5, 6, or 7, the eligible entity shall submit to the Sec-  
25 retary a report that includes—

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

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

5 (3) such other information as the Secretary  
6 may require.

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

13 (1) a statement of how grants awarded by the  
14 Secretary meet the purposes described in section  
15 2(a); and

16 (2) information about—

17 (A) the number of eligible entities that are  
18 receiving grant funds under sections 4, 5, 6,  
19 and 7;

20 (B) the specific activities supported by  
21 grant funds awarded under sections 4, 5, 6, and  
22 7;

23 (C) the number of young people served by  
24 projects funded under sections 4, 5, and 7, in  
25 the aggregate and disaggregated and cross-tab-

1           ulated by grant program, race and ethnicity,  
2           sex, sexual orientation, gender identity, and  
3           other characteristics determined by the Sec-  
4           retary (except that such disaggregation or  
5           cross-tabulation shall not be required in a case  
6           in which the results would reveal personally  
7           identifiable information about an individual  
8           young person);

9           (D) the number of teachers, health edu-  
10          cators, faculty, school administrators, and staff  
11          trained under section 6; and

12          (E) the status of the evaluation required  
13          under subsection (c).

14          (c) MULTI-YEAR EVALUATION.—

15           (1) IN GENERAL.—Not later than 6 months  
16           after the date of the enactment of this Act, the Sec-  
17           retary shall enter into a contract with a nonprofit  
18           organization with experience in conducting impact  
19           evaluations to conduct a multi-year evaluation on the  
20           impact of the projects funded under sections 4, 5, 6,  
21           and 7 and to report to Congress and the Secretary  
22           on the findings of such evaluation.

23           (2) EVALUATION.—The evaluation conducted  
24           under this subsection shall—

1 (A) be conducted in a manner consistent  
2 with relevant, nationally recognized professional  
3 and technical evaluation standards;

4 (B) use sound statistical methods and  
5 techniques relating to the behavioral sciences,  
6 including quasi-experimental designs, inferential  
7 statistics, and other methodologies and tech-  
8 niques that allow for conclusions to be reached;

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

12 (D) be designed to provide information on  
13 output measures and outcome measures to be  
14 determined by the Secretary.

15 (3) REPORT.—Not later than 6 years after the  
16 date of enactment of this Act, the organization con-  
17 ducting the evaluation under this subsection shall  
18 prepare and submit to the appropriate committees of  
19 Congress and the Secretary an evaluation report.  
20 Such report shall be made publicly available, includ-  
21 ing on the website of the Department of Health and  
22 Human Services.

23 **SEC. 9. NONDISCRIMINATION.**

24 Activities funded under this Act shall not discrimi-  
25 nate on the basis of actual or perceived sex (including sex-

1 ual orientation and gender identity), age, parental status,  
2 race, color, ethnicity, national origin, disability, or reli-  
3 gion. Nothing in this Act shall be construed to invalidate  
4 or limit rights, remedies, procedures, or legal standards  
5 available under any other Federal law or any law of a  
6 State or a political subdivision of a State, including the  
7 Civil Rights Act of 1964 (42 U.S.C. 2000a et seq.), title  
8 IX of the Education Amendments of 1972 (20 U.S.C.  
9 1681 et seq.), section 504 of the Rehabilitation Act of  
10 1973 (29 U.S.C. 794), the Americans with Disabilities Act  
11 of 1990 (42 U.S.C. 12101 et seq.), and section 1557 of  
12 the Patient Protection and Affordable Care Act (42  
13 U.S.C. 18116).

14 **SEC. 10. LIMITATION.**

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

- 17 (1) withhold health-promoting or life-saving in-  
18 formation about sexuality-related topics, including  
19 HIV;
- 20 (2) are medically inaccurate or incomplete;
- 21 (3) promote gender or racial stereotypes or are  
22 unresponsive to gender or racial inequities;
- 23 (4) fail to address the needs of sexually active  
24 young people;

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

3           (6) fail to address the needs of survivors of  
4           interpersonal violence;

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

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

10          (9) are inconsistent with the ethical imperatives  
11          of medicine and public health.

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

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

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

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

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

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

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

5           (4) in paragraph (3), as redesignated by para-  
6           graph (3), by striking the semicolon and inserting a  
7           period.

8 **SEC. 12. FUNDING.**

9           (a) **AUTHORIZATION.**—For the purpose of carrying  
10          out this Act, there is authorized to be appropriated  
11          \$100,000,000 for each of fiscal years 2022 through 2027.  
12          Amounts appropriated under this subsection shall remain  
13          available until expended.

14          (b) **RESERVATIONS OF FUNDS.**—

15                 (1) **IN GENERAL.**—The Secretary—

16                         (A) shall reserve not more than 30 percent  
17                         of the amount authorized under subsection (a)  
18                         for the purposes of awarding grants for sex  
19                         education at elementary and secondary schools  
20                         and youth-serving organizations under section  
21                         4;

22                         (B) shall reserve not more than 10 percent  
23                         of the amount authorized under subsection (a)  
24                         for the purpose of awarding grants for sex edu-

1 cation at institutions of higher education under  
2 section 5;

3 (C) shall reserve not more than 15 percent  
4 of the amount authorized under subsection (a)  
5 for the purpose of awarding grants for educator  
6 training under section 6;

7 (D) shall reserve not more than 30 percent  
8 of the amount authorized under subsection (a)  
9 for the purpose of awarding grants for sexual  
10 health services for marginalized youth under  
11 section 7; and

12 (E) shall reserve not less than 5 percent of  
13 the amount authorized under subsection (a) for  
14 the purpose of carrying out the reporting and  
15 impact evaluation required under section 8.

16 (2) RESEARCH, TRAINING AND TECHNICAL AS-  
17 SISTANCE.—The Secretary shall reserve not less  
18 than 10 percent of the amount authorized under  
19 subsection (a) for expenditures by the Secretary to  
20 provide, directly or through a competitive grant  
21 process, research, training, and technical assistance,  
22 including dissemination of research and information  
23 regarding effective and promising practices, pro-  
24 viding consultation and resources, and developing re-  
25 sources and materials to support the activities of re-



1 recipients of grants. In carrying out such functions,  
2 the Secretary shall collaborate with a variety of enti-  
3 ties that have expertise in sex education and sexual  
4 health services standards setting, design, develop-  
5 ment, delivery, research, monitoring, and evaluation.

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

14 (d) REPEAL OF ABSTINENCE ONLY UNTIL MAR-  
15 RIAGE PROGRAM.—Section 510 of the Social Security Act  
16 (42 U.S.C. 710 et seq.) is repealed.

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