

Florence Lince

From: Senate Education Committee Secretary <no-reply@zoom.us>
Sent: Wednesday, April 7, 2021 2:41 AM
To: Florence Lince
Subject: Webinar Registration Senate Education Committee

Hi Senate Education Committee Secretary,

Sarae Simpson (saraesimpson@u.boisestate.edu) has registered for "Senate Education Committee" on: Apr 7, 2021 1:30 PM Mountain Time (US and Canada)

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Organization: myself

Written Testimony: parents can already opt students out, this is unnecessary and harmful Manner of Testimony: Virtual
H0249 Human sexuality, instruction: Against

Webinar Detail Link: <https://us02web.zoom.us/webinar/86379865047>

My name is Beau Seegmiller, Idaho voter from District 18. I represent myself. Thank you Chairperson Thayne and members of the committee for the opportunity to be one of the many people to urge you to vote no on HB 249. Collectively, we will paint a picture of how the bill attempts to solve a problem that does not exist in Idaho; it will create unnecessary burdens on school administrators and teachers; it will impact instruction of classic sources like Romeo and Juliet, and at the high school level it will pose a barrier to youth accessing medically accurate information that can help them remain safe from the risks that come with sexual activity.

Ironically, HB 249 comes before you during the same session that you may also be asked to consider HB 221. Sponsored by Rep. Shepherd, HB 221 is designed to address an issue that DOES exist in Idaho: schools often have difficulty in attracting enough qualified teachers to meet staffing needs— especially in small and rural districts. Idaho has a higher rate of teacher turnover than the national average, and rural communities in our state can be particularly hard pressed to find teachers. Why would we add to the burden of getting enough people to teach Idaho's youth by INCREASING bureaucracy AND planning expectations for teachers?

Let me paint a picture for you of when I taught Freshman English in District 35 – a rural area with a strong religiously conservative base. Prior to teaching Romeo and Juliet, my students engaged in research about one of the major themes in the play: romantic love, gang violence, and family conflict were among the choices. Students wrote research papers and gave presentations to teach one another about their findings. Through presentations about adolescents' biochemistry, my students taught each other about how unprepared 15-year-olds are to enter into romantic intimacy. If HB 249 passes, families would have to opt in for their child to participate in two of the research: romantic love and family conflict. Then, families would have to opt-in for their child to be present for the presentations AND opt-in again for the actual reading of Shakespeare's classic because Romeo and Juliet meet, kiss, fall in love, and marry.

If even ONE family didn't opt in – even unintentionally because they miss the request – I would have to create an ADDITIONAL instruction plan, find other places for those students to learn and supervision for these students. Let me be clear: additional space does not exist in crowded schools and there are no extra teachers, especially in rural districts already struggling to fill positions. And it's not just Romeo and Juliet that will be impacted: from topics in science to children's books that have married parents exchange a kiss to Greek Mythology will require families to opt-in under HB 249 – and teachers to plan alternative instruction.

When I was a first-year teacher, I could not have planned an additional unit: I was too busy surviving day to day as I tried to meet the needs of my diverse students and master classroom management. Survival is far too common for new teachers. The demands of the job already contribute to many abandoning the profession. The added burden of planning additional instruction when families don't opt-in could INCREASE attrition among new teachers.

HB 249 offers a flawed solution to a problem that does not exist AND it could create a very real problem: overloading teachers who are already working so hard to teach Idaho's young people. Whether intended or unintended, this bill is burdensome. Local school districts are already equipped to handle familial sex education consent and create processes that are appropriate for their community. I urge you to vote NO on HB 249 and the **statewide unfunded mandate** is will impose.

House Education Committee
Idaho State House of Representatives
Boise, Idaho 83720

Re: Opposition to HB 249 (Instruction, Human Sexuality)

February 29th, 2021

Dear Chair and Members of the Committee,

On behalf of Planned Parenthood Alliance Advocates in Idaho, I write today to voice Planned Parenthood's strong opposition to House Bill 249, which would put barriers between students and the education they need to keep themselves safe and healthy.

Planned Parenthood supports access to sex education that is comprehensive, medically accurate, and inclusive of all students. Comprehensive sex education has been repeatedly proven to provide young people with a broad range of benefits, including:

- Reducing STDs and unintended pregnancies;
- Promoting healthier and happier relationships;
- Teaching young people to recognize and avoid abuse and dating violence; and
- Reducing sexual risk activities, such as number of partners and unprotected intercourse.¹

The research clearly shows the wide range of benefits resulting from access to sex education, and we believe that our communities are healthier and stronger when young people are equipped with honest and accurate information and have the tools they need to have healthy relationships.

Because the benefits of access to comprehensive sex education are clear, it is also supported by the American Medical Association, the American Academy of Pediatrics, a majority of Americans, and a majority of Idahoans. Nationwide, over 90 percent of parents support sex education in both middle and high school.² Here in Idaho, 2019 polling found that 81% of voters – including 70% of Republican voters – support public schools teaching comprehensive sex education that includes information about abstinence, birth control, and STDs.

This bill would erect harmful and unnecessary barriers for the significant majority of Idaho parents and students who want and need access to sex education. Our state already gives parents control over their children's education by allowing parents to opt their children out of sex education. All but 5 other states have a similar "opt-out" system in place, recognizing that these policies maximize student access to proven, popular education tools while also respecting the rights of the small percentage of parents who do wish to opt their children out.

However, House Bill 249 would require all parents to proactively opt their students into sex education, forcing the overwhelming majority of parents who want their children to receive appropriate sex education to jump through hoops just to ensure that their children receive accurate, science-based information about their health. This would create an additional administrative barrier between students and the education they need to keep themselves healthy.

¹ [https://www.jahonline.org/article/S1054-139X\(20\)30456-0/fulltext](https://www.jahonline.org/article/S1054-139X(20)30456-0/fulltext)

² <https://www.plannedparenthood.org/learn/for-educators/whats-state-sex-education-us>

In the 5 other states with similar “opt-in” policies, available data shows that the vast majority of parents do opt in and only a very small fraction affirmatively opt out, further demonstrating the widespread support for access to sex education. Unfortunately, rather than opting their children in or out of this coursework, what happens more often is that parents simply fail to return paperwork. For students whose parents struggle to balance work, family responsibilities, and other obligations, this bill would mean that they would be unnecessarily denied access to sex ed even when their parents support this education.

It is also important to recognize that most Idaho youth already lack access to adequate sex education. The Centers for Disease Control and Prevention (CDC) has identified 20 sex education topics that are critical to young peoples’ health. In Idaho, only 20.3% of schools taught all 20 of these critical courses in a mandatory course in *any* of grades 9-12.³ This bill would only make it harder for young people to access the information they need, even if they are in one of the small fraction of schools that does provide it.

This bill is not about parental rights, which our state already protects; it is about making it more difficult for young people to access the information they need to keep themselves healthy. The benefits of access to sex education are clear, and we urge you to oppose House Bill 249 and instead devote your energy to policies that will truly improve the health and wellbeing of Idaho youth.

Sincerely,

Mistie Tolman
Idaho State Director
Planned Parenthood Alliance Advocates

³ https://siecus.org/state_profile/idaho-state-profile/

Testimony of Lauren Bramwell
OPPOSE HB 249: Sex Education Opt-In Requirement
Before Senate Education Committee
April 7, 2021

The ACLU of Idaho stands before you today in opposition to HB 249 that would require parents to opt-in their child to any public school instruction regarding human sexuality, including limiting instruction on “sexual orientation” or “gender identity” that would prevent schools from discussing any LGBTQ issues without express written permission from parents. This bill will prevent students from having equal access to obtain critical information regarding how to make healthy decisions about sex and sexuality as well as censoring important classroom conversations regarding the full range of human sexuality.

All students should have equal access to educational programs, including sex education programs that offer appropriate educational information based on an individual student’s needs. Our Idaho students will have to face important decisions about relationships, sexuality and sexual behavior. The decisions they make can impact not only their lives, but their well-being and health for years to come.

Guidance from families and schools is key in fostering teenagers' healthy sexual development and responsible behavior. Far more adolescents are sexually active now than was the case in recent decades. 56 percent of boys and 50 percent of girls aged 15-19 report having had sexual intercourse. Rates of sexually transmitted illnesses, including HIV/AIDS infection, are on the rise among teenagers. Yet access to comprehensive sex education can be crucial in giving young people the information and skills they need to make responsible decisions and to protect themselves. However - by requiring the opt-in provision for sex education classes, this bill could deny Idaho students access to critically needed school curriculum that examines such subjects as human development, relationships, personal skills, sexual behavior and health, and society and culture.

Nationwide, we’ve seen the benefits that access to sex education has provided young adults. According to recent data from the Guttmacher Institute, the U.S. pregnancy rate among 15–19-year-olds was at its lowest point in 2013, which is directly attributable to better contraceptive use by young people. Among 15-17 year olds, increased contraceptive use is responsible for 77 percent of the decline and among 18-19 year olds, the decline is entirely attributable to improved contraceptive use.¹ Also, 15-19 year olds who participated in a sex education program that discusses the importance of delaying sex and provides information on prevention use were significantly less likely to report teen pregnancies than those who received either no sex education or attended abstinence only until marriage programs.² And finally, major medical groups, such as the American Medical Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Society for Adolescent Medicine support programs that discuss sex education³ because of their proven effectiveness in reducing teen pregnancy and the spread of transmitted illnesses.

¹ John S. Santelli, MD, MPH, Laura Duberstein Lindber, PhD, Lawrence B. Finer, PhD, and Susheela Singh, PhD. Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use. January 2007. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1716232/>.

² Pamela K. Kohler, RN. et al., Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy, *Journal of Adolescent Health*, Spring 2008.

³ American Medical Association, Policy H-170.968 Sexuality Education, Abstinence, and Distribution of Condoms in Schools; American Academy of Pediatrics, Committee on Adolescence, Condom Use By Adolescents, *107 Pediatrics* 1463, 1467 (2001); American College of Obstetricians & Gynecologists, Condom Availability for Adolescents, in *Health Care for Adolescents* (2003); John S. Santelli et al., Abstinence-Only Education Policies and Programs: A Position Paper of the Society of Adolescent Medicine, *38 J. Adolescent Health* 83, 84 (2006).



Idaho

ACLU of Idaho
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Boise, ID 83701
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We want to ensure that Idaho students have the information they need to make healthy and smart decisions about sex and believe the current opt-out provisions in Idaho law provides ample balance between the need for public education and parental oversight. For these reasons, we urge your "no" vote on HB 249.



April 7, 2021

Chairman Steven Thayn
Senate Education Committee
Statehouse, Boise, ID 83720

Dear Chairman Thayn and Members of the Committee:

The Council on Developmental Disabilities is authorized by federal and state law to monitor service systems and policies and to advocate for improved services that enable Idahoans with developmental disabilities to live meaningful lives, included in their home communities. The Council is comprised of 23 volunteers appointed by the Governor, the majority of whom are adults with intellectual and developmental disabilities and family members.

The Council opposes House Bill 249.

Expressing sexuality is part of the human experience, yet sexual health is often ignored for people with disabilities. Individuals with disabilities are at a higher risk of sexual abuse and exploitation, unwanted pregnancies, and sexually transmitted diseases. Additionally, many adolescents with disabilities lack the knowledge needed to develop a healthy sexual identity, therefore, increasing their vulnerability. There is a direct correlation between the lack of sexual health education to students with disabilities and experiencing the highest rates of mental, emotional, physical, and sexual abuse¹

Many adolescents with disabilities lack the knowledge needed to develop a healthy sexual identity, therefore, increasing their vulnerability. Resources have been developed to improve the sexual health of individuals with disabilities. However, those who need this

¹ Anna C. Treacy, Shanon S. Taylor & Tammy V. Abernathy (2018) Sexual Health Education for Individuals with Disabilities: A Call to Action, American Journal of Sexuality Education, 13:1, 65-93, DOI: [10.1080/15546128.2017.1399492](https://doi.org/10.1080/15546128.2017.1399492)

education rarely have access to the resources, nor are they or their families aware of the existence of these types of resources.

Why sexual health matters:

Over 70% of people with disabilities report being abused. 90% reported that the abuse has taken place on multiple occasions with a rate of 57% of people with disabilities reporting they were abused on more than 20 occasions and 46% reporting “it was too many times to count.” The U.S. Department of Justice reports that women with intellectual disabilities are 12 times more likely to be sexually assaulted than women without disabilities. An estimated 514 people with disabilities are victims of rape or sexual assault each year in Idaho.²

Children with disabilities are 3.4 times more likely to be sexually abused than their nondisabled peers. Researchers found that adolescent girls with physical disabilities or long-term health problems are at increased risk for sexual violence. These data indicate that students with disabilities have a significantly higher risk of becoming victims of sexual violence.

These statistics are in fact the reason why the Idaho Council, along with other disability advocacy organizations are working to provide a statewide education campaign to provide education on sexual health, healthy relationships, and sexuality in lieu of the lack of education provided while students with disabilities are adolescents. This education is essential in helping individuals protect themselves from sexual abuse and exploitation.

Students with disabilities have the right to be educated about the natural functions of their bodies, and their sexuality. This education assists them to protect and understand themselves. They need and have the right to expect appropriate and timely sexual health education as part of their efforts to become self-determined individuals.

Sincerely,



Christine Pisani
Idaho Council on Developmental Disabilities
Executive Director

² Bureau of Justice Statistics, National Crime Victimization Survey, 2011-2015; and U.S. Census Bureau, American Community Survey, 2011-2015.

Florence Lince

From: Jessie <jess.duvall@gmail.com>
Sent: Wednesday, April 7, 2021 2:29 PM
To: Florence Lince
Subject: Testimony on HB249 (not selected to give)

Hello,

The committee ran out of time before I was able to provide my testimony. If you are able to pass this on and/or include this in the record, I would very much appreciate it. Thank you

Sincerely,

Jessie Duvall, MD
jess.duvall@gmail.com

Good Morning Chairperson & Members of the Committee

My name is Dr. Jessie Duvall. I live in District 19 and serve the entire Treasure Valley in my practice.

I am here to testify in opposition to HB 249.

As a pediatrician, my entire life is dedicated to helping our young people live healthy, full lives. To do this, we must ensure that they have access to quality, accurate information about their own bodies and how to care for them. This includes age appropriate, comprehensive education about how their bodies work, reproduction, gender, sexuality, concepts of consent, safe sex, healthy boundary setting, and healthy relationships, among other things. While we know that parents and caregivers have a critical role as the primary educators for their children, we also know that we serve our children best when they receive sexuality education from a variety of trusted sources, including schools. Teaching it in schools is an excellent way to help young people develop the skills and knowledge they need to make good decisions about their relationships, health, and futures. Indeed, studies show that when comprehensive programs are offered in schools, positive outcomes such as delay of initiation of sex, reduction in the frequency of intercourse, and reduction in the number of partners can occur.

And yet, despite these known benefits, thousands of young Idahoans lack access to this essential education. In my practice, I regularly care for teenagers whose ignorance of basic reproductive health concepts leads to easily preventable situations that endanger their health. We should never, ever be afraid of medically accurate, age appropriate knowledge. Things like sexuality, trans kids, non-binary youth, gender fluidity do not go away because we make them more challenging for kids to learn. All that does is guarantee that our young people will seek out information from unreliable, dangerously inaccurate sources like the internet or their peers. If we change our laws to make sex-education "opt-in," we risk compromising our children's health by making it harder for them to obtain comprehensive, medically accurate education about their own bodies.

Most parents I serve know that the information is out there and they want their children to learn about healthy relationships and sexuality from a trusted source like school. The American Academy of Pediatrics, the American Medical Association, and the American College of Obstetrics and Gynecology all support school-based sex education. Even more significant, polls show that 90% of parents support medically accurate, age-appropriate, comprehensive sexual education in schools. And for those parents who prefer for their children not to be taught in school, Idaho already has an opt-out provision, making HB249 redundant and unnecessary.

I feel honored to care for the next generation of Idahoans. I am committed to providing them with all of the tools available to help them live fulfilled, vibrant lives. Our young people deserve to have access to accurate knowledge about

their bodies, their identities, and their lives. I urge you to listen to the incredible young people who have been testifying today and ensure that they get that education by voting no on HB249.

Thank you and I am available for questions.

Sincerely,

Jessie Duvall, MD

March 15, 2021

Chairman and committee,

I'm Chelsea Gaona-Lincoln, residing in D10 and grew up in Canyon County. I'm here on behalf of Legal Voice, a regional non-profit whose mission pursues justice for all women and LGBTQ people across the Northwest. We are adamantly opposed to HB249.

There is already a functioning mechanism for any legal guardian to opt out of sex education. Idaho doesn't keep data or track how many students are currently being opted out of sexual health education. To that end, the proponent of this bill can not accurately say how many students will be impacted and/or assert that this is by any means necessary. This legislation seeks to create a problem that does not exist.

HB249 creates a burden for those that are already disproportionately impacted, those with language barriers, those whose guardians are incarcerated, detained or for families with demanding schedules that can result in miscommunication and missed memos. When working families, many below the poverty line; are trying to keep food on the table and the power turned on, requiring written permission for any lesson plan - weeks in advance; is gruesome and discriminatory for those that need access to education the most. Additionally an unfair burden to teachers who are already drowning in keeping students on track. **You each have a responsibility to consider student safety more than anything else.**

"Research demonstrates that comprehensive sex education results in improved health outcomes for adolescents, including increased rates of contraceptive use, decreased teen pregnancies, lower rates of HIV and (STIs), and delayed sexual initiation. In addition to improved sexual health outcomes, there is correlative research showing that CSE:

- promotes social and emotional competencies that contribute to academic achievement, reduced risk-taking, and healthy relationships;
- supports the prevention of child sexual abuse; and
- promotes healthy relationships and reduces risk of sexual assault and intimate partner violence.

[Center for Primary Care, Harvard Medical School](#)

In addition to the sexual and reproductive health benefits of comprehensive sex education, it is a powerful tool for violence prevention.

1. **Sexual violence;** Consent is a core topic taught in sex education, which is vitally important and lacking in societal and cultural norms especially what consent actually means. Before we touch, hug, kiss, cuddle, or touch someone's body in any way, we must ask consent. To prevent sexual abuse- young people of all ages need this comprehensive information. We can teach this from a young age... for example, 2.5 year old doesn't want to hug a family member they are familiar with, we honor that. (This shows children it's their body, and they decide who touches them. The same goes for adolescents ... before hugging or kissing someone at the end of a romantic date, we must ask first, saying "Hey, is it okay if I hug you?" If they verbally say "yes," then it's time to hug! Teaching consent is key to preventing sexual violence).
2. **Physical dating violence;** Healthy relationships are another primary theme in sex education. Students learn positive ways to express intimacy and affection, communicate personal boundaries, and develop strategies to avoid or end unhealthy relationships. Again something we aren't getting from other societal venues and media.. (Further, perpetrators of dating violence often have poor self-esteem, and importantly, sex education provides students with the tools

needed to develop positive self-worth as well as ways to serve as a healthy partner. Sex education also teaches gender equality from a young age, thereby reducing risk for gender-based violence).

3. **Bullying & harassment;** Comprehensive sex education offers robust curricula on bullying prevention. People bully for many reasons, including low self-esteem, emotional neglect, and some bullies may be victims of violence themselves. (Sex education teaches students that bullying is wrong as well as how to respond if they are being bullied. Further, sex education guides students in healthy self-esteem and body confidence, all of which influence one's sense of self, thereby decreasing risk for students to bully or be bullied).
4. **Suicide;** Though it may not seem readily apparent, comprehensive sex education is a powerful vehicle for addressing youth risk factors for depression and suicide. Sex education teaches students to build healthy self-esteem and body confidence, encourages mutually respectful and equitable relationships based on empathy and open communication, it teaches personal safety, including how to respond to bullying and harassment, and ultimately, promotes tolerance. These life skills act as protective factors against depression and suicide."

Please vote against HB249 as though the thriving and safety of Idaho's student's depend on it, because it does.

Sincerely,
Chelsea Gaona Lincoln

Idaho Programs Manager | Legal Voice
cgaonalincoln@legalvoice.org | 208.880.2363