

The SIECUS State Profiles



MARYLAND

MARYLAND'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates have worked diligently over the past four years to further advance sex education in Maryland. In 2018, Delegate Ariana Kelly championed [House Bill 251](#), with the support of her teenage daughter, after repeatedly introducing the bill beginning in 2016. The successful bill requires sex education curriculum to include instruction on the meaning of consent and respect for personal boundaries. In 2019, 25 state delegates and 13 state senators [wrote a letter](#) to the Superintendent of Maryland Schools to emphasize the importance of including curriculum that highlights the history of LGBTQ and disability rights movements. In response, the Maryland Department of Education [indicated](#) that they have begun the process of implementing such curriculum. While this advancement does not directly impact sex education in Maryland, it demonstrates an important step toward recognizing the value of inclusive curriculum. Previous efforts to advance sex education include the passage of [House Bill 72](#) in 2016. Known as “Erin’s Law,” Maryland schools are now required to provide age-appropriate instruction on sexual abuse and assault prevention.

While legislators have successfully passed legislation to advance sex education, further efforts are underway to undermine access to reproductive health services for minors. [House Bill 53](#), currently in committee, aims to require parental permission for health care providers to insert or implant a contraceptive device into a minor. While parents and guardians play an important role in the decision making process of young people, imposing [such requirements](#) may result in some young people choosing not to seek reproductive health care to acquire contraceptive devices.

In addition to these recent statewide efforts, advocates have also worked to advance sex education at the local level. In 2015, the [U Choose Campaign](#), which included Baltimore City Schools, received a multi-million dollar grant to implement a comprehensive sex education program over a five year period, helping reduce the city’s teen pregnancy rate by 61 percent. Prior to the campaign, the Baltimore City Health Department [reported](#) that less than 50 percent of Baltimore schools taught reproductive health education or sex education. In 2018, the grant was unexpectedly cut short [following federal cuts](#) to teen pregnancy prevention programs. The city of Baltimore sued [and won](#) a lawsuit to receive the additional funding.

Maryland schools are required to teach sex education, but curriculum is not required to be comprehensive. Mandating local control over sex education presents unique challenges that have resulted in a glaring disparity regarding the quality of sex education that students receive. Such discretion allows for the implementation of policies and curriculum that stigmatize marginalized youth, such as students of color and LGBTQ youth, and presents further challenges in ensuring that low income districts have access to the resources needed to implement comprehensive sex education. Curriculum in Maryland is not required to include instruction on sexual orientation, gender identity, or be culturally responsive to the needs of young people of color.

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Right now, advocates can take action to ensure young people in their community have access to quality sex education. After contacting their local school board, advocates can determine if curriculum is required to be comprehensive or identify what topics are missing from instruction, such as sexual orientation, gender identity, contraceptive options, or healthy relationships. They can then vocalize the important need for advancing sex education requirements in their community. Further, advocates can contact their representatives to discuss the critical need for advancing such requirements statewide. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education.

STATE SEX EDUCATION POLICIES AND REQUIREMENTS AT A GLANCE

- Maryland schools are required to teach sex education.
 - Curriculum is not required to be comprehensive. However, the health education program is required to be comprehensive.
 - Curriculum must advocate abstinence as the best method for preventing unintended pregnancy and STIs.
- Curriculum is not required to include instruction on sexual orientation or gender identity. However, Maryland Family Life and Human Sexuality education is [required](#) to represent all students regardless of ability, sexual orientation, gender identity, or gender expression.
- Curriculum must include instruction on consent.
- Schools must provide parents or guardians the opportunity to view all instructional materials prior to their use and parents or guardians may remove their children from any or all “Family Life and Human Sexuality” classes. [This is referred to as an “opt-out” policy.](#)
- Instruction on contraception and condoms must be medically accurate.

STATE HOUSE HIGHLIGHTS

This section highlights sex education bills that were introduced during the 2019 state legislative session as well as bills that have been introduced thus far in 2020. These proposed bills provide a brief overview of both recent and current legislative action taken to advance or restrict sex education. For a more comprehensive look at relevant legislation concerning sex education and related topics such as reproductive health care, LGBTQ rights, and HIV/AIDS, continue reading on to the “State Legislative Activity” section of Maryland’s profile.

No bills have been introduced concerning sex education to date.

MORE ON SEX ED IN MARYLAND

STATE LAW

[Maryland Code of Public General Laws §7-401](#) requires instruction in health education and the joint development of standards and guidelines for school health programs by the Departments of Education and Health and Mental Hygiene. The Administrative Regulation fulfilling this requirement, [Md. Code Regs. 13A.04.18.01](#), mandates that each local school board work with its county health department to establish a broad school health education program, including “Family Life and Human Sexuality” and “Disease Prevention and Control” instruction, both of which encompass sex education topics, including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) education. The goals are to enable students to “demonstrate the ability to use human development knowledge, social skills, and health enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle;” and to “demonstrate the ability to apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage disease.”

The family life and human sexuality component of Maryland’s health education instruction is required to “begin in or prior to the fifth grade,” and “as shortly in advance of puberty as is practical.” Determination of which grade is left to each local school board.

In 2018, Maryland enacted Education Code [§ 7-445](#), requiring county boards of education to provide instruction on the meaning of consent, including respecting personal boundaries, in sex education classes.

Schools must provide parents or guardians the opportunity to view all instructional materials prior to their use and parents or guardians may remove their children from any or all “Family Life and Human Sexuality” classes. [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

Curriculum development is guided by Maryland’s [health education standards](#), which are based on the National Health Education Standards. Corresponding curriculum framework documents will be available in May 2020. Family life and human sexuality are included in grades K-12. Sexual orientation, gender identity, contraception, HIV, and other sexually transmitted infections are all topics of instruction within this recommended framework.

STATE LEGISLATIVE ACTIVITY

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. Attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals, and efforts to limit access to abortion care and other reproductive health care services prevent students from receiving comprehensive sex education and accessing sexual and reproductive health care services. Below are highlights of current legislative activity related to these topics.

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2020 SESSION: CONVENED JANUARY 8, 2020

TITLE	DESCRIPTION	STATUS
HOUSE BILL 53	PROHIBITS HEALTH CARE PROVIDERS FROM INSERTING OR IMPLANTING CONTRACEPTIVE DEVICES INTO THE BODY OF A MINOR WITHOUT THE CONSENT OF A PARENT OR GUARDIAN.	REFERRED TO THE HOUSE COMMITTEE ON HEALTH AND GOVERNMENT OPERATIONS

2019 SESSION: ADJOURNED APRIL 10, 2019

TITLE	DESCRIPTION	STATUS
HOUSE BILL 295	PROHIBITS A NONPUBLIC ELEMENTARY OR SECONDARY SCHOOL THAT RECEIVES STATE FUNDS FROM DISCRIMINATING AGAINST ANY STUDENT OR PROSPECTIVE STUDENT BECAUSE OF THEIR RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, OR DISABILITY.	DIED IN THE SENATE COMMITTEE ON JUDICIAL PROCEEDINGS
HOUSE BILL 933	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	DIED IN THE HOUSE COMMITTEE ON HEALTH AND GOVERNMENT
HOUSE BILL 964	PROHIBITS A PHYSICIAN FROM PERFORMING AN ABORTION ON AN UNMARRIED MINOR WITHOUT THE CONSENT OF THE MINOR'S PARENT OR GUARDIAN.	DIED IN THE HOUSE COMMITTEE ON HEALTH AND GOVERNMENT OPERATIONS
HOUSE BILL 978	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	DIED IN THE HOUSE COMMITTEE ON WAYS AND MEANS
HOUSE BILL 1151	ESTABLISHES A 24 HOUR WAITING PERIOD AFTER AN INDIVIDUAL REQUESTS AN ABORTION.	UNFAVORABLE REPORT BY THE HOUSE HEALTH AND GOVERNMENT RELATIONS COMMITTEE; WITHDRAWN
HOUSE BILL 1183	ESTABLISHES THE RIGHT OF MINORS TO CONSENT TO TREATMENT FOR THE PREVENTION OF HIV.	ENACTED
HOUSE BILL 1193	REQUIRES ALL FACILITIES THAT PERFORM ABORTIONS TO MEET THE STANDARDS REQUIRED FOR AN AMBULATORY SURGICAL FACILITY.	DIED IN THE HOUSE COMMITTEE ON HEALTH AND GOVERNMENT OPERATIONS
SENATE BILL 251	ESTABLISHES THE RIGHT OF MINORS TO CONSENT TO TREATMENT FOR THE PREVENTION OF HIV.	ENACTED
SENATE BILL 848	PROHIBITS A NONPUBLIC ELEMENTARY OR SECONDARY SCHOOL THAT RECEIVES STATE FUNDS FROM DISCRIMINATING AGAINST ANY STUDENT OR PROSPECTIVE STUDENT BECAUSE OF THEIR RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, OR DISABILITY.	DIED IN THE SENATE COMMITTEE ON JUDICIAL PROCEEDINGS

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SENATE BILL 904	PROHIBITS THE MARYLAND DEPARTMENT OF HEALTH FROM ACCEPTING CERTAIN FUNDING UNDER TITLE X OF THE FEDERAL PUBLIC HEALTH SERVICE ACT IF THE TITLE X PROGRAM EXCLUDES FAMILY PLANNING PROVIDERS AND DOES NOT REQUIRE PROVIDERS TO PROVIDE A BROAD RANGE OF FAMILY PLANNING METHODS AND SERVICES. REQUIRES THE GOVERNOR TO FUND THE FAMILY PLANNING PROGRAM WITH STATE FUNDS.	ENACTED
SENATE BILL 907	PROHIBITS A PHYSICIAN FROM PERFORMING AN ABORTION IF THE FETAL AGE IS DETERMINED TO BE 20 WEEKS OR MORE.	DIED IN THE SENATE COMMITTEE ON RULES
SENATE BILL 1008	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	DIED IN THE SENATE COMMITTEE ON RULES

LEGISLATIVE KEY

<p>SEX EDUCATION REPRODUCTIVE HEALTH CARE SEXUAL ORIENTATION AND GENDER IDENTITY HIV/AIDS (THAT IMPACTS YOUTH)</p>

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. While data can be a powerful tool to demonstrate the sex education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and well-being. To learn more about Maryland’s Youth Risk Behavior Survey (YRBS) results, [click here](#).

MARYLAND SCHOOL HEALTH PROFILES DATA

In 2019, the Centers for Disease Control and Prevention (CDC) released the School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were collected from self-administered questionnaires completed by schools’ principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices. In the School Health Profiles, the [CDC identifies 20 sexual health education topics](#) as critical for ensuring a young person’s sexual health. Below are key instruction highlights for secondary schools in Maryland as reported for the 2017-2018 school year.

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Reported teaching all 20 critical sexual health education topics

- 30.4% of Maryland secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 48.1% of Maryland secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about the benefits of being sexually abstinent

- 93.4% of Maryland secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 97.9% of Maryland secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 90.6% of Maryland secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 95.1% of Maryland secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to create and sustain healthy and respectful relationships

- 92.8% of Maryland secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.
- 96.0% of Maryland secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 81.5% of Maryland secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 94.1% of Maryland secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to correctly use a condom

- 41.8% of Maryland secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 71.8% of Maryland secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

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Reported teaching about methods of contraception other than condoms

- 79.4% of Maryland secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 96.0% of Maryland secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about sexual orientation

- 52.2% of Maryland secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 69.2% of Maryland secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about gender roles, gender identity, or gender expression

- 53.0% of Maryland secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 67.2% of Maryland secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth

- 21.6% of Maryland secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

The quality of sex education taught often reflects funding available for sex education programs.

To learn more about federal funding streams, click [here](#).