

The SIECUS State Profiles



MASSACHUSETTS

MASSACHUSETTS'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates in Massachusetts have worked tirelessly to advance the Healthy Youth Act. First introduced in 2011, the Healthy Youth Act would ensure youth receive research-based, medically accurate, and culturally competent sex education in districts that require sex education. Broad public support for the bill is often met with opposition from the Massachusetts Family Institute. While the Healthy Youth Act has successfully passed the Senate in the past two legislative sessions, it has routinely been blocked from being introduced in the House. In 2019, Representative Paul Brodeur and Representative James J. O'Day introduced [House Bill 410](#) in another unsuccessful attempt to pass the Healthy Youth Act. Additional sustained efforts to advance sex education have been implemented in varying manners. Funding through the Department of Elementary and Secondary Education (DESE) and the Department of Public Health assist districts in selecting and accessing training on high quality sex education in partnership with organizations such as ANSWER, ETR, Planned Parenthood League of MA, and Advocates for Youth.

Since Massachusetts schools are not required to provide sex education to students, school districts are left to decide what type of sex education—if any at all—they provide to youth. 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. Many districts, including Boston Public Schools, use the [Rights, Respect, Responsibility](#) (3R's) curriculum, but over 70 percent of districts use “abstinence-plus” instructional materials. Advocates are working to provide sex education curriculum that is not delivered in a gender-segregated manner, which is often alienating to transgender, nonbinary, and/or gender nonconforming young people. Additional efforts by the DESE are being made to update the Health Curriculum Framework to ensure that discussion of consent is gender inclusive and trauma informed. Addressing these barriers in sex education curriculum will ensure that all youth receive affirming instruction.

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 what topics are missing from sex education instruction, such as instruction on consent, sexual orientation and gender identity, and contraceptives. Local initiatives to address sex education are present across the state, and advocates can use initiatives such as the Holyoke Adolescent Sexual Health and Pregnancy Prevention Task Force Accountability Committee to guide efforts to improve their community's sex education. In addition to local efforts to improve sex education curriculum, advocates must continue to contact their representatives and urge them to support the Healthy Youth Act during the 2020 legislative session and take part in local action to raise awareness concerning this critical opportunity to advance sex education in Massachusetts.

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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

- Massachusetts schools are **not** required to teach sex education.
 - Curriculum must explain the benefits of abstinence.
- If sex education is offered, curriculum is not required to include instruction on sexual orientation or gender identity.
- If sex education is offered, curriculum is not required to include instruction on consent.
- Parents and guardians can exempt their children from any portion of sex education instruction through written notification to the school principal. [This is referred to as an “opt-out” policy.](#)
- Massachusetts has no standard regarding medically accurate sex education instruction.

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 Massachusetts’s profile.

2020 Legislative Session

[Senate Bill 2459](#) (pending):

- If successful, will require school districts that offer comprehensive sex education to provide medically accurate and age-appropriate instruction.

[Senate Bill 2475](#) (pending):

- If successful, will require school districts that offer sex education to provide comprehensive sex education.

2019 Legislative Session

[HOUSE BILL 410](#) (failed)

- Sought to require schools that teach human sexuality instruction to provide medically accurate, age-appropriate, and culturally competent comprehensive sex education. An [identical companion bill](#) was introduced in the Massachusetts Senate.

[HOUSE BILL 427](#) (failed)

- Sought to establish standards for health education that includes instruction on reproduction, sexuality, and interpersonal relationships. Under this act, all instruction must be age-appropriate and medically accurate. An [identical companion bill](#) was introduced in the Massachusetts Senate.

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HOUSE BILL 503 (failed)

- Sought to classify sex education instruction as a non-mandatory elective and require parents or guardians to provide written permission for their children to participate in sex education instruction. [This is referred to as an “opt-in” policy.](#)

HOUSE BILL 571 (failed)

- Sought to require schools that teach sex education to include instruction on the “dangers and negative consequences of distributing sexually explicit visual material depicting other students or sexually explicit self-depictions.”

HOUSE BILL 592 (failed)

- Sought to require schools to receive written permission from parents or guardians before they provide instruction on health, sex education, abortion, reproduction, sexual orientation and gender identity, or bullying. [This is referred to as an “opt-in” policy.](#)

MORE ON SEX ED IN MASSACHUSETTS

STATE LAW

Massachusetts does not require sex education but instead allows local school boards to make such decisions. If a community decides to implement sex education, [General Law of Massachusetts, Chapter 71 §§38O](#) requires that standards be developed with the guidance of community stakeholders, including parents and at least one physician. In 1990, the Massachusetts Board of Education approved a policy that:

[U]rges local school districts to create programs which make instruction about [acquired immunodeficiency syndrome] (AIDS)/[human immunodeficiency virus] (HIV) available to every Massachusetts student at every grade level. These programs should be developed in a manner which respects local control over education and involves parents and representatives of the community. The Board believes that AIDS/HIV prevention education is most effective when integrated into a comprehensive health education and human services program.

Every district implementing or maintaining curriculum which primarily involves human sexual education or human sexuality issues is required to adopt a policy ensuring parental/guardian notification. This policy must afford parents or guardians the flexibility to exempt their children from any portion of said curriculum through written notification to the school principal.

STATE STANDARDS

The [Massachusetts Comprehensive Health Framework](#), currently set to be updated in early 2020, suggests that curricula include information about “abstaining from and postponing sexual intercourse,” and approaches reproduction and sexuality “in an appropriate and factual fashion”. In addition, it states that human sexuality instruction should discuss HIV/AIDS, teen pregnancy, family violence, sound health practices, and “define sexual orientation using the correct terminology (such as heterosexual and gay and lesbian).”

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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.

MASSACHUSETTS’S 2020-2021 SESSION CONVENED JANUARY 2, 2020

TITLE	DESCRIPTION	STATUS
SENATE BILL 2459	REQUIRES SCHOOL DISTRICTS OFFERING COMPREHENSIVE SEX EDUCATION TO PROVIDE MEDICALLY ACCURATE AND AGE-APPROPRIATE INSTRUCTION.	PASSED AND ENGROSSED BY THE SENATE
SENATE BILL 2475	REQUIRES SCHOOL DISTRICTS OFFERING SEX EDUCATION TO PROVIDE COMPREHENSIVE SEX EDUCATION.	REFERRED TO THE HOUSE COMMITTEE ON WAYS AND MEANS

2019-2020 SESSION: ADJOURNED DECEMBER 31, 2019

TITLE	DESCRIPTION	STATUS
HOUSE BILL 110	PROHIBITS THERAPY PROVIDERS FROM ADVERTISING FOR OR ENGAGING IN SEXUAL ORIENTATION AND GENDER IDENTITY CHANGE EFFORTS WITH A MINOR.	DIED IN THE HOUSE
HOUSE BILL 140	PROHIBITS HEALTH CARE PROVIDERS FROM ADVERTISING FOR OR ENGAGING IN SEXUAL ORIENTATION AND GENDER IDENTITY CHANGE EFFORTS WITH A MINOR.	ENACTED
HOUSE BILL 410	REQUIRE SCHOOLS THAT TEACH HUMAN SEXUALITY INSTRUCTION TO PROVIDE MEDICALLY ACCURATE, AGE-APPROPRIATE, AND CULTURALLY COMPETENT COMPREHENSIVE SEX EDUCATION	DIED IN THE JOINT EDUCATION COMMITTEE
HOUSE BILL 427	ESTABLISHES STANDARDS FOR HEALTH EDUCATION THAT INCLUDE INSTRUCTION ON REPRODUCTION, SEXUALITY, AND INTERPERSONAL RELATIONSHIPS. ALL INSTRUCTION MUST BE AGE-APPROPRIATE AND MEDICALLY ACCURATE.	DIED IN THE JOINT EDUCATION COMMITTEE
HOUSE BILL 503	CLASSIFIES SEX EDUCATION INSTRUCTION AS A NON-MANDATORY ELECTIVE AND REQUIRES PARENTS OR GUARDIANS TO PROVIDE WRITTEN PERMISSION FOR THEIR CHILDREN TO PARTICIPATE IN SEX EDUCATION INSTRUCTION.	DIED IN THE JOINT EDUCATION COMMITTEE

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HOUSE BILL 571	REQUIRES SEX EDUCATION INSTRUCTION TO INCLUDE THE DANGERS AND NEGATIVE CONSEQUENCES OF DISTRIBUTING SEXUALLY EXPLICIT VISUAL MATERIAL OF THEMSELVES OR OTHER STUDENTS.	DIED IN THE JOINT EDUCATION COMMITTEE
HOUSE BILL 592	REQUIRES SCHOOLS TO RECEIVE WRITTEN PERMISSION FROM PARENTS OR GUARDIANS BEFORE THEY PROVIDE INSTRUCTION ON HEALTH, SEX EDUCATION, ABORTION, REPRODUCTION, SEXUAL ORIENTATION AND GENDER IDENTITY, OR BULLYING .	DIED IN THE JOINT EDUCATION COMMITTEE
HOUSE BILL 3320	ASSERTS THAT THE STATE WILL NOT INTERFERE WITH A PERSON’S ABILITY TO PREVENT, COMMENCE, TERMINATE, OR CONTINUE THEIR OWN PREGNANCY. PROHIBITS THE STATE FROM RESTRICTING THE USE OF MEDICALLY APPROPRIATE METHODS OF ABORTION.	DIED IN THE JOINT JUDICIARY COMMITTEE
HOUSE BILL 3428	REQUIRES PHYSICIANS TO RECEIVE INFORMED CONSENT FROM PATIENTS BEFORE PERFORMING AN ABORTION.	DIED IN THE JOINT JUDICIARY COMMITTEE
HOUSE BILL 3429	REQUIRES PHYSICIANS TO RECEIVE INFORMED CONSENT FROM PATIENTS BEFORE PERFORMING AN ABORTION. REQUIRES PHYSICIANS TO PROVIDE PATIENTS WITH INFORMATION RELATED TO ASSISTANCE AVAILABLE TO ASSIST THEM THROUGH PREGNANCY, FETAL DEVELOPMENT, AND THE RISKS ASSOCIATED WITH ABORTION AND PREGNANCY AT LEAST 24 HOURS PRIOR TO THE ABORTION.	DIED IN THE JOINT JUDICIARY COMMITTEE
HOUSE BILL 3433	PROHIBITS ABORTION ONCE A PHYSICIAN DETERMINES THE FETUS IS CAPABLE OF FEELING PAIN.	DIED IN THE JOINT JUDICIARY COMMITTEE
HOUSE BILL 3434	PROHIBITS ABORTIONS BASED ON THE SEX OF THE FETUS.	DIED IN THE JOINT JUDICIARY COMMITTEE.
HOUSE BILL 3841	REQUIRES EACH PUBLIC UNIVERSITY TO OFFER MEDICAL ABORTIONS TO ITS PATIENTS.	DIED IN THE JOINT JUDICIARY COMMITTEE
SENATE BILL 237	ESTABLISHES STANDARDS FOR HEALTH EDUCATION THAT INCLUDES INSTRUCTION ON REPRODUCTION, SEXUALITY, AND INTERPERSONAL RELATIONSHIPS. ALL INSTRUCTION MUST BE AGE-APPROPRIATE AND MEDICALLY ACCURATE.	DIED IN THE JOINT EDUCATION COMMITTEE

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SENATE BILL 263	REQUIRES SCHOOLS THAT TEACH HUMAN SEXUALITY INSTRUCTION TO PROVIDE MEDICALLY ACCURATE, AGE APPROPRIATE, AND CULTURALLY COMPETENT COMPREHENSIVE SEX EDUCATION	DIED IN THE JOINT EDUCATION COMMITTEE
SENATE BILL 858	PROHIBITS INSTITUTIONS OF EDUCATION FROM DISCRIMINATING AGAINST ANY UNITED STATES CITIZEN BASED ON SEX, SEXUAL ORIENTATION, OR GENDER IDENTITY.	DIED IN THE JOINT JUDICIARY COMMITTEE
SENATE BILL 1209	ASSERTS THAT THE STATE WILL NOT INTERFERE WITH A PERSON’S ABILITY TO PREVENT, COMMENCE, TERMINATE, OR CONTINUE THEIR OWN PREGNANCY. PROHIBITS THE STATE FROM RESTRICTING THE USE OF MEDICALLY APPROPRIATE METHODS OF ABORTION.	DIED IN THE JOINT JUDICIARY COMMITTEE
SENATE BILL 2187	PROHIBITS HEALTH CARE PROVIDERS FROM ADVERTISING FOR OR ENGAGING IN SEXUAL ORIENTATION AND GENDER IDENTITY CHANGE EFFORTS WITH A PATIENT LESS THAN 18 YEARS OF AGE.	FAILED TO PASS THE SENATE COMMITTEE ON RULES, SEE HOUSE BILL 140

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 Massachusetts’s Youth Risk Behavior Survey (YRBS) results, [click here](#).

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MASSACHUSETTS 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 Massachusetts as [reported](#) for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 27.6% of Massachusetts secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 61.6% of Massachusetts 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

- 72.1% of Massachusetts secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 91.4 % of Massachusetts 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

- 66.7% of Massachusetts 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.
- 90.5% of Massachusetts 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

- 76.4% of Massachusetts 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.
- 92.7% of Massachusetts 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.

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

- 63.5% of Massachusetts 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.
- 87.4% of Massachusetts 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

- 36.7% of Massachusetts secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 79.3% of Massachusetts secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about methods of contraception other than condoms

- 51.6% of Massachusetts secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 86.5% of Massachusetts 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

- 63.0% of Massachusetts secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 82.9% of Massachusetts 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

- 62.8% of Massachusetts secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 82.8% of Massachusetts 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

- 68.3% of Massachusetts 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.

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

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