

The SIECUS State Profiles



MINNESOTA

MINNESOTA'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates have taken incremental steps to improve sex education in Minnesota over the past decade, most recently culminating in the introduction of three bills aiming to advance sex education requirements. [House Bill 1414](#), introduced by Representative Todd Lippert, sought to require the commissioner of education to develop a comprehensive sex education program for public and charter schools. [Senate Bill 2065](#), an identical companion bill, was introduced in the Senate by Senator Susan Kent. [Senate Bill 1498](#) was introduced by Senator Patricia Torres Ray in an effort to require schools to provide instruction for at least one hour per year on personal body safety for students in grades K-12. While all three bills ultimately failed, advocates in Minnesota are actively planning future efforts to pass legislation that ensures youth receive comprehensive sex education.

While Minnesota schools are required to provide instruction on STIs and abstinence, curriculum is not required to be comprehensive, culturally responsive to the needs of young people of color, or include topics such as sexual orientation, gender identity, consent, and healthy relationships.

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.

Advocates report that the patchwork education youth receive, ranging from comprehensive instruction to abstinence-only instruction, fails to provide the skills and information they need to determine what is best for their health and their future. Students [report](#) that instruction often lacks information on sexual health and consent, fails to address the health needs of LGBTQ students, and relies on fear tactics to deter youth from engaging in sexual activity. Organizations such as Planned Parenthood North Central States have established multiple programs to fill the gap in access to quality sex education. As the largest provider of comprehensive sex education in the state, Planned Parenthood provides eight different education programs to address the needs of Minnesota youth.

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Currently, advocates report that increased coalition building is necessary to strengthen efforts to implement comprehensive sex education, providing interested community members an opportunity to strengthen sex education requirements at the local and state level. After contacting their local school board, advocates can determine what topics are missing from sex education instruction, such as curriculum that is medically accurate and culturally responsive to the needs of young people of color, or instruction on topics consent, healthy relationships, sexual orientation, gender identity, and contraception. 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 comprehensive sex education requirements. 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

- Minnesota schools are required to teach sex education.
 - Curriculum is not required to be comprehensive.
 - Curriculum must include instruction that helps students abstain from sexual activity until marriage.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent.
- Curriculum must be available for parental review. Parents or guardians may remove their children from instruction if they object to the content. [This is referred to as an “opt-out” policy.](#)
- Minnesota has no standard regarding medically accurate sex education. However, curriculum is required to be “technically 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 Minnesota’s profile.

2019 Legislative Session

House File 3147 (pending):

- If successful, will require each school district to update their procedure for parents and guardians to review the content of instructional materials. This bill will also prohibits school districts from providing sex education prior to receiving parental consent. [This is referred to as an “opt-in” policy.](#)

2019 Legislative Session

House File 1414 (failed):

- Sought to require the commissioner of education to develop a comprehensive sex education program for school districts and charter schools. The curriculum would be required to include medically accurate and age-appropriate instruction on:
 - o Reproduction and sexual development.
 - o Consent and healthy relationships.
 - o Abstinence and “other methods” for preventing unintended pregnancy and STIs.
 - o The relationship between substance abuse and sexual behavior.

A [similar companion bill](#) was introduced in the Minnesota Senate.

Senate File 1498 (failed):

- Sought to require schools to provide one hour of instruction per year on “personal body safety” for students in grades k-12.

MORE ON SEX ED IN MINNESOTA

STATE LAW

[Minnesota Statutes §§ 120B.20](#) and [121A.23](#) require every school district to develop and implement a comprehensive risk-reduction program “including but not exclusive to human immunodeficiency virus [HIV] and human papilloma virus [HPV].” While the state has not developed a specific curriculum, each school district must have “a comprehensive, technically accurate, and updated curriculum that includes helping students to abstain from sexual activity until marriage” and must target “adolescents, especially those who may be at high risk of contracting sexually transmitted infections [STIs] and [sexually transmitted] diseases [STDs], for prevention efforts.”

Minnesota also requires each school district to:

[H]ave a procedure for a parent, guardian, or an adult student (18 years of age or older) to review the content of the instructional materials to be provided to a minor child or to an adult student and, if the parent, guardian, or adult student objects to the content, to make reasonable arrangements with school personnel for alternative instruction.

STATE STANDARDS

Minnesota’s [National Health Education Standards and Minnesota Benchmarks](#) provide guidance for local school district curriculum development. The standards do not mention contraception or condoms, but they briefly mention HIV transmission and unintended pregnancy.

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STATE LEGISLATIVE ACTIVITY

State legislative activity 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 healthcare 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.

2020 SESSION: CONVENED FEBRUARY 10, 2020

TITLE	DESCRIPTION	STATUS
<u>HOUSE FILE 3141</u>	REQUIRES EACH SCHOOL DISTRICT TO UPDATE THEIR PROCEDURE FOR PARENTS AND GUARDIANS TO REVIEW THE CONTENT OF INSTRUCTIONAL MATERIALS TO INCLUDE TEXTBOOKS, PRINTED CONTENT, VIDEOS, PRERECORDED MATERIALS, AND ONLINE RESOURCES UPON REQUEST. PROHIBITS SCHOOL DISTRICTS FROM PROVIDING SEX EDUCATION PRIOR TO RECEIVING PARENTAL CONSENT. THIS IS REFERRED TO AS AN “OPT-IN” POLICY.	REFERRED TO THE HOUSE COMMITTEE ON EDUCATION

2019 SESSION: ADJOURNED MAY 21, 2019

TITLE	DESCRIPTION	STATUS
<u>HOUSE FILE 271</u>	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	DIED IN THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES POLICY
<u>HOUSE FILE 1312</u>	ESTABLISHES A 20 WEEK ABORTION BAN.	DIED IN THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES POLICY
<u>HOUSE FILE 1414</u>	REQUIRES THE COMMISSIONER OF EDUCATION TO IDENTIFY A COMPREHENSIVE SEX EDUCATION MODEL FOR ELEMENTARY AND SECONDARY SCHOOL STUDENTS. THE PROGRAM MUST BE MEDICALLY ACCURATE AND AGE APPROPRIATE.	DIED IN THE HOUSE COMMITTEE ON GOVERNMENT OPERATIONS
<u>HOUSE BILL 2041</u>	PROHIBITS MENTAL HEALTH PROFESSIONALS FROM ENGAGING IN CONVERSION THERAPY WITH MINORS OR WITH VULNERABLE ADULTS.	DIED IN THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES POLICY
<u>HOUSE FILE 2101</u>	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	DIED IN THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES POLICY

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SENATE BILL 261	PROHIBITS MENTAL HEALTH PROFESSIONALS FROM ENGAGING IN CONVERSION THERAPY WITH MINORS OR WITH VULNERABLE ADULTS.	DIED IN THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES POLICY
SENATE FILE 869	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	DIED IN THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES POLICY
SENATE FILE 1498	REQUIRES SCHOOLS TO PROVIDE ONE HOUR OF INSTRUCTION PER YEAR ON “PERSONAL BODY SAFETY” FOR STUDENTS IN GRADES K-12.	DIED IN THE SENATE COMMITTEE ON FINANCE AND POLICY
SENATE BILL 1609	ESTABLISHES A 20 WEEK ABORTION BAN.	DIED IN THE SENATE COMMITTEE ON RULES AND ADMINISTRATION
SENATE FILE 2065	REQUIRES THE COMMISSIONER OF EDUCATION TO IDENTIFY A COMPREHENSIVE SEX EDUCATION MODEL FOR ELEMENTARY AND SECONDARY SCHOOL STUDENTS. THE PROGRAM MUST BE MEDICALLY ACCURATE AND AGE APPROPRIATE.	DIED IN THE SENATE COMMITTEE ON FINANCE AND POLICY
SENATE FILE 2245	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	DIED IN THE SENATE COMMITTEE ON FINANCE AND POLICY
SENATE FILE 2737	PROHIBITS HEALTH CARE PROVIDERS FROM PROVIDING INFORMATION TO A PATIENT THAT IS NOT MEDICALLY ACCURATE OR EVIDENCE BASED. REPEALS INFORMED CONSENT REQUIREMENTS.	DIED IN THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES POLICY

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 Minnesota’s Health of Adolescents Survey results, [click here](#).

MINNESOTA 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 Minnesota as [reported](#) for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 15.1% of Minnesota secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 42.0% of Minnesota 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

- 78.9% of Minnesota secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 94.1% of Minnesota 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

- 64.8% of Minnesota 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.
- 92.2% of Minnesota 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

- 81.0% of Minnesota 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.
- 93.4% of Minnesota 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

- 58.9% of Minnesota 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.
- 87.6% of Minnesota 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.

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Reported teaching how to correctly use a condom

- 27.6% of Minnesota secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 62.1% of Minnesota 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

- 42.6% of Minnesota secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 82.5% of Minnesota 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

- 31.4% of Minnesota secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 58.3% of Minnesota 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

- 35.2% of Minnesota secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 62.0% of Minnesota 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

- 52.4% of Minnesota 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](#).