Sex Ed State Law and Policy Chart

SIECUS State Profiles: Updated Nov. 2020
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Introduction

A patchwork of laws relating to sex education exist across the country, with varying requirements. In some states, this has meant a lack of access to sex education or certain components of sex education, and in many other states no access to comprehensive sexuality education for young people. In response to the lack of uniformity in laws and policies regarding sex education across the nation, the following series of tables has been developed to assist with clarifying the state of sex education, HIV/STI instruction, and healthy relationships instruction in the United States.

Highlights:

29 states and the District of Columbia mandate sex education.
35 states require schools to stress abstinence when sex education or HIV/STI instruction is provided.
16 states require instruction on condoms or contraception when sex education or HIV/STI instruction is provided.
15 states do not require sex ed or HIV/STI instruction to be any of the following: age-appropriate, medically accurate, culturally responsive, or evidence-based/evidence-informed.
9 states require sex education or HIV/STI instruction to include information on consent.
8 states require culturally responsive sex education and HIV/STI instruction.
7 states have policies that include affirming sexual orientation instruction on LGBQ identities or discussion of sexual health for LGBTQ youth.
9 states explicitly require instruction that discriminates against LGBTQ+ people.
How to read these tables

In general, these tables address whether states must provide sex education, HIV/STI instruction, and/or healthy relationships instruction in the United States; the quality of that education; what topics are included; and the rights parents and guardians may have regarding their children receiving such education. Each of the numbered headings below correspond to their respectively numbered tables. For additional context, please refer to the footnotes at the end of each table.

1. Requirements and quality of education

This first table outlines which states mandate sex education, HIV/STI instruction, and/or healthy relationships instruction. The “Xs” with an asterisk (*) indicate that the mandate is either found in the state’s administrative laws, regulations, or rules; policies; or curriculum standards. Still, these requirements have the full force and effect of law. Additionally, this table notes whether the education must be age-appropriate, evidence-based, culturally responsive, and/or medically accurate, when taught in the state.

To be clear, these quality standards may apply even if the type of education is not mandated. In other words, if a school elects to teach at least one of the three types of education tracked, then it must adhere to additional requirements.

a. Medically accurate sex education: verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, if applicable, or comprising information recognized as accurate, objective, and complete. Some state definitions of “medically accurate” require that the department of health review the material for accuracy, others will mandate that curriculum be based on information from “published authorities upon which medical professionals rely.”

b. Age appropriate: suitable to particular ages or age groups of children and adolescents, based on the typical developing cognitive, emotional, and behavioral capacity typical for the age or age group.
c. **Culturally responsive**: affirming of culturally diverse individuals, families, and communities in an inclusive, respectful, and effective manner; including materials and instruction that are inclusive of race, ethnicity, language, cultural background, religion, gender, gender identity, sexual orientation, and different abilities.

d. **Evidence based**: require curriculum to be based on proven, accredited publications and authorities that demonstrates the success or failure of specific initiatives.

2. **Additional requirements – Sex education or HIV/STI instruction**

This table describes the requirements to which a school must adhere if it elects to provide sex education or HIV/STI instruction. These additional requirements fall into several distinct categories:

- **Inclusion, or lack thereof, of lesbian, gay, bisexual, transgender, or queer (LGBTQ) people** – Language surrounding LGBTQ people varies tremendously in states’ education laws across the country. These laws can be categorized as being either “inclusive,” “neutral,” or “discriminatory” toward LGBTQ people. Cells that are blank indicate states that do not have any explicit language concerning LGBTQ people, instruction, or materials. The language also differentiates between sexual orientation and gender identity.
  - **Inclusive laws on sexual orientation** are those that include affirming instruction on lesbian, gay, bisexual, and queer (LGBQ) identities and discussion of sexual health for LGBQ youth.
  - **Inclusive laws on gender identity** require sex education curriculum to include instruction on the emotional, behavioral and cultural characteristics attached to a person’s assigned biological sex. Gender can be understood to have several components, including gender identity, gender expression and gender roles.
  - **Neutral laws on sexual orientation** include information on LGBQ identities or mention LGBQ identities, but neither affirm the unique needs of LGBQ youth or intentionally discriminate against LGBQ youth.
  - **Neutral laws on gender identity** include instruction on the emotional, behavioral and cultural characteristics attached to a person’s assigned biological sex, but neither affirm the
unique needs of young people beyond the binary including but not limited to gender nonconforming, transgender, and gender expansive youth, or intentionally discriminate against these youth.

- **Discriminatory laws on sexual orientation** require sex education curriculum to include discriminatory, stigmatizing, shame based, or medically inaccurate information about sexual orientation. In addition to classifying laws that prohibit sex educators from “promoting homosexuality” (commonly referred to as ‘no promo homo laws’) as discriminatory, SIECUS considers additional factors for classification. These factors include requirements that instruction promote “honor and respect for monogamous, heterosexual marriage” and/or “benefits of monogamous, heterosexual marriage.”

- **Discriminatory laws on gender identity** require sex education curriculum to include instruction on the emotional, behavioral and cultural characteristics attached to a person’s assigned biological sex. Gender can be understood to have several components, including gender identity, gender expression and gender role.

- **Abortion as outcome of pregnancy (negative, affirming, or prohibited)** – States have different requirements regarding discussion of abortion in sex education classes. Some state laws prohibit instruction on abortion or require inclusion of medically inaccurate information written to dissuade students from viewing abortion as an acceptable outcome of pregnancy, while curricula that are affirming of abortion promote or include instruction that is medically accurate, unbiased information about abortion as a valid outcome of pregnancy.

- **Abstinence** – The extent that states require abstinence to be covered varies.
  - **Abstinence Included**: Policies require that sex education curriculum includes instruction on abstinence in addition to providing instruction on additional methods of pregnancy prevention and contraception.
  - **Abstinence Stressed**: Policies require that sex education curriculum only include abstinence or emphasize abstinence as the main way to avoid pregnancy and sexually transmitted infections.

- **Contraception covered (limited or expansive)** – The extent that states require contraception to be covered varies.
  - **Limited** includes teaching methods such as condoms and vaguely mentions the concepts of contraception but does not go into detail. Some require that contraception is covered but emphasize the failure rate of various forms of contraception rather than its use.
  - State laws that require **expansive contraception** education include many if not all FDA-approved forms of contraception, including long-acting reversible contraception and condoms, and how to use the various forms.

- **Marriage promotion** – There are state laws containing language that require teachers to promote marriage—described explicitly as heterosexual and monogamous in many states—during sex education and HIV/STI instruction. Many of these laws perpetuate the misconception that marriage is the only way to prevent unintended pregnancies and HIV/STIs. However, this is a misguided belief that contributes to both the stigma and isolation of married people who do have unintended pregnancies or contract HIV/STIs and the fallacy that unintended
pregnancies and HIV/STIs are nonexistent or disappear in a marriage.

- **Healthy relationships instruction** – For this category, healthy relationships instruction includes instruction on communication skills, decision-making skills, violence prevention, child sexual abuse, consent, or sex trafficking. These columns in the table indicate which states require at least one component of healthy relationships instruction as part of mandated sex education or HIV/STI instruction and comprehensive healthy relationships instruction.
  
  - Some healthy relationships: mentioned healthy relationships teaching but does not go into detail about what is included in the lesson (requires a unit on healthy relationships).
  
  - Comprehensive healthy relationships: fully specifies instruction and clearly what students will receive. May include the time limits, and clearly articulate definitions so that instruction is not ambiguous.

- **Instruction implementation requirements** – Quality sex education is provided by well-trained educators, therefore tracking which states require schools to include some sort of teacher training is critical. States had three different types of teacher training requirements and sometimes required more than one type.
  
  - Provide teacher training – These types of laws require schools to provide or make available in-service teacher training for school officials, including administrators and teachers. It is often unclear whether attendance of school officials for trainings is mandated.
  
  - Require a certificate or expertise to teach – These types of laws require teachers or guest speakers and educators to possess a valid certificate to teach the specific health education course. Some laws require guest speakers to have expertise in health education to teach.
  
  - Require teachers to attend training – Many laws require school officials to attend teacher training on relevant health education topics.

The teacher training requirement in this table specifically refers to sex education or HIV/STI instruction. For further information on teacher training...
requirements specifically for healthy relationships topics and instruction, please see table three.

3. Additional requirements – Healthy relationships instruction

The third table tracks each state’s laws surrounding healthy relationships instruction, including which topics must be taught and whether the state requires a teacher training component, if healthy relationships topics are provided by the school. This table tracks two types of healthy relationships instruction – (1) topics required by the states’ sex education and HIV/STI instruction laws and (2) healthy relationships instruction laws that are standalone from sex education and HIV/STI instruction. As there are some states that do not require sex education or HIV/STI instruction, but do require a type of healthy relationships instruction, this table reflects those differences. This table does not track which healthy relationships topics are mandated by law, but rather which topics are required to be taught if some sort of healthy relationships instruction is required, either through a standalone law or as part of the state’s sex education or HIV/STI instruction law.

4. Parent/Guardian notification

This final table indicates whether there is an opportunity for parents or guardians to either opt-out of or opt-in to each type of instruction on behalf of their children. It also indicates if there is language in the law that requires schools to either make the materials available for public view or for parents/guardians to review. Under an opt-in policy, teachers need written permission from a parent or guardian before a student can attend a sex education class. Most states and school districts rely instead on opt-out policies for sex education, which automatically enroll all students, but allow parents to remove their children from instruction without penalty. Opt-out policies usually require school districts to send written notification to parents before sex education lessons are taught, including information on what is being taught and who will be teaching the class. It is then the responsibility of parents to inform the school district in writing if they do not wish their child to attend those lessons.
From policy to practice

How to use this resource to enact change:

If you are an advocate:
• Advocate for comprehensive sexuality education programs that honor and respect the rights of young people, providing them with the tools they need to lead healthy lives.
• Require sex education and HIV/STI instruction to be age-appropriate, medically accurate, and culturally appropriate.
• Ensure teachers providing sex education receive ongoing training on HIV/STIs, healthy relationships, and consent.
• Work to remove state-level legal and policy barriers to LGBTQ-inclusive sex education in schools and require LGBTQ-inclusive programs.
• Form coalitions with parents, educators, policy makers, and young people to improve sex education in your state and your school district.

If you are a policy maker:
• Fund and/or support comprehensive sexuality education programs. Ensure policies for sex education will equip young people with the knowledge, skills, attitudes, and values they have a right to and need to lead healthy lives. Reject harmful programs that do not include information that is age-appropriate, medically accurate, and culturally appropriate.
• Develop sex education policies that align with the National Sexuality Education Standards.
• Work to remove state-level legal and policy barriers to LGBTQ-inclusive sex education in schools and require LGBTQ-inclusive programs.
• Require parental opt-out policies, rather than opt-in policies.
• Eliminate funding and/or support for abstinence-only-until-marriage (AOUM) or sexual risk avoidance (SRA) programs, which are harmful and ineffective.
### 1. Requirements and quality of education

<table>
<thead>
<tr>
<th>State</th>
<th>Sex education mandated</th>
<th>HIV/STI education mandated</th>
<th>Some healthy relationship content mandated</th>
<th>Comprehensive healthy relationship education mandated</th>
<th>If sex education, HIV/STI instruction, or healthy relationships instruction is provided, then instruction must be...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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</tr>
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</table>

S = Sex Education
HIV = HIV/STI Education
HR = Healthy Relationships Education
## 1. Requirements and quality of education (cont.)

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<tr>
<th>State</th>
<th>Sex education mandated</th>
<th>HIV/STI education mandated</th>
<th>Some healthy relationship content mandated</th>
<th>Comprehensive healthy relationship education mandated</th>
<th>If sex education, HIV/STI instruction, or healthy relationships instruction is provided, then instruction must be...</th>
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</thead>
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</tr>
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</table>
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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>Age-appropriate          Evidence-based     Culturally appropriate       Medically accurate</td>
</tr>
<tr>
<td>Virginia</td>
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<td>S, HIV, HR</td>
</tr>
<tr>
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<tr>
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<td></td>
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<td>S, HIV, HR</td>
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</table>

* Policies included in the table are state laws and state-wide rules, regulations, or standards that have the force of law. For a complete explanation of each state’s sex education, HIV/STI instruction, and healthy relationships instruction policies, please refer to the law and policy section of each State Profile.

+ Evidence-informed programs use the best available research and practice knowledge to guide program design and implementation; however, due to a number of factors such as lack of funding, evidence-informed programs have not received the level of evaluation that evidence-based programs have received.

2. Additional requirements – Sex education or HIV/STI instruction

<table>
<thead>
<tr>
<th>State</th>
<th>Stress or cover...</th>
<th>Be inclusive, neutral, or discriminatory toward LGBTQ people</th>
<th>Abortion as outcome of pregnancy (prohibit, negative, or affirming)</th>
<th>Promote heterosexual marriage</th>
<th>Include healthy relationships instruction –</th>
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<tbody>
<tr>
<td></td>
<td>Abstinence</td>
<td>Contraception (expansive, limited)</td>
<td></td>
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<td>Stress</td>
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</tr>
<tr>
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<td>Cover</td>
<td>Cover, expansive</td>
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<td>Affirming</td>
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### 2. Sex education or HIV/STI instruction (cont.)

<table>
<thead>
<tr>
<th>State</th>
<th>Stress or cover...</th>
<th>Be inclusive, neutral, or discriminatory toward LGBTQ people</th>
<th>Abortion as outcome of pregnancy (prohibit, negative, or affirming)</th>
<th>Promote heterosexual marriage</th>
<th>Include healthy relationships instruction –</th>
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<tr>
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### 2. Sex education or HIV/STI instruction (cont.)

<table>
<thead>
<tr>
<th>State</th>
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<th>If sex education or HIV/STI instruction is provided, then it must...</th>
<th>Include healthy relationships instruction –</th>
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<tr>
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<td>Be inclusive, neutral, or discriminatory toward LGBTQ people</td>
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</table>

This section tracks whether there is a healthy relationships instruction component if sex education or HIV/STI instruction is provided. Healthy relationships instruction in this guide refers to instruction in at least one of the following categories: communication skills, decision-making skills, violence prevention, child sex abuse, consent, characteristics of a healthy relationship, and sex trafficking. Violence prevention instruction refers only to prevention of violence in the context of relationships or sexual violence, such as domestic abuse/violence, dating abuse/violence, intimate partner violence, sexual abuse and assault, rape, unwanted sexual advances, and child abuse.

### 3. Additional requirements – Healthy relationships instruction

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<thead>
<tr>
<th>State</th>
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<th>Teach about…</th>
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### 3. Healthy relationships instruction (cont.)

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<th>Consent °</th>
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### 3. Healthy relationships instruction (cont.)

<table>
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<tr>
<th>State</th>
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<th>Teach about...</th>
<th>Consent °</th>
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</table>

◊ This indicates whether schools in the state must: 1) provide teacher training, 2) require a certificate or expertise to teach, and/or 3) require teachers to attend training. For more information, please refer to the introduction portion of this document.

° Definitions of consent vary across legislative texts; however, California’s legislative definition is the most explicit and concise, defining consent as the affirmative, conscious, and voluntary agreement to engage in sexual activity.

* Utah requires that “refusal skills” be taught in health education classes.

### 4. Parent/guardian notification

If sex education, HIV/STI instruction, or healthy relationships instruction is provided, then it must provide parent/guardian notification.

<table>
<thead>
<tr>
<th>State</th>
<th>Opt-in</th>
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### 4. Parent/guardian notification (cont.)

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<td>S, HIV, HR</td>
</tr>
<tr>
<td>South Dakota</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td></td>
<td>S, HIV, HR</td>
<td>S, HIV, HR</td>
</tr>
<tr>
<td>Texas</td>
<td></td>
<td>S, HIV</td>
<td>S, HIV</td>
</tr>
<tr>
<td>Utah</td>
<td>S, HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td></td>
<td>HIV</td>
<td>S, HIV</td>
</tr>
<tr>
<td>Virginia</td>
<td></td>
<td>S, HIV, HR</td>
<td>S, HIV, HR</td>
</tr>
</tbody>
</table>

**S** = Sex Education  
**HIV** = HIV/STI Education  
**HR** = Healthy Relationships Education
4. Parent/guardian notification (cont.)

<table>
<thead>
<tr>
<th>State</th>
<th>If sex education, HIV/STI instruction, or healthy relationships instruction is provided, then it must provide parent/guardian notification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Opt-in</td>
</tr>
<tr>
<td>Washington</td>
<td>HIV</td>
</tr>
<tr>
<td>West Virginia</td>
<td>HIV</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$, HIV</td>
</tr>
<tr>
<td>Wyoming</td>
<td>$, HIV</td>
</tr>
<tr>
<td></td>
<td>Opt-out</td>
</tr>
<tr>
<td>Washington</td>
<td>HIV</td>
</tr>
<tr>
<td>West Virginia</td>
<td>HIV</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$, HIV</td>
</tr>
<tr>
<td>Wyoming</td>
<td>$, HIV</td>
</tr>
<tr>
<td></td>
<td>Must make materials available</td>
</tr>
</tbody>
</table>

$ = Sex Education
HIV = HIV/STI Education
HR = Healthy Relationships Education

^ Indiana requires schools to make two attempts to receive written parental permission in order for students to participate in sex education. If permission is not confirmed or denied after two attempts, students are automatically enrolled, and parents may subsequently withdraw students from instruction.

× Mississippi requires schools to “inform the parents of their right to request the inclusion of their child” in sex education instruction and that, “upon the request of any parent, the school shall excuse the parent’s child from such instruction or presentation.”

+ North Carolina requires local boards of education to adopt policies that provide opportunities “either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent to the students’ participation” in any part of the North Carolina School Health Education Program.
Glossary of classification terms

Each year, SIECUS tracks and classifies dozens of policies on sex education and related topics to provide an in-depth look at the state of sex education across the United States. This includes both progressive and regressive efforts to provide sex education and related sexual and reproductive health care services to young people. While many classifications within our State Law & Policy Chart may seem straightforward, others may require further explanation.

Abstinence classifications

- **Stress abstinence** – 34 states currently require sex education curriculum to stress abstinence. When abstinence is required to be stressed versus simply covered, abstinence must be emphasized as the expected standard for young people. Such instruction is required to be taught in a manner that emphasizes abstinence as the only 100% effective method for preventing pregnancy and STIs, often to the exclusion of teaching about other contraceptive methods. When instructors are required to stress abstinence as the expected standard and provide limited information on additional contraceptive methods, students fail to receive the instruction they need to make informed decisions about their sexual health and future. Further, sexually active students and survivors of sexual assault are often shamed and stigmatized by this type of limited instruction. With a curriculum that stresses abstinence, all students risk missing out on important, medically accurate information on the broad range of contraceptive options that they deserve to learn.

- **Abstinence plus** – “Abstinence-plus” curriculum includes instruction on contraceptive options in the context of a continuous emphasis on abstinence. While this framework provides young people with a more advanced understanding of sexual and reproductive health, it’s still far from a comprehensive approach to sex education. The centering of abstinence messaging within abstinence-plus curriculum continues to
perpetuate morally charged messaging surrounding sexuality that is found in abstinence-only programming.

**LGBTQ+ classifications**

- **Inclusive instruction** – Right now, only seven states require sex education curriculum to be inclusive of the needs and experiences of LGBTQ+ youth. This expansive instruction includes affirming instruction on both sexual orientation and gender identity and discussion of sexual health for LGBTQ+ youth. Further, inclusive laws on gender identity require sex education curriculum to include instruction on the emotional, behavioral and cultural characteristics attached to a person’s assigned biological sex. Gender can be understood to have several components, including gender identity, gender expression and gender roles. To be classified as inclusive, curriculum must include extensive instruction on topics related to sexual orientation and gender identity.

- **Neutral instruction** – Currently, only Iowa and New York are classified as having neutral sex education requirements related to instruction on sexual orientation and gender identity. While both states touch on sexual orientation and gender identity within their requirements, they fail to provide expansive requirements that ensure LGBTQ+ youth receive inclusive instruction. Iowa mandates instruction be “free of racial, ethnic, sexual orientation, and gender biases,” and New York requires educators to receive training that includes “all sexual orientations and gender-neutral language” and “competency on culture, race, ethnicity, literacy, sexual orientation, gender identity/expression and disabilities.” While these requirements outline important efforts to make sure instruction is free of bias, they fail to ensure instruction on sexual orientation and gender identity is explicitly included within sex education curriculum.

- **Discriminatory instruction** – Unfortunately, eight states currently require sex education instruction to discriminate against LGBTQ+ youth in a variety of ways. Many of these states have mandated requirements that prohibit instruction from positively portraying LGBTQ+ identities and instead provide discriminatory instruction. Because they prohibit the “promotion of homosexuality,” they are often referred to as “no promo homo” laws.
Further, while some states may not explicitly mandate “no promo homo laws,” their policies may still discriminate against LGBTQ+ youth. Additional discriminatory requirements include laws that are currently in effect in states such as Florida, Illinois, and North Carolina. These laws mandate instruction to emphasize heterosexual marriage as the most or only acceptable context in which sexual activity should occur. When instruction centers marriage between men and women as the norm, it further alienates LGBTQ+ youth. To be classified as discriminatory, a state must mandate instruction that includes harmful messaging on sexual orientation or gender identity and/or emphasizes heterosexual relationships to the exclusion of LGBTQ+ ones.

Additional classifications

- Culturally responsive – Eight states currently require culturally responsive sex education instruction. Culturally responsive instruction, as defined by the National Sex Education Standards, entails teaching that embraces and actively engages and adjusts to students and their various cultural identities. Culturally responsive curriculum recognizes the ways in which many youth of color and LBGTQ+ youth face unique barriers in our society that result in increased adverse health outcomes and associated stereotypes. In practice, this may look like addressing the ways in which racism has shaped national health care policy, the lasting historical trauma associated with reproductive health experiments and forced sterilizations of Black, Latinx, and Indigenous communities, or sexual stereotypes assigned to young people of color or LGBTQ+ people.