

State Profiles

Minnesota State Profile



Minnesota's State of Sex Ed

Minnesota schools are required to teach sex education.

[Download Scorecard](#)

A

Sex Ed
Requirement

F

Sex Ed
Content

Overall State Policy Grade

D+

State Profile Sections

[Current Requirement](#)[Recent Legislation](#)[More on Sex Ed](#)[Bill Tracker](#)

Current Requirements

- 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 regulation regarding medically accurate sex education. However, the curriculum is required to be “technically accurate.”

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Advocates have taken incremental steps to improve sex education in Minnesota over the past decade. Most recently this resulted in the introduction of HF 174 in 2023. If enacted, this bill would require the commissioner of education to work alongside the commissioner of health to develop a comprehensive sex education model curriculum for elementary and secondary schools. While advocates in Minnesota have been actively planning future efforts to pass legislation that ensures youth receive sex education, they have also had to defend against restrictive and harmful legislation. An example of such legislation is [HF 4827](#), which was introduced in 2022 as an effort to ban discussion of sexuality up until 3rd grade. This was one of several unsuccessful “parental rights” bills from the past legislative session. These bills were introduced under the guise of “parental rights”, representing the opposition’s attempt to attack sex education by

stigmatizing vital and important curriculum and requiring additional, unnecessary procedures for consent, review of instructional materials, and advanced notification. These bills represent one of the many challenges faced by advocates in Minnesota's legislative landscape.

While Minnesota schools are required to provide instruction on STIs and abstinence, curriculum is not required to be medically accurate, culturally responsive to the needs of young people of color, or include topics such as sexual orientation, gender identity, consent, and healthy relationships. 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 LGBTQAI+ youth, and presents further challenges in ensuring that low income districts have access to the resources needed to implement sex education.

Advocates report that the patchwork education youth receive, ranging from quality sex education 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 abstinence-only instruction often lacks information on sexual health and consent, fails to address the health needs of LGBTQAI+ 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 sex education in the state, Planned Parenthood provides eight different education programs to address the needs of Minnesota youth. Advocates report additional, increased community support is needed to advance sex education. In addition, an increased ability to advance public knowledge surrounding sex education and address common myths and concerns regarding advanced programming is essential in furthering the ability of youth to receive advanced instruction.

Right now, advocates can identify 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 like consent, healthy relationships, sexual orientation, gender identity, and contraception. They can then vocalize the important need for advancing sex education requirements in their community. Advocates are encouraged to take action on pending legislation that seeks to advance or restrict the principles of

sex education. For a current overview of pending legislation, see table below. Further, advocates can contact their representatives to discuss the critical need for advancing sex education requirements. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education and to reach out to [EducateUs](#) to get connected to local advocacy groups.

More on sex ed in Minnesota...

State Law: A Closer Look

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.

State Legislation

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. In 2022, a national wave of attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQAI+) individuals, attempts to restrict or prohibit instruction on “divisive concepts” such as “Critical Race Theory” (which is not taught in public schools), and efforts to limit access to abortion care and other reproductive healthcare services swept the country in an effort to prevent students from receiving sex education and accessing sexual and reproductive healthcare services. Below are highlights of current legislative activity related to these topics. **Minnesota’s 2024 annual session convenes on February 12, 2024.**

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](#). At the time of publication, the 2021 YRBS data was not made available yet.

Minnesota School Health Profiles Data

In 2022, 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 22 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 2019–2020 school year.

Reported teaching all 22 critical sexual health education topics

- 22.9% of Minnesota secondary schools taught students all 22 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 47.3% of Minnesota secondary schools taught students all 22 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

- 82.7% 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.
- 93.0% 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

- 78.2% 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 6, 7, or 8.
- 93.0% 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

- 83.3% 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.
- 92.3% 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

- 68.4% 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.

- 91.2% 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.

Reported teaching how to correctly use a condom

- 28.9% of Minnesota secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 58.3% 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

- 55.1% 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.
- 81.4% 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 and gender identity

- 51.5% of Minnesota secondary schools taught students about sexual orientation and gender identity in a required course in any of grades 6, 7, or 8.
- 72.9% of Minnesota secondary schools taught students about sexual orientation and gender identity in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about how gender roles and stereotypes affect goals, decision-making, and relationships

- 57.5% of Minnesota secondary schools taught students about gender roles and stereotypes in a required course in any of grades 6, 7, or 8.
- 78.4% of Minnesota secondary schools taught students about gender roles and stereotypes 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

- 57.0% 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](#).

