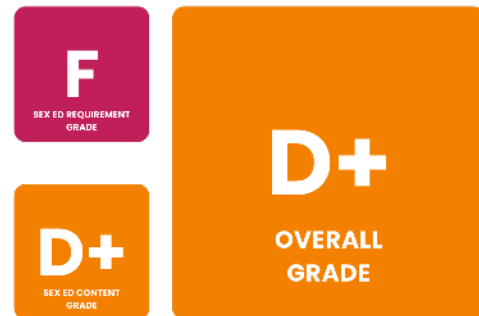




Kentucky State of Sex Ed

Sex education is required by proxy due to mandated state standards, but it is opt-in. Standards require instruction to be developmentally appropriate, evidence-based, and include instruction on healthy relationships. However, human sexuality and STI instruction are banned K-5th.



[View Bill Tracker](#)

Current Requirement

- Kentucky schools are required by proxy to teach sex education through their mandated health education standards.
 - Curriculum must include instruction on abstinence as the “desirable goal” for school-age youth.
 - Curriculum must at a minimum meet the outcomes set by [Kentucky Academic Standards](#) according to law.
 - Curriculum is not required to align with the [National Sex Education Standards](#).
- Kentucky requires written parental consent prior to students receiving sex education in sixth grade and up. This is referred to as an “opt-in” policy.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent.
- Kentucky has no regulations regarding medically accurate sex education instruction.

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Advocates have worked diligently to reverse the course of recent legislation and advance sex education in Kentucky over the past few years. Starting in 2022 with the introduction of [House Bill 13](#), which sought to require instruction on healthy relationships, and encompass topics such as human development such as refusal skills, consent, bullying/harassment, gender stereotypes, abstinence, information on contraception, STI prevention, and resources for sexual and reproductive health. Unfortunately, this bill was not successful. Instead, [Senate Bill 150](#), which was enacted in 2023 significantly altered the landscape of sex education in Kentucky by prohibiting instruction on human sexuality and sexually transmitted infections (STI's) for students 5th grade and below. It also requires written parental consent for students in 6th grade and above before providing instruction on human sexuality. In addition to grade level bans on sex ed and an [opt-in policy](#), [SB 150](#) also stipulates that schools cannot require staff or students to use pronouns that do not align with a student's biological sex as indicated on their original birth certificate and schools are mandated to inform parents about any health services related to human sexuality, contraception, or family planning, and obtain consent before providing such services to students. Legislators attempted to reverse the effects of SB 150 in 2024 by introducing [HB 376](#) and [SB 238](#), which would have restored and enhanced rights related to sex education, pronoun usage, facility access, and gender-affirming care for minors. [HB 376](#) took an expansive approach, removing several restrictions, such as opt-in, and emphasized student autonomy in their pronouns and name, health services, and gender affirming care. In contrast, [SB 238](#) attempted a more measured stance, reversing opt-in to opt-out but introducing specific requirements that would allow preferred pronoun usage, health services, and non-surgical gender affirming care with parental consent and involvement. Despite their differing strategies, neither bill advanced. In 2025, lawmakers made several more attempts to combat the effects of SB 150 (2023) through introducing [HB 380](#), [SB 90](#), [HB 382](#), [HB 513](#), and [HB 706](#). Similar in text, [HB 380](#) and [HB 382](#) aimed to adjust specific provisions, such as shifting from an opt-in to opt-out policy and allowing certain types of instruction; HB 380 would have allowed puberty education K-5th grade, and HB 382 would have allowed child sexual abuse prevention education in any grade. Both [HB 513](#) and [SB 90](#) attempted to measure reform by maintaining “parental rights” language that was originally used in SB 150 (2023), but would have changed the opt-in requirement to opt-out and removed the language prohibiting sex education prior to 5th grade. In contrast, [HB 706](#) attempted a far more comprehensive

approach that, had it passed, would have repealed and replaced existing sex education statutes to mandate comprehensive, medically accurate, and inclusive health education. Additionally, it would have included instruction on consent, healthy relationships, gender identity, sexual orientation, and contraception while emphasizing cultural appropriateness and trauma-informed approaches. Separately, [HB 809](#) sought to allow schools to partner with the Department of Health to provide puberty education, excluding human sexuality instruction entirely, but was still unsuccessful. All of these bills failed to pass, underscoring the persistent efforts by some lawmakers to strengthen sex education and the significant challenges of advancing such reforms in Kentucky's current legislative landscape.

Sex education is only one of the academic topics that lawmakers have targeted in the last few years in Kentucky, in 2022 through the passage of [SB 1](#), social studies instruction was mandated to align with "specific concepts emphasizing individual responsibility and the idea that slavery and segregation were contrary to American principles." While it was not stated in this bill, this aligns with a national trend of attempting to limit discussion on "divisive concepts," which often means eliminating thoughtful discussion on systemic racism and the historical and current mistreatment of minorities in this country. The broad and subjective language of this bill can spill over to topics that intersect with race, gender, or identity, core components of inclusive sex education. In attempts to ensure inclusion, [HB 549](#) sought to enhance the inclusivity of the state's social studies curriculum. Specifically, it aimed to mandate the inclusion of the roles and contributions of lesbian, gay, bisexual, and transgender individuals in the history of both the United States and the Commonwealth of Kentucky. Further, [SB 263](#) aimed to enhance educational inclusivity by safeguarding the integrity of social studies curricula and affirming the autonomy of educational institutions in implementing diversity, equity, and inclusion (DEI) initiatives. Bill language attempted to prohibit the "intentional exclusion or suppression of content that deals with historically marginalized groups or complex historical realities"- directly countering SB 1. Additionally, [SB 1](#) (2022) also transferred the authority to determine school curricula from School-Based Decision Making (SBDM) Councils to district superintendents. While superintendents are required to consult with principals and school councils, the final decision-making power rests with them. Local control over sex education already presents unique challenges that have resulted in a glaring disparity regarding the quality of

sex education that students receive, and this bill further limits community input by placing discretion solely with superintendents.

Following the national trend, in 2024 [House Bill 346](#), named by advocates as the “Meet Baby Olivia” bill, attempted to mandate a fetal ultrasound legislation which would have required students to view a high-definition ultrasound video, at least three minutes long, showing the development of key fetal organs such as the brain, heart, and sex organs, alongside a high-quality computer-generated animation illustrating fertilization and the week-by-week progression of human development in utero through birth. While this bill did not explicitly mention the anti-abortion group Live Action or their “Meet Baby Olivia” video, its provisions are consistent with the video's content, and the bill's nickname reflects this association. Separately, in 2025 [HB 294](#) aimed to require instruction on the “Success Sequence” into the curriculum in 7th through 10th grade. The “Success Sequence” refers to a series of life milestones that its proponents argue “can enhance economic stability and reduce poverty” by graduating from high school, obtaining full-time employment, and getting married before having children. [HB 294](#) reflects a legislative effort to promote personal responsibility and traditional family structures as pathways to economic success, leaving students who do not adhere to this sequence to fall through the cracks. Legislation such as the “Meet Baby Olivia” and “Success Sequence” bills represents a growing national trend toward embedding morality-based, abstinence-aligned, and stigmatizing messaging into public education curricula- often under the banner of sexual risk avoidance (SRAE) or character education instead of medically accurate and age-appropriate health education. Advocates must continue to oppose legislative attempts such as these to thwart what subjects are most important for health education and continue to fight for legislative change that allows for comprehensive and quality sex education. **Kentucky’s 2025 legislative session convened January 7th, 2025, and adjourned March 28th, 2025.**

Further, advocates can contact their representatives to discuss the critical need for a statewide sex education mandate. Advocates are encouraged to use the [SIECUS Community Action Toolkit](#) to guide local efforts to advance sex education. For more information on getting involved in local and state advocacy for sex education, reach out to our State Policy Action Manager, Miranda Estes (mestes@siecus.org)

More on sex ed in Kentucky...

State Law: A Closer Look

[Kentucky Revised Statute 156:160](#) requires that the Kentucky Board of Education “promulgate administrative regulations establishing standards [that public] school districts shall meet.” With that authority, [704 KAR 3:305](#) was promulgated, requiring students to take 0.5 credits of health education in order to graduate. It also requires the health education course to include the content standards delineated in the Kentucky Core Academic Standards. Furthermore, [704 KAR 3:303](#) adopted the *Kentucky Academic Standards* into law.

In 2018, Kentucky enacted [Chapter 156](#), stating that any human sexuality or STD curricula must include instruction on abstinence, state that “abstinence from sexual activity is the desirable goal for all school-age children,” and advocate for “permanent mutually faithful monogamous relationship[s].” In 2023, Kentucky enacted [Chapter 132](#), which states that any instruction in human sexuality cannot occur in grades five and below. The law also prohibits any instruction, regardless of grade level, that includes content on gender identity, expression, and/or sexual orientation.

Due to the enactment of [Senate Bill 150](#) in 2023, Kentucky statute requires written parental permission for students to participate in sexuality or human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS)-related instruction. This constitutes [an “opt-in” policy](#).

State Standards

Sex education is mentioned within the “Practical Living (Health and Physical Education)” section of the [Kentucky Academic Standards](#), which schools are required to follow. These standards do not include or recommend any certain curriculum, but are intended to serve as the minimum requirements for health and physical education, which encompasses sex education in Kentucky. Students should learn “how decision-making relates to responsible sexual behavior (e.g., abstinence, preventing pregnancy, preventing HIV/[sexually transmitted diseases] (STDs), and impacts the physical, mental, and social well-being of an individual.” Students also learn about the basic reproductive system and functions. No specific curriculum is required.

Curriculum is not required to be medically accurate, culturally responsive to the needs of young people of color, or include instruction on topics such as sexual orientation, gender identity, consent, healthy relationships, or contraceptive options.

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. In recent years, there has been an increase in legislative attacks on the implementation of CDC's Youth Risk Behavior Survey (YRBS) which [tracks six categories of health risk behaviors](#) including sexual health behaviors. **To learn more about Kentucky's 2023 YRBS results, [click here](#).**

Kentucky School Health Profiles Data

In 2024, the Centers for Disease Control and Prevention (CDC) released the 2022 [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. **To view Kentucky's results from the 2022 School Health Profiles Survey, visit CDC's [School Health Profiles Explorer](#) tool.**

Visit the CDC's [School Health Profiles](#) 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](#).