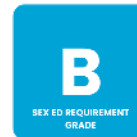




## Minnesota State of Sex Ed

Sex education is required by proxy. Minnesota requires health education standards to be followed and are currently being revised. Current standards are required to be appropriate for grade level, technically accurate, and cover HIV, HPV, and other STI's with an emphasis on sexual abstinence.



[View Bill Tracker](#)

### Current Requirement

- Minnesota schools are required to teach sex education via state health standards being required to follow
  - 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

In recent years, advocates have made tremendous strides in improving the requirements for health education (which includes sex education), the development of mandated health standards, and continued attempts to update and clarify statutory language regarding accuracy. Advocates had a

major win in 2024, through the passage of [House File 5237](#), an education omnibus bill, which among other things, requires the Minnesota Commissioner of Education to develop and adopt statewide academic standards in health education through the formal rulemaking process. This initiative aims to establish uniform expectations for student learning in health across all schools in Minnesota and is expected to be completed by the 2026-2027 school year. This was a major win for advocates like the [Minnesota Coalition Against Sexual Assault \(MNCASA\)](#) and [Honest Sex Ed Minnesota](#), who led the charge on these efforts.

Advocates have attempted to build on their success by introducing [Senate File 1309](#) during the 2025-2026 legislative session, which if passed would amend [Minnesota Statute § 121A.23](#) to change “technically accurate” to “medically accurate” and amend current language that says “abstain from sexual activity until marriage” to “abstain from sexual activity and gain knowledge of other methods of preventing sexually transmitted infections, and is inclusive of all students regardless of their protected class status”.

Unfortunately, these attempts at progress are consistently met with regressive challenges, such as 2025 attempts to make sex education opt-in through [HF 396](#) / [SF 753](#) and thwart mandated statewide standards through [HF 65](#) which would allow local districts to adopt their own health education standards - neither of which have passed but are still in process. These bills and others from past years, like [HF 4827](#) in 2022 that attempted to ban any discussion of sexuality up until 3rd grade, are all introduced under the guise of “parental rights”. These bills represent the opposition’s attempt to attack health education by stigmatizing vitally important sex education curriculum and requiring additional, unnecessary procedures for parental consent, review of instructional materials, and advanced notification. Bills like these are just a few of the many challenges faced by advocates in Minnesota’s legislative landscape.

Similarly, pushes for local control over sex education present 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 LGBTQIA+ youth, and presents further challenges in ensuring that low income districts have access to the resources

needed to implement sex education. While Minnesota schools are required to provide instruction on STIs and abstinence, currently 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.

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. Through statewide surveys, data shows that the [majority](#) of Minnesota parents want their children to learn medically accurate sexual health education and [support](#) comprehensive sexual health education. During a Senate [Education Committee Hearing in March of 2025](#), a student member of the health standards committee, Rasana Mamdani (16), stated that while she had a great experience with her sexual health education she knows that is not the same across Minnesota. She goes on to say “I want young people to feel super safe and knowledgeable about their bodies so they can make decisions for themselves.” This aligns with earlier students' [reports](#) that abstinence-only instruction often lacks information on sexual health and consent, fails to address the health needs of LGBTQIA+ students, and relies on fear tactics to deter youth from engaging in sexual activity.

Right now, advocates are encouraged to take action on pending legislation like [SF 1309](#), which, as discussed above, aims to update statute language to require medical accuracy and be more inclusive of all identities. Following legislative session, advocates can contact their local school district to identify what topics are currently missing from sex education instruction, such as curriculum that is 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 their support for the creation of new statewide health standards that include sex education in their community. **Minnesota's 2025-2026 legislative session convened January 14, 2025, and adjourns May 18, 2026.**

Further, advocates can contact their representatives to discuss the critical need for a statewide sex education mandate and for the new health standards to align with the [National Sex Education Standards](#). 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](mailto:mestes@siecus.org))

## **More on sex ed in Minnesota...**

### **State Law: A Closer Look**

[Minnesota Statutes §121A.23](#) requires 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].” However, [House File 5237](#) was passed in 2024 and contains provisions that, upon implementation, will require adherence to statewide health education standards and effectively update [§ 121A.23](#) and supersede locally developed standards that are currently in use till statewide standards are complete. Currently each school district must use locally developed standards that 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.” Statute [121A.23](#) also states that “if a district fails to develop and implement a program to prevent and reduce the risk of sexually transmitted infection and disease, the department must assist the service cooperative in the region serving that district to develop or implement the program.” Minnesota has [9 regional service cooperatives](#) across the state that provide support services to school districts and other governmental units to help with things like professional development, curriculum support, technology, and, in this case, educational programming for implementing a STI prevention program for that school district.

Minnesota Statutes [§ 120B.20](#) requires each school district to: “Have 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**

During the 2024-2025 school year the Minnesota Department of Education will facilitate the creation of the Minnesota K-12 Academic Standards in Health. According to the Minnesota Department of Education [webpage](#), “The Minnesota K-12 Academic Standards for Health creation are being conducted by a committee that includes members with varying perspectives and backgrounds from across Minnesota. [Minnesota Statutes 2024, section 120b.021, subdivision 2](#), outlines who must be represented in the committee. All adult committee members agreed to the [Adult Health Standards Committee Guiding Assumptions](#) and all student committee members agreed to the [Student Health Committee Guiding Assumptions](#). The committee members are listed in the [2025 Health Standards Committee Members document](#).” According to the standards creation and adoption timeline, there are many more steps left in the process but the committee estimates that the 3rd draft will be reviewed by the Commissioner of Education in Fall of 2025, followed by an open comment period in 2026, and the date for adoption of rules is still to be determined.

Until the statewide health education standards are formally adopted and implemented, school districts are to continue using their locally developed health education standards. While Minnesota’s [National Health Education Standards and Minnesota Benchmarks](#) guide local school district curriculum development, it is not required to be followed, and locally developed standards vary widely. Additionally, the standards fail to mention contraception or condoms, and only briefly mention HIV transmission and unintended pregnancy.

## **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. Minnesota does not participate in the Youth Risk Behavior Survey (YRBS) due to having their own long-standing survey- the Minnesota Student Survey (MSS). **To learn more about the Minnesota Student Survey and view reports , [click here](#).**

## Minnesota 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 Minnesota'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](#).**