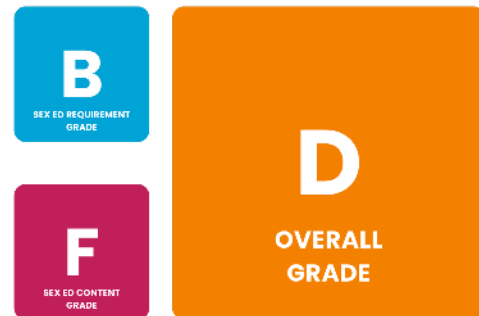




Montana State of Sex Ed

Sex education is required by proxy due to mandated state health content standards, however, no mention of age appropriateness, medical accuracy, abstinence requirement, or HIV requirement, and curriculum decisions are left to local districts.

[View Bill Tracker](#)



Current Requirement

- Montana schools are required by proxy to teach sex education.
- Montana statute has no regulation regarding medically accurate sex education instruction.
- Montana statute has no standard regarding abstinence instruction.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is **not** required to include instruction on consent.
- Schools must give written notification to a parent or guardian at least 48 hours prior to providing any human sexuality instruction and inform parents of their right to remove their children from such instruction.
[This is known as an “opt-out” requirement.](#)
- School districts are required to make all curriculum used in the district’s or school’s human sexuality instruction available for public inspection prior to the use of the materials in actual instruction.

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Montana’s approach to sex education is characterized by substantial local control. While state law mandates health education, including human

sexuality, it does not require specific curricula, just that the state content standards must be followed. This decentralization of oversight means that decisions about whether, when, and how sex education is taught are made at the district level, leading to wide variability across the state. Recent legislative sessions have been a mix of regressive and progressive bills that influence not only sex education but also the overall climate for youth in schools.

Montana has seen a steady increase in legislation framed as expanding 'parental rights', which in practice often limits access to comprehensive education and supportive school environments. A 2021 [law](#) passed and requires schools to notify parents 48 hours in advance of students receiving sex education and inform them of their right to remove students from instruction. This law also bars partnerships with organizations affiliated with abortion care, further narrowing the scope of sex education. This trend continued in 2023 with [legislation](#) that revised "Fundamental Parental Rights" to prohibit government employees, including teachers, from withholding any information 'relevant to a child's physical, emotional, or mental health from parents.' In 2025, a [bill](#) was introduced to make sex education explicitly "opt-in" would require written parental consent before students could receive instruction in human sexuality. Together, these laws build a system where students' access to critical health information depends heavily on parental approval, increasing barriers to inclusive, evidence-based education.

Additionally, a number of bills have directly targeted LGBTQIA+ students and the ability of educators to create safe, affirming environments at school. With the 2023 passage of the "[Youth Health Protection Act](#)", state employees are prohibited from promoting or providing care- including social transitioning- that affirms a student's gender identity. The bill includes a private right of action, allowing lawsuits up to 25 years later for perceived harms, which may deter teachers and school counselors from even having conversations about gender. Another 2023 [law](#) requires parental consent before teachers can use a student's chosen name or pronouns and further allows educators to refuse even if consent is granted. In 2025, the "[Free to Speak Act](#)" was passed and is awaiting the governor's signature and seeks to protect individuals from disciplinary action for refusing to use others' chosen pronouns or names, further undermining inclusive school practices and potentially fostering hostile environments for transgender and gender-expansive youth.

Amid these other concerning trends, Montana also introduced a fetal ultrasound instruction bill, similar to the [“Meet Baby Olivia” legislation](#) we have seen across the country. If passed, [Legislative Council Bill 2054](#) will require health education to include high definition ultrasound video and computer animations of fetal development and fertilization. Further, [House Bill 753](#) (which died in committee) would have required human sexuality instruction in schools to include imaging of a Dilation and Evacuation (D&E) abortion procedure at a certain gestational age. These bills do not aim to strengthen medically accurate instruction on human development; rather, they reflect a growing trend to introduce politically charged content into health education. In contrast, [Senate Bill 107](#) passed during the 2025 session offers a more constructive approach. It expands health education to include instruction on preventing human trafficking and directs the Office of Public Instruction to undertake public education campaigns on child sex trafficking. While this represents progress, it stands alone against a broader backdrop of rollbacks that threaten Montana students well-being and educational equity.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. By engaging with their local school board, advocates can determine what is currently being taught and identify gaps in instruction on topics such as instruction on consent, healthy relationships, sexual orientation and gender identity, and contraceptives. By attending public meetings, submitting comments, and building relationships with local education leaders, advocates can promote inclusive, evidence-based sex education that reflects the needs of all students. Advocates are encouraged to take action on pending legislation that seeks to advance or restrict the principles of sex education or impact student health, safety, and well-being. **Montana’s 2025 biennial legislative session convened January 6, 2025 and adjourns May 3, 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 Montana...](#)

State Law: A Closer Look

[Montana Code Annotated § 20-2-121](#) requires the board of public education to adopt content standards for school districts to follow in their curriculum development, and Administrative Rule [10.55.905](#) states that “health enhancement” is a required subject for graduation. [Montana Administrative Rule §§ 10.53.101](#) requires schools to use the content standards for the health enhancement graduation requirement. [Administrative Rules §§ 10.53.701-709](#) codify the health content standards into law. [Montana Code Annotated § 20-7-120](#) requires schools to develop a policy ensuring parental or guardian notification no less than 48 hours prior to holding an event or assembly or introducing materials for instructional use on human sexuality education and inform them of their right to opt their student out of instruction.

While Montana schools are technically required to teach sex education, state statute provides little guidance as to what content or curriculum should be used. As a result, school districts are left to decide what type of instruction they provide to youth. Local control over sex education presents unique challenges that have resulted in a glaring disparity regarding the quality of sex education that students receive across the state as long as it aligns with [Montana Health Enhancement Content Standards](#), which were last updated in 2016. 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. Youth of color, and Native youth in particular, face unique challenges and systematic barriers in Montana schools.

State Standards

As stated above, [Montana Administrative Rule §§ 10.53.101](#) requires schools to use the content standards for the ‘health enhancement’ graduation requirement. However, the standards outlined in the [Administrative Rules of Montana 10.53.701](#) are intentionally vague to allow local districts flexibility in determining curricular content. In other words, schools must provide a curriculum-based Health Enhancement program that meets the standards but the content of what is in the curriculum is up to the local district. This degree of ‘local control’ in content decisions means that determining what is being provided in health education, especially sex education topics, varies

widely and makes understanding what each district is providing very complex.

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. It is important to note that Montana only participates in the YRBS in highschool and does not offer the middle school survey. **To learn more about Montana's 2023 YRBS results, [click here](#).**

Montana 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 Montana'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](#).