



Oregon State of Sex Ed

Sex education is required and each school district must provide human sexuality education courses K-12th grade that follows the developed standards. Instruction and material must be age appropriate, medically accurate, not shame or fear based, LGBTQIA+ inclusive, and build on itself. Must teach HIV and other STI's, child sexual abuse prevention, menstrual health education, consent and information on healthy relationships and dating violence prevention.



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Current Requirement

- Oregon schools must teach sex education
 - Curriculum must be comprehensive but must also promote abstinence.
- Curriculum must recognize different sexual orientations, gender identities and gender expression.
- Curriculum must include instruction on consent.
- Parents or guardians may remove their children from sex education instruction. [This is referred to as an “opt-out” policy.](#)
- Oregon law requires sex education to be age-appropriate, medically accurate, not shame or fear-based, and LGBTQIA+ inclusive.

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Advocates in Oregon have achieved significant advancements for the state's sex education requirements, cumulating in mandating all schools to provide sex education (CSE) through passage of the [Human Sexuality Education Law](#) of 2009, the [Healthy Teen Relationship Act](#) of 2013, the [Child Sexual Abuse](#)

[Prevention Law](#) of 2015, and the revision of the [Oregon Health Education Standards](#) in 2016. In 2021, Oregon passed the Menstrual Dignity Act ([HB 3294](#)) which created a requirement for school districts to provide free menstrual products for all menstruating students, in every student bathroom, in all public elementary, middle and high schools in Oregon. Classroom education on menstrual health and product instructions are required as part of the program requirements, which strengthens the current Human Sexuality Education law in Oregon. In 2023, advocates in Oregon successfully expanded protections through [House Bill 2280](#) which added language on consent to school policies on sexual harassment. As well as [House Bill 2281](#) which directed schools to designate a staff member to be a 'civil rights coordinator' to be in charge of looking into and overseeing efforts to prevent discrimination. Through these efforts, Oregon has become a leading state for quality sex education. These policies not only strengthen sex education by reinforcing concepts like consent and bodily autonomy, but they also reflect a broader commitment by policymakers to fostering supportive, inclusive school environments where all students feel safe, respected, and protected. In doing so, Oregon continues to prioritize student rights and ensure that learning environments uphold the dignity and well-being of every young person. Now, advocates are focused on implementing these laws and fighting back against regressive attempts to undo the progress Oregon has made.

In regard to regressive legislative attempts in Oregon, there are numerous attempts each session to pass legislation, but advocates and lawmakers have mostly been able to prevent them. Attempts have included scaling back access to menstrual products, creating sports and facilities bans for trans students, and expanding "parental consent" requirements. In 2025, two such attempts to restrict menstrual product placement have been introduced. [Senate Bill 677](#) aims to remove the requirement of placing menstrual products in 'male' bathrooms and in public charters - limiting access to no cost supplies to female and gender-neutral bathrooms. Then, [Senate Bill 1100](#) would have mandated the required menstrual products in one location per school while also pushing for the ban of trans girls (specifically) from sports, eliminating school vaccine requirements, requiring parental notification for health of identity-related services, and mandating that all curriculum be posted online. This bill attempted to combine failed attacks from previous sessions. While these regressive attempts will likely not pass, they demonstrate the relentless attempts by the opposition to roll back provisions

that support students in the state. **Oregon's 2025 legislative session convenes January 21st, 2025, and adjourns June 30th, 2025.**

Despite a state mandate and supporting policies, challenges to implement CSE statewide remain and advocates report that the quality of sex education students receive varies greatly depending on their school district. While the Oregon Department of Human Services, the Oregon Department of Education, and the Oregon Health Authority work tirelessly to support schools in implementing sex education, it is reported that additional efforts are needed to ensure all youth receive sex education. While many districts such as Portland Public Schools provide sex education following Oregon statute in grades K-12, it is reported that some districts still provide abstinence-only instruction, and others do not teach sex education at all. To address these disparities, advocates recommend requiring statewide participation in the Student Health Survey, developing accessible materials and implementation guidelines, expanding agency capacity to support districts, providing training and professional development for educators and administrators, establishing mechanisms to monitor and enforce compliance, and leveraging federal funding to advance sex education policy and implementation.

Further, advocates can contact their representatives to discuss the critical need for protecting the statewide mandate and continuing to push back against regressive legislative attempts. 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 Oregon...

State Law: A Closer Look

[Oregon Revised Statutes §§ 336.035, 336.455, and 336.465](#), as well as [Oregon Administrative Rules §§ 581-022-2030 and 581-022-2050](#), mandate human sexuality education and instruction in infectious diseases, including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and sexually transmitted infection prevention, throughout elementary and secondary school. Students in grades 6-8 must receive instruction at least once annually, while students in grades 9-12 must receive instruction twice

annually. Oregon does not suggest or recommend a curriculum. However, [336.455](#) states that:

2) Course Instruction shall:

- Be medically accurate ...
- Include information about responsible sexual behaviors and hygienic practices that eliminate or reduce the risks of pregnancy and the risks of exposure to HIV, hepatitis B, hepatitis C, and other infectious or STI. Information about those risks shall be presented in a manner designed to allay fears concerning risks that are scientifically groundless.
- Promote abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the most effective way to prevent pregnancy and the transmission of STDs; however, abstinence may not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures;

Furthermore, the comprehensive plan of instruction must include information that:

- Provides balanced, accurate information and skills-based learning on the risks and benefits of contraceptive and disease reduction measures that reduce the risk of unintended pregnancy, exposure to HIV, hepatitis B/C, and other sexually transmitted infections (STIs) and diseases; ...
- Discusses the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children. Students shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side effects of all forms of contraceptives, including the success and failure rates for prevention of pregnancy, STIs, and diseases; ...
- Encourages positive family communication and involvement and helps students learn to make responsible, respectful, and healthy decisions; ...
- Validates through course material and instruction the importance of honesty with oneself and others, respect for each person's dignity and well-being, and responsibility for one's actions; and
- Uses inclusive materials, language, and strategies that recognize different sexual orientations, gender identities, and gender expression.

Sex education courses must also include information on teen dating violence and "must be presented in a manner sensitive to the fact that there are students who have experienced sexual abuse" and must not devalue or ignore students who have engaged in sexual intercourse.

Teachers may not “be subject to discipline or removal for teaching or refusing to teach courses concerning” STDs. Parents or guardians may remove their children from sex education and/or STD/HIV education classes. [This is referred to as an “opt-out” policy.](#)

Moreover, an administrative rule provides specific guidelines that communities must follow when creating their own plan. The plans must be developed locally by community members who are “knowledgeable of the latest scientific information and effective education strategies” approved by local school boards and reviewed biennially in accordance with new scientific information.

State Standards

According to [OAR 581-022-2030](#), each school district shall provide a planned K–12 instructional program, including the academic content standards adopted by the State Board of Education. Oregon’s [K-12 Health Education Standards](#) were updated in 2023 and provide a foundation for curricula development. Oregon Standards reflect the National Health Education Standards and the [National Sexuality Education Standards](#), which focus on knowledge and skill development for health literacy. The promotion of sexual health constitutes its own “strand” of learning. Concepts covered include “recogniz[ing] diversity among people, including age, disability, national origin, race, ethnicity, color, marital status, biological sex, sexual orientation, gender identity, and expression...set[ting] a personal goal to not have sex until you’re ready,” as well as, “ use protection when sexually active” and “demonstrat[ing] ways to communicate decisions about whether or when to engage in sexual behaviors and to practice safer sex.”

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. Oregon does not participate in CDC’s Youth Risk Behavior Surveillance, instead conducting the State Student Health Survey. The Student Health Survey is a comprehensive, school-based, anonymous, and voluntary health survey of 6th, 8th, and 11th

graders and beginning in 2024 will be administered annually - a change from previously doing even-numbered years. **To learn more about Oregon's most recent Student Health Survey (SHS) results (2022), [click here](#).**

Oregon 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 Oregon'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](#).