

112TH CONGRESS  
1ST SESSION

# H. R. 2874

To authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to award grants on a competitive basis to public and private entities to provide qualified sexual risk avoidance education to youth and their parents.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 8, 2011

Mr. HULTGREN introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to award grants on a competitive basis to public and private entities to provide qualified sexual risk avoidance education to youth and their parents.

1        *Be it enacted by the Senate and House of Representa-*  
2        *tives of the United States of America in Congress assembled,*

3        **SECTION 1. SHORT TITLE.**

4        This Act may be cited as the “Abstinence Education  
5        Reallocation Act of 2011”.

1 **SEC. 2. SEXUAL RISK AVOIDANCE EDUCATION.**

2 (a) GRANTS.—The Secretary of Health and Human  
3 Services, acting through the Administrator of the Health  
4 Resources and Services Administration, may award grants  
5 on a competitive basis to public and private entities to pro-  
6 vide qualified sexual risk avoidance education to youth and  
7 their parents.

8 (b) QUALIFIED SEXUAL RISK AVOIDANCE EDU-  
9 CATION.—To qualify for funding under subsection (a),  
10 sexual risk avoidance education shall meet each of the fol-  
11 lowing:

12 (1) The education shall be age appropriate.

13 (2) The education shall be medically accurate.

14 (3) The education shall be an evidence-based  
15 approach.

16 (4) The education shall have as its sole purpose  
17 teaching of the skills and benefits of sexual absti-  
18 nence as the optimal sexual health behavior for  
19 youth.

20 (5) The education shall include, consistent with  
21 paragraphs (1) through (4), teaching of each of the  
22 following:

23 (A) The holistic health, economic, and soci-  
24 etal benefits that can be gained by refraining  
25 from nonmarital sexual activity, through teach-

1 ing practical skills that promote self-regulation,  
2 goal setting, and a focus on the future.

3 (B) The clear advantage of reserving  
4 human sexual activity for marriage, as a key  
5 contributing factor in the prevention of poverty  
6 and the preservation of physical and emotional  
7 health, based on social science research.

8 (C) The foundational components of a  
9 healthy relationship and related research re-  
10 garding the individual, economic, and societal  
11 advantages of bearing children within the con-  
12 text of a committed marital relationship in  
13 order to form healthy marriages and safe and  
14 stable families.

15 (D) The skills needed to resist the negative  
16 influences of the pervasive sex-saturated culture  
17 that presents teenage sexual activity as an ex-  
18 pected norm, with few risks or negative con-  
19 sequences.

20 (E) The understanding of how drugs, alco-  
21 hol, and the irresponsible use of social media  
22 can negatively influence healthy sexual decision  
23 making and can contribute to aggressive sexual  
24 behavior.

1           (F) A focused priority on the superior  
2           health benefits of sexual abstinence, ensuring  
3           that any information provided on contraception  
4           does not exaggerate its effectiveness in pre-  
5           venting sexually transmitted diseases and preg-  
6           nancies.

7           (c) PRIORITY.—In awarding grants under subsection  
8 (a), the Secretary shall give priority to applicants pro-  
9           posing programs to provide qualified sexual risk avoidance  
10          education that—

11           (1) will serve youth spanning ages 12 to 19;  
12          and

13           (2) will promote protective benefits of parent-  
14          child communication regarding healthy sexual deci-  
15          sion making.

16          (d) DEFINITIONS.—In this Act:

17           (1) The term “age appropriate” means appro-  
18          priate for the general developmental and social ma-  
19          turity of the age group (as opposed to the cognitive  
20          ability to understand a topic or the atypical develop-  
21          ment of a small segment of the targeted population).

22           (2) The term “evidence-based approach” means  
23          an approach that—

1 (A) has a clear theoretical base that inte-  
2 grates research findings with practical imple-  
3 mentation expertise that is relevant to the field;

4 (B) matches the needs and desired out-  
5 comes for the intended audience; and

6 (C) if implemented well, will demonstrate  
7 improved outcomes for the targeted population.

8 (3) The term “medically accurate” means ref-  
9 erenced to peer-reviewed research by medical, edu-  
10 cational, scientific, governmental, or public health  
11 publications, organizations, or agencies.

12 (4) The term “sexual abstinence” means volun-  
13 tarily refraining from sexual activity.

14 (5) The term “sexual activity” means genital  
15 contact or sexual stimulation including, but not lim-  
16 ited to, sexual intercourse.

17 (e) AUTHORIZATION OF APPROPRIATIONS.—

18 (1) IN GENERAL.—There is authorized to be  
19 appropriated \$110,000,000 for each of fiscal years  
20 2012 through 2016 to carry out this Act. Amounts  
21 authorized to be appropriated by the preceding sen-  
22 tence shall be derived exclusively from amounts in  
23 the Prevention and Public Health Fund established  
24 by section 4002 of the Patient Protection and Af-  
25 fordable Care Act (42 U.S.C. 300u–11).

1           (2) FEDERAL ADMINISTRATIVE COSTS.—Of the  
2 amount authorized to be appropriated by paragraph  
3 (1) for a fiscal year—

4           (A) not more than \$1,000,000 are author-  
5 ized to be used for Federal administrative costs;  
6 and

7           (B) of the amount used by the Secretary  
8 for such costs, at least 40 percent shall be used  
9 for training and technical assistance by quali-  
10 fied experts who—

11           (i) have singular experience in pro-  
12 viding programmatic support in abstinence  
13 education;

14           (ii) have expertise in theory-based ab-  
15 stinence education curriculum development  
16 and implementation;

17           (iii) have experience in developing sex-  
18 ual risk avoidance evaluation instruments;  
19 and

20           (iv) can offer technical assistance and  
21 training on a wide range of topics relevant  
22 to the sexual risk avoidance (or abstinence  
23 education) field.

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