

114TH CONGRESS
1ST SESSION

H. R. 453

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.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 21, 2015

Mr. HULTGREN (for himself, Mr. LIPINSKI, Mr. PITTS, Mr. NEUGEBAUER, Mr. MILLER of Florida, Mr. MULVANEY, Mr. FINCHER, Mr. MULLIN, Mr. HUELSKAMP, Mr. JOHNSON of Ohio, Mr. SALMON, Mr. NUNNELEE, Mr. JONES, Mr. LAMBORN, Mr. MEADOWS, Mr. POMPEO, and Mr. GOWDY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Healthy Relationships
3 Act of 2015”.

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

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

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

15 (1) The primary emphasis and context for each
16 topic covered through the funding shall be the un-
17 ambiguous message that postponing sexual activity
18 is the optimal sexual health behavior for youth.

19 (2) The education shall be medically accurate.

20 (3) The education shall be an evidence-based
21 approach.

22 (4) The education shall be age-appropriate.

23 (5) The education shall thoroughly address each
24 of the following:

25 (A) The holistic individual and societal
26 benefits associated with personal responsibility,

1 success sequencing, self-regulation, goal setting,
2 healthy decisionmaking, and a focus on the fu-
3 ture.

4 (B) The research-based advantage of re-
5 serving sexual activity for marriage, as associ-
6 ated with poverty prevention and optimal phys-
7 ical and emotional health for all youth, regard-
8 less of previous sexual experience.

9 (C) The skills needed to resist the perva-
10 sive, sex-saturated culture that portrays teenage
11 sexual activity as an expected norm, with few
12 risks or negative consequences.

13 (D) The foundational components of
14 healthy relationships and their impact on the
15 formation of healthy marriages and safe and
16 stable families.

17 (E) How to avoid sexual coercion, dating
18 violence, and risk behaviors, such as drugs, al-
19 cohol, and the misuse of social media.

20 (6) The education shall ensure that any infor-
21 mation provided on contraception—

22 (A) emphasizes the superior health benefits
23 of sexual delay; and

24 (B) does not exaggerate the effectiveness
25 of contraception in preventing the physical and

1 non-physical consequences of teenage sexual ac-
2 tivity.

3 (c) PRIORITY.—In awarding grants under subsection
4 (a), the Secretary shall give priority to applicants pro-
5 posing programs to provide qualified sexual risk avoidance
6 education that—

7 (1) serves youth throughout the middle and
8 high school grades; and

9 (2) will promote parent-child communication re-
10 garding healthy sexual decisionmaking.

11 (d) DEFINITIONS.—In this Act:

12 (1) The term “age-appropriate” means appro-
13 priate for the general developmental and social ma-
14 turity of the age group (as opposed to the cognitive
15 ability to understand a topic, or the atypical develop-
16 ment, of a small segment of the targeted popu-
17 lation).

18 (2) The term “evidence-based approach” means
19 an approach that—

20 (A) has a clear theoretical framework inte-
21 grating research findings with practical imple-
22 mentation relevant to the field;

23 (B) matches the needs and desired out-
24 comes for the intended audience; and

1 (C) if effectively implemented, will dem-
2 onstrate improved outcomes for the targeted
3 population.

4 (3) The term “medically accurate” means ref-
5 erenced to peer-reviewed research by medical, edu-
6 cational, scientific, governmental, or public health
7 publications, organizations, or agencies.

8 (4) The term “sexual risk avoidance” means
9 voluntarily refraining from sexual activity.

10 (5) The term “sexual activity” means genital
11 contact or sexual stimulation for the purpose of
12 arousal, including sexual intercourse.

13 (6) The term “success sequencing” means in-
14 creasing the chance of avoiding poverty by means of
15 progression through the following behavioral bench-
16 marks in the following sequence: completing school,
17 securing a job, and marrying before bearing chil-
18 dren.

19 (e) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—To carry out this Act, there
21 is authorized to be appropriated \$110,000,000 for
22 each of fiscal years 2016 through 2020. Amounts
23 authorized to be appropriated by the preceding sen-
24 tence shall be derived exclusively from amounts in
25 the Prevention and Public Health Fund established

1 by section 4002 of the Patient Protection and Af-
2 fordable Care Act (42 U.S.C. 300u-11).

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

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

9 (B) of the amount used by the Secretary
10 for administrative costs, at least 40 percent
11 shall be used for training and technical assist-
12 ance by qualified organizations whose—

13 (i) sole focus is the development and
14 advancement of sexual risk avoidance;

15 (ii) have expertise in theory-based sex-
16 ual risk avoidance curriculum development
17 and implementation;

18 (iii) have direct experience in devel-
19 oping sexual risk avoidance evaluation in-
20 struments; and

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

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