

113TH CONGRESS
1ST SESSION

S. 13

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 SENATE OF THE UNITED STATES

FEBRUARY 26, 2013

Mr. GRAHAM (for himself, Mr. THUNE, and Mr. COATS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 2013”.

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 context for all sexual health education
17 shall be teaching the skills and benefits of sexual ab-
18 stinence 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 influence sexual decisionmaking and can
23 contribute to risky and often 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 of Health and Human Services shall
9 give priority to applicants proposing programs to provide
10 qualified sexual risk avoidance 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 sionmaking.

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 2013 through 2017 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 of Health and Human Services for administra-
9 tive costs, at least 40 percent shall be used for
10 training and technical assistance by qualified
11 organizations—

12 (i) whose sole focus is the develop-
13 ment and advancement of abstinence edu-
14 cation;

15 (ii) that have expertise in theory-
16 based abstinence education curriculum de-
17 velopment and implementation;

18 (iii) that have direct experience in de-
19 veloping sexual risk avoidance evaluation
20 instruments; and

21 (iv) that can offer technical assistance
22 and training on a wide range of topics rel-
23 evant to the sexual risk avoidance (or ab-
24 stinence education) field.

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