

SB199 Maryland Center of Excellence on Problem Gam

Uploaded by: Blair Inniss

Position: FAV



February 8, 2023

Education, Energy, and the Environment Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 199 – Primary and Secondary Education – Comprehensive Health
Education Framework – Established – Letter of Support

Dear Chair Feldman and Vice Chair Kagan:

This letter is in support of SB199, which provides for the development of a comprehensive health education framework through a collaboration between the State Department of Education and the Maryland Department of Health.

The Maryland Center of Excellence on Problem Gambling (the Center) is a program of the University of Maryland School of Medicine that promotes healthy and informed choices regarding gambling and problem gambling. Problem gambling is inherently a mental health issue, as it has been classified by the American Psychological Association as an addiction.ⁱ High school students are especially susceptible to problem gambling, with the National Council on Problem Gambling stating that 4-6% of high schoolers are considered addicted to gambling, which is a rate that is double that of adults.ⁱⁱ While mental health issues are common risk factors for problem gambling, they can also be a result of problem gambling as well – emphasized by the fact that adolescents with gambling problems have been found to have significantly higher rates of suicidal ideation and attempts than non-gamblers and social gamblers.ⁱⁱⁱ

The comprehensive health education framework that will result from this bill will allow students to learn about the importance of healthy living, including how to properly handle mental health issues and alerting them of the increased risks they may face as a result of these problems. Because there is a strong link between mental and emotional health and problem gambling, the Center supports this bill.

Sincerely,

Mary Drexler, MSW



UNIVERSITY *of* MARYLAND
SCHOOL OF MEDICINE

Program Director
Maryland Center of Excellence on Problem Gambling
Office Direct: 667-214-2124
Cell Phone: 860-798-9086
Email: mdrexler@som.umaryland.edu

ⁱ <https://dictionary.apa.org/gambling-disorder>

ⁱⁱ <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/07/12/as-sports-betting-grows-states-tackle-teenage-problem-gambling>

ⁱⁱⁱ <https://kmb.camh.ca/ggtu/knowledge-translation/youth>

SB 199 testimony final.pdf

Uploaded by: Isabella Shycoff

Position: FAV

SB 199

Primary and Secondary Education – Comprehensive Health Education Framework – Established

Position: Favorable

Testimony by Anne Arundel County Coalition for LGBTQ+ Students

The Anne Arundel Coalition for LGBTQ+ Students is a community organization that is committed to equality for all and to promoting LGBTQ+ rights. We provide support to LGBTQ+ youth through education, policy and advocacy. Our Coalition includes parents, teachers, students, mental health professionals, advocates and members of the LGBTQ+ community. We are writing today to express our strong support for SB 199 and HB 119.

SB 199 and the cross-filed bill HB 119 requires the Maryland Department of Health to develop a comprehensive, medically accurate, and age-appropriate health education upon which the county boards of education can base their curriculum. Comprehensive health education is needed from kindergarten through high school. We believe it is essential for all Maryland students to have access to critically important health education topics including information on gender and sexuality. **We strongly favor this bill.**

Maryland's youth are vibrant, intelligent and inquisitive. We cannot and should not try to avoid teaching certain topics because they are awkward, sensitive or controversial. Our youth will undoubtedly learn about these topics one way or another. Don't we want the best possible information/education about mental health, substance abuse prevention, sexuality and gender identity, to be taught by certified educators and based upon approved, evidence-based curriculum? By doing so, we encourage our students to think critically, understand health issues more fully and if they have questions, be more aware of resources that are available to them. For LGBTQ+ students, comprehensive health curriculum will help them feel better understood and included. For all students, it enhances awareness of the rich diversity in our communities which leads to greater acceptance and diminished hate and bias.

Research from GLSEN and other sources indicates that LGBTQ+ youth are at significantly higher risk of being harassed, bullied, and rejected. Not surprisingly, they are also at higher risk for mental health problems including anxiety, depression and suicide. Arming them, and all students, with comprehensive health education makes them better equipped to make responsible and safe decisions. It is vital for our students' overall educational achievement and success. For many of our students, it is truly life-saving.

Some adults mistakenly believe that children should not obtain information about gender identity and sexuality until they are adolescents. However, child development research

indicates that most children have a clear sense of their gender identity before kindergarten and that they have already received countless messages about gender and sexuality that influence them greatly. Teaching these topics at the elementary school level does not cause confusion or difficulty for these children. It simply ensures that they are getting medically accurate, up to date, and age-appropriate information so they are better prepared and educated.

For all of these reasons, the Coalition for LGBTQ+ Students strongly supports SB 199 and HB 119.

SB0199 Testimony Annapolis Pride (1).pdf

Uploaded by: Jaden Farris

Position: FAV



CELEBRATE. ENGAGE. UNITE.

February 8, 2023

Testimony in Support of SB0199 — Primary and Secondary Education - Comprehensive Health Education Framework - Established

The Board of Directors of Annapolis Pride enthusiastically supports Senate Bill 0199 which will require each Local Education Agency to have an age-appropriate, comprehensive, medically accurate, and unbiased health and sexual Education curriculum that acknowledges and affirms students with a variety of sexual orientations, gender identities, and gender expressions. Simply put, it is essential that all of Maryland’s young people receive comprehensive, medically accurate, and age-appropriate health and sexual education beginning in Kindergarten and continuing through high school. Without comprehensive education in the early years, students enter adolescence without the information they need to make responsible and safe decisions. The consequences of inadequate health and sexual education can lead to unhealthy relationships, unintended pregnancies, sexually transmitted infections, bullying, sexual assault, and discrimination. Comprehensive health and sexual education is vital for young people’s overall educational achievement and future success.

Furthermore, the lack of a mandate requiring medically accurate, age-appropriate, comprehensive, and unbiased sexual health education puts Maryland students, and the public health, at undue risk. LGBTQ+ students need and deserve the same access to accurate, up-to-date information about their sexual health as any other student. Research has shown that comprehensive health and sexual education leads to healthier teenage outcomes and encourages responsible sexual behaviors.

Despite the belief of many that children are too young to understand gender identity and human sexuality, this assertion is scientifically false. From the moment they are born, children are receiving messages and stereotypes about how they are supposed to look and behave from peers, books, and media. Studies show how the messages kids receive about gender influence them at very early ages and place them into strict boxes, preventing them from reaching their full potential. As found by the American Academy of Pediatrics, “by age four, most children have a stable sense of their gender identity”. This is a core aspect of one’s identity that comes from within each of us and is an inherent aspect of one’s makeup.

For these reasons, Annapolis Pride respectfully requests a favorable report on Senate Bill 199

Respectfully submitted,

Jaden Farris
Board Member
Annapolis Pride

LSPC COMPREHENSIVE HEALTH EDUCATION.docx.pdf

Uploaded by: Jared Schablein

Position: FAV

SB199/HB119 Comprehensive Health Education Framework

Bill Sponsor: Senators Lam, Rosapepe, Washington, and Hetlleman and Delegate Atterbeary

Committee: Senate Education, Energy, and the Environment Hearing and House Ways and Means Committee

Organization Submitting: Lower Shore Progressive Caucus

Person Submitting: Dr. Nicole Hollywood, LSPC

Position: FAVORABLE

I am submitting this testimony in favor of SB199/HB119 on behalf of the Lower Shore Progressive Caucus. The Caucus is a political and activist organization on the Eastern Shore, unaffiliated with any political party, committed to empowering working people by building a Progressive movement on the Lower Eastern Shore.

Comprehensive health education is imperative and its benefits are backed overwhelmingly by the research. This is particularly vital for LGBTQIA+ youth who are at higher risk of certain conditions, have less access to health care, and have worse health outcomes as a result of a lack of access to affirming care, misinformation, and inequities in our health education curriculum that keep many LGBTQIA+ youth from developing appropriate health literacy.

LGBTQIA+ youth need and deserve to learn in settings that are inclusive of their experiences and that provide them with the education necessary to stay safe and healthy. Yet, LGBTQIA+ youth on the Eastern Shore currently sit in classrooms where their teachers and textbooks fail to appropriately address their identities, behaviors, and experiences.

The Lower Shore Progressive Caucus recognizes that students who receive comprehensive health education make healthier and more informed choices and as such supports this bill and recommends a **FAVORABLE** report in committee.

SB199 Health Education Curriculum Center for Hope

Uploaded by: Joyce Lombardi

Position: FAV



SB199 - Primary and Secondary Education – Comprehensive Health Education Framework – Established Education, Energy and Environment Committee – February 8, 2023

Testimony of Adam Rosenberg, Executive Director, LifeBridge Health Center for Hope

Position: **SUPPORT**

Center for Hope writes in support of SB199, which would codify COMAR regulations that require each county board of education to create an age-appropriate curriculum based on eight standards that were developed by the State Department of Education and the Maryland Department of Health. Suggested curriculum topics for each standard are available on the MSDE website. These topics are not mandatory.

First, the bill's standards can help teach healthy relationships and boundaries, important skills that can help prevent intimate partner abuse, assault, and human trafficking. Second, MSDE's current standards can encompass vital conflict management skills, which many of our schools desperately need.

Research shows that conflict management skills have reduced suspensions, office visits, and fights. (See e.g., *Restorative Practices in Baltimore City Schools*, Open Society Institute (2020); *Middle School Conflict Resolution*, Communities in Schools of North Carolina (2015). The U.S. Bipartisan Safer Communities Act of 2022 authorized \$17 million in federal funding for Maryland schools in to implement comprehensive evidence-based violence intervention programs such as restorative practices and conflict management.

MSDE's *suggested* curriculum topics include lessons on conflict management under several standards in SB199, including II. Mental and Emotional Health and VI. Safety and Violence Prevention, such as the following for middle schoolers:

- Describe helping behaviors that prevent violence. 1d.7.4
- Analyze how situations and/or impulsive behaviors can lead to violence. 1d.7.6
- Identify a variety of non-violent ways to respond to stress when angry or upset. 1d.7.7
- Demonstrate non-violent strategies to manage conflict without harming self or others. 4MS.c

To make sure these suggested skills are actually taught, Center for Hope would also suggest a friendly amendment: P. 2. Line 23 VI. SAFETY, CONFLICT MANAGEMENT, AND VIOLENCE PREVENTION.

“Conflict resolution” is not mandated in Md schools. It is mentioned only as a discretionary part of our restorative approaches law, Md. Code, Educ. Art. §7-306, which encompasses a whole-school approach to alternative school discipline but is not widely enacted. Teaching conflict resolution skills in the Health Curriculum, while not complete, is a good start to help improve school safety and promote learning.

Center for Hope's hospital responders and Safe Streets violence interrupters help victims and families work through emotional responses towards collaborative problem-solving – rather than retaliatory violence. Participants often say they wish they'd had these skills earlier in life.

We urge a favorable report on SB199.

Adam Rosenberg, Esq., Executive Director, Center for Hope
arosenberg@lifebridgehealth.org (410) 469-4664

Joyce Lombardi, Esq., Government Relations Joyce@JRLaw.group (410) 429-7050

Center for Hope, a subsidiary of LifeBridge Health, provides trauma-informed crisis intervention and prevention to over 6,000 community members in the Baltimore region each year who have experienced child abuse, elder abuse, domestic violence, and community/gun violence.

SB199 Health Education Curriculum Center for Hope

Uploaded by: Joyce Lombardi

Position: FAV



SB199 - Primary and Secondary Education – Comprehensive Health Education Framework – Established Education, Energy and Environment Committee – February 8, 2023

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Health Ed - K-12 - testimony - Senate - 2023 - FAV

Uploaded by: Lisae C Jordan

Position: FAV



Working to end sexual violence in Maryland

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Supporting Senate Bill 199
Lisae C. Jordan, Executive Director & Counsel
February 8, 2023

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence in the State of Maryland. We urge the Education, Energy & Environment Committee to report favorably on Senate Bill 199.

Senate Bill 199 – K-12 Comprehensive Health Education

This bill will mandate a comprehensive health education for students in K-12. MCASA notes and appreciates that this specifically includes issues vital to preventing sexual assault and promoting health relationships, including:

- (IV) FAMILY LIFE AND HUMAN SEXUALITY**
- (V) GENDER IDENTITY AND SEXUAL ORIENTATION**
- (VI) SAFETY AND VIOLENCE PREVENTION**

Past legislatures have considered specific mandates to address sexting, misuse of technology, and risks from human trafficking. MCASA notes that the Committee may wish to consider whether these topics are included in what is proposed or should be specifically included.

**The Maryland Coalition Against Sexual Assault
urges the Education, Energy & Environment Committee to
report favorably on Senate Bill 199**

Legislative testimony HB119_SB199.pdf

Uploaded by: Michele Copper

Position: FAV



LEGISLATIVE TESTIMONY

Bill: **HB0119/SB0199 Primary and Secondary Education – Comprehensive Health Education Framework – Established**

Organization: GLSEN Maryland, chapter@md.glsen.org

Submitted by: Michele Schlehofer, Board Member

Position: **FAVORABLE**

GLSEN MARYLAND SUPPORTS COMPREHENSIVE HEALTH EDUCATION

I am submitting this testimony in **FAVOR of HB0119/SB0199** on behalf of GLSEN Maryland, the statewide chapter of GLSEN National, a nonprofit organization centered on creating and sustaining inclusive K-12 education for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students.

GLSEN Maryland supports HB119/SB84 as it is inclusive of LGBTQ+ students, who are drastically underserved by existing school health curricula.

Very few LGBTQ+ youth have access to inclusive health education, particularly sex education. Research by our parent organization, GLSEN National, found that only 8.2% of LGBTQ+ youth had access to inclusive health education at school. Research finds that LGBTQ+ youth perceive the health education they receive in school as inadequate (Pampati et al., 2020). Existing health education not only ignores the needs of LGBTQ+ youth, but in the case of education centered around dating, intimate relationships, and sexuality, it promotes heteronormative stereotypes that exclude and marginalize LGBTQ+ youth (Bible et al., 2020; Gowen et al., 2014; Hobaica, 2017).

Comprehensive health education which is inclusive of LGBTQ+ youth leads to better public health.

Inadequate and non-inclusive curricula leads to LGBTQ+ youth having worse health outcomes. LGBTQ+ youth are more likely to participate in high-risk activities (Hobaica, 2017) which lead to greater likelihood of unplanned pregnancy (Bodnar & Tornello, 2019; Herrick et al., 2010) and are more likely to experience dating and intimate partner violence (Hobaica, 2017; Kann, 2016). LGBTQ+ youth who attend schools with inclusive curriculum have lower levels of depression and suicidality (Proulx et al., 2019). Comprehensive, inclusive health education helps prevent dating and intimate partner violence, fosters the formation of healthy intimate relationships, helps prevent child sex abuse, improves social and emotional learning, and improves media literacy (Goldfarb & Lieberman, 2021).

Comprehensive and inclusive health education aligns with best-practices in public health. Inclusive health education is recommended by the American Medical Association, the National Education Association, and the U.S. Department of Health and Human Services. It is supported by the CDC and the American Bar Association. Failure to include the needs of LGBTQ+ students in health curricula means withholding the latest advancements and best-practices in public health from all students.

There is broad public support for inclusive sexual education in public schools. Regardless of religious identity, regional demographics, or political affiliations, there is huge public support for comprehensive and inclusive health education, including sex education (Eisenberg et al.; 2008). Most parents (89.3%) support comprehensive health education (sexual education that includes both abstinence and contraception, STI education, consent, healthy relationships, etc.). According to the nonprofit organization SIECUS (2018), the majority of people (69%) support teaching about sexual orientation in middle and high schools. People who oppose teaching concepts pertaining to LGBTQ+ student health may be vocal, but they are in the minority.

Finally, **inclusive education benefits all youth, not just LGBTQ+ students, by improving school climate.**

Inclusive health education serves the purpose of reducing stigma and marginalization of LGBTQ+ students, which contributes to improvements in school climate more broadly. It is not just LGBTQ+ youth who are the target of anti-LGBTQ+ bullying; students who are heterosexual or not transgender are also frequent targets of anti-LGBTQ+ bullying (for instance, heterosexual students who are not transgender can also be called anti-gay slurs, teased for being too effeminate or masculine, etc.; Fisher et al., 2012; McCarty-Caplan, 2013). Because offering comprehensive, inclusive health education reduces stigma and marginalization of LGBTQ+ youth, it leads to improved school climates for everyone. And, schools that have implemented inclusive health curricula find that students are subsequently more likely to intervene when witnessing bullying (Baams et al., 2017; Proulx et al., 2019).

Given the disproportionate health disparities experienced by LGBTQ+ youth, coupled with the research which demonstrates that inclusive health education reduces these disparities and improves school climate for all students, GLSEN Maryland supports comprehensive health education which is inclusive of LGBTQ+ youth. Therefore, **GLSEN Maryland supports HB0119/SB0199 and recommends a FAVORABLE report in committee.**

2023_SB0199_MSDETestimony_Support_FINAL.pdf

Uploaded by: Mohammed Choudhury

Position: FAV



Mohammed Choudhury
State Superintendent of Schools

BILL:	Senate Bill (SB) 119	DATE:	February 8, 2023
SUBJECT:	Primary and Secondary Education - Comprehensive Health Education Framework - Established	COMMITTEE:	Education, Energy, and the Environment
POSITION:	Support		
CONTACT:	Justin Dayhoff justin.dayhoff@maryland.gov (410) 767-0504		

EXPLANATION:

The Maryland State Department of Education (MSDE) respectfully submits this testimony in support of **Senate Bill 199 - Primary and Secondary Education - Comprehensive Health Education Framework - Established**, which ensures a research-based, best-in-class, developmentally-appropriate approach to health education across grade bands. Protecting the health education framework process in law ensures that the health education framework can remain free from subjectivity and bias.

MSDE has heard testimony at State Board of Education meetings this year pertaining to the health education framework – testimony that calls for MSDE to better explain the difference between frameworks and curricula. So, before I talk about what this bill *is*, let me first dispel myths of what it *is not*. SB 199 is not a curriculum bill – a framework is not a curriculum. In fact, SB 199 enshrines parental rights to a process that ensures that their children have a developmentally- and age-appropriate, scientific, researched-based framework for health education within which *local education agencies* (LEAs), not the State, adopt and implement their curricula. SB 199 strengthens the process to meaningfully engage parents in the process of curricular adoption and codifies opt-out provisions for families. SB 199 requires LEAs to establish clear opt-out policies, guidelines, and procedures for family life, human sexuality, gender identity, and sexual orientation topics. It also requires LEAs to make arrangements for families who “opted out” their students to receive appropriate alternative learning activities. Covid-19 makes clear that parents and guardians must have opportunities to be part of the educational experiences of their child.

Senate Bill 199 - Primary and Secondary Education - Comprehensive Health Education Framework –
Established
Education, Energy, and the Environment
February 8, 2023

Now, what *is* this bill? With regard to the framework itself, SB 199 will codify and protect the existing process by which MSDE and the Maryland Department of Health (MDH) collaborated with a broad cross-section of stakeholders to develop the current State framework that LEAs use when making their own, local decisions about curriculum and instructional materials. Codifying these provisions in State law will ensure that the skills and curricular outcomes of the health framework remain tied to objective, scientific, data-driven, and evidence-based research. MSDE and MDH aligned the framework to national and State standards and Maryland legislative requirements using data about Maryland’s youth along with scientifically and medically accurate information to identify essential health education skills at each grade level.

This bill emphasizes the requirements of the Comprehensive Health Education regulation ([COMAR 13A.04.18](#)) by mandating that LEAs convene a joint committee of parents and/or guardians, educators, health experts, and representatives of the local education community to review and comment on the instructional materials used in the family life and human sexuality unit to ensure that it is age-appropriate and represents all students regardless of ability, sexual orientation, gender identity, and gender expression.

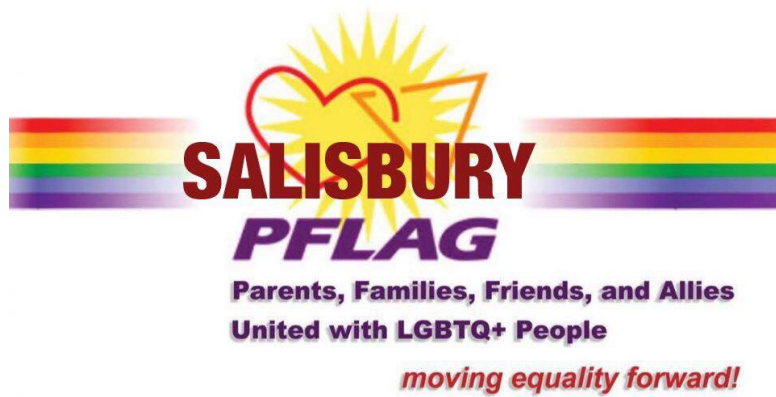
This bill also provides opportunities for parents and/or guardians to view instructional materials and make informed decisions about allowing their students to participate in the family life and human sexuality unit, including the gender identity and sexual orientation topics.

MSDE respectfully requests that you consider this information and issue a favorable report on **Senate Bill 199**. Please contact Justin Dayhoff at 410-767-0439 or justin.dayhoff@maryland.gov for any additional information.

Comprehensive Health Education.pdf

Uploaded by: Nicole Hollywood

Position: FAV



LEGISLATIVE TESTIMONY

Bill: **SB199/HB119 Comprehensive Health Education**

Organization: PFLAG Salisbury Inc., PO Box 5107, Salisbury Maryland 21802

Submitted by: Nicole Hollywood, President of the Board

Position: **FAVORABLE**

SALISBURY PFLAG SUPPORTS COMPREHENSIVE HEALTH EDUCATION

I am submitting this testimony in FAVOR of **SB199/HB119** on behalf of PFLAG Salisbury, the Salisbury, Maryland Chapter of PFLAG National.

It is vital that our State's health education be updated to be comprehensive, inclusive, age-appropriate, and relevant. School-based health education helps young people acquire an accurate and purposeful understanding of their own health that will strengthen positive attitudes, beliefs, and behaviors necessary for them to adopt and maintain healthy behaviors throughout their lives. Studies have found that students who receive comprehensive health education make safer, more informed, less destructive choices, and are better at exerting agency over themselves. Further, the research shows that improving the health acumen of young people not only has a positive influence over their personal choices but can also impact the behaviors of their peers, family members, and others in the community.

Building the health knowledge of young people ensures that teens learn to think about what is right and safe for them, and how to avoid coercion, sexually transmitted infections, and early and unintended pregnancies. Most importantly, it helps to keep young people safe from abuse by teaching them about their bodies.

There are also economic benefits to comprehensive health education as exhaustive health education can increase health literacy, the lack of which is estimated by the US Department of Health and Human Services, Office of Disease Prevention and Health Promotion to cost the nation \$1.6 to \$3.6 trillion dollars annually.

The National Action Plan to Improve Health Literacy by the US Department of Health and Human Services (HHS) includes the goal to "Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in childcare and education through the university level". Additionally, the National Committee on the Future of School Health Education, the Society for Public Health Education (SOPHE) and the American School Health Association (ASHA), developed recommendations for strengthening school health education. The recommendations include- developing and adopting standardized measures of health literacy in children and including them in state accountability systems; changing policies, practices,

and systems for quality school health education; and stronger alignment and coordination between the public health and education sectors.

Salisbury PFLAG supports comprehensive health education and SB199/HB119 and recommends a FAVORABLE report in committee.

SB0199-EEE-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 199

February 8, 2023

TO: Members of the Education, Energy and Environment Committee

FROM: Nina Themelis, Interim Director of Government Relations

RE: Senate Bill 199 – Primary and Secondary Education – Comprehensive Health Education Framework - Established

POSITION: Support

Chair Feldman, Vice Chair Kagan, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 199.

This legislation would require the State Department of Education, in collaboration with Maryland Department of Health, to develop a comprehensive health education framework, as well as require each county board of education to create an age-appropriate curriculum that is consistent with the comprehensive health education framework.

Baltimore City Health Department (BCHD) and City Schools have been working in tandem towards a comprehensive framework. SB199 would not only fill the gaps, but would allow students the opportunity to receive developmentally appropriate health education and strengthen their ability to create a deeper understanding of body autonomy, health relationships, and consent.

All citizens, including our youngest ones, deserve the education to build a foundation that allows them to make meaningful decisions about their lives and futures; and this requires comprehensive education with access to information, resources and services they need to make informed, supported decisions about their bodies and relationships. To this end, the BCA believes that the City of Baltimore's young people deserves health education that is age-appropriate, medically accurate and comprehensive.

Young people who do not receive comprehensive health education may enter adolescence and adulthood ill-informed and miseducated. They likely enter into becoming sexually active early and enter into relationships without the knowledge they need to act responsibly and safely. If 18-year-olds are allowed to marry in Maryland, we owe them a comprehensive health education that will keep a young person of this age safe.

Stakes are high and time is of the essence for youth in our city. Lack of comprehensive health education can lead to unintended pregnancies, sexual assault, harmful relationships, STIs, and discrimination. Comprehensive health education is not just necessary, it is critical to the overall wellbeing, health literacy, overall educational achievement, and success that we want for our youth.

Passing this bill will help alleviate our public health crisis; lessen health and economic disparities based on gender and race; and increase dignity and reduce stress among our citizens. For these reasons, the BCA respectfully request a **favorable** report on SB199.

SB0199_FAV_MedChi_Prim. & Sec. Ed. - Comprehensive

Uploaded by: Pam Kasemeyer

Position: FAV

MedChi

The Maryland State Medical Society

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TO: The Honorable Brian J. Feldman, Chair
Members, Senate Education, Energy, and the Environment Committee
The Honorable Clarence K. Lam

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: February 8, 2023

RE: **SUPPORT** – Senate Bill 199 – *Primary and Secondary Education – Comprehensive Health Education Framework – Establishment*

The Maryland State Medical Society, the largest physician organization in Maryland, **supports** Senate Bill 199.

Senate Bill 199 requires the Maryland State Department of Education (MSDE), in consultation with the Maryland Department of Health, to develop a comprehensive health education framework that shall at a minimum include the topics: health promotion, mental and emotional health, substance abuse prevention, family life and human sexuality, gender identity and sexual orientation, safety and violence prevention, healthy eating, and disease prevention and control. Each County Board is required to create an age-appropriate curriculum that is consistent with the comprehensive health education framework developed by MSDE. Further, the bill requires each County Board to establish a committee composed of educators, health experts, and members of the local community to review and comment on whether the curriculum materials are consistent with the comprehensive health education framework.

Providing comprehensive and age appropriate health education is critical to enhancing the health and well-being of children and adolescents. Many of the subject areas identified in the legislation reflect issues that all youth should be informed about and should have an opportunity to engage in better understanding their implications. Without comprehensive education programs in the schools, many students will not have an avenue to gain the education and insight that would be provided through the required curriculum. Finally, the bill requires input from educators and health experts as well as the local community, thereby ensuring that the curriculum adopted reflects the collective expertise and recommendations of professionals which will enhance the effectiveness of the program. A favorable report is requested.

MPA Testimony 2023 - Support - SB 199 - Primary an

Uploaded by: Pat Savage

Position: FAV



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February 6, 2023

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Senator Brian J. Feldman, Chair
Senator Cheryl C. Kagan, Vice Chair
Education, Energy, and Environment Committee
Miller Senate Office Building, 2 West
Annapolis, MD 21401

Senate Bill 199 - Primary and Secondary Education - Comprehensive Health Education Framework –Established

Position: Support

Dear Chairman Feldman, Vice Chair Kagan, and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, is writing to express **SUPPORT for Senate Bill 199 - Primary and Secondary Education - Comprehensive Health Education Framework - Established**, which would establish content standards for the health education program received by children in Maryland's public schools.

Health education is an essential part of today's public education system, promoting age-appropriate healthy emotional and behavioral knowledge and habits, which are critical for our children as they grow into adulthood. The areas covered in this bill include such vitally important topics as mental and emotional health, substance abuse prevention, family life and human sexuality, gender identity and sexual orientation, and safety and violence prevention. Appropriate education in these areas may lower the prevalence of mental health disorders, substance abuse, and suicide in our youth, and can help our children stay safe and grow into healthy functioning adults.

We also recognize that some parents may be uncomfortable with some of these topics being covered at school, and hence we agree with the bill's language allowing parents to "opt out" of the coverage of certain topics, replaced by required relevant alternative learning activities.

Senate Bill 199 will help to ensure that Maryland's students will grow up safe and healthy, both physically and emotionally. We urge a **FAVORABLE REPORT** on this important legislation.

Thank you for considering our comments on SB 199. If we can be of any further assistance as the Senate – Education, Energy, and the Environment Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativcommittee@gmail.com.

Respectfully submitted,

Rebecca Resnik, Psy.D.

Rebecca Resnick, Psy.D.
President

R. Patrick Savage, Jr., Ph.D.

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB199 eph support w amd (002).pdf

Uploaded by: Wendy Lane

Position: FAV

Testimony in **SUPPORT** of Senate Bill 199- **with amendments**
Senate Education, Energy, and the Environment Committee
Primary and Secondary Education – Comprehensive Health Education Framework - Established
February 8, 2023

The Honorable Brian J. Feldman
Chairman
Education, Energy, and the Environment Committee
2 West
Miller Senate Office Building
Annapolis, MD 21401

The Honorable Cheryl C. Kagan
Vice-Chair
Education, Energy, and the Environment Committee
2 West
Miller Senate Office Building
Annapolis, MD 21401

Dear Chairman Feldman and Vice-Chair Kagan,

The Department of Epidemiology and Public Health at the University of Maryland School of Medicine submit this testimony in strong support of Senate Bill 199 (cross-filed HB0119)– **with amendments**. This bill, sponsored by Senators Lam, Rosapepe, Hettleman, and Washington requires the State Department of Education, in collaboration with the Maryland Department of Health, to develop a comprehensive health education framework and requires each county board of education to create an age-appropriate curriculum that is consistent with the comprehensive health education framework. This bill also requires each county board to establish a method by which a parent or guardian may opt out of certain topics, subject to certain requirements.

The Department of Epidemiology and Public Health at the University of Maryland School of Medicine is one of the largest and oldest departments of basic science in the School of Medicine. We advance the health of the public by investigating the causes, treatments, and prevention of human health problems. We optimize our effect through teaching, collaboration, and service to the community. Our department is a multidisciplinary team dedicated to improving the health of the public by training medical students, graduate students, and health professionals, conducting research, and serving as a resource to the university, the state, and the broader community. As such, we are the home to a number of experts who are well-qualified to weigh in, from a scientific perspective, on the proposed legislation.

This legislation is an effort to codify a framework that already exists and is mandated by COMAR regulations. Our experts in preventive medicine, public health, and community engagement agree that passing this education is necessary to ensure that all students in Maryland receive the standardized Comprehensive Health Education Curriculum that has already been written, reviewed, and approved by the Maryland State Department of Education. Of note, the sponsor of this bill, Senator Lam, is a graduate of the University of Maryland School of Medicine and is trained and board-certified in Public Health and General Preventive Medicine; as such, he is well within his subject-area expertise in proposing this legislation. Esteemed and trusted colleagues, who are also preeminent scholars in the fields of nutritional epidemiology and public health, are among those who reviewed and contributed to the framework. In summary, those who have designed the curriculum and written the associated legislation are considered trusted experts and are competent to make recommendations regarding the implementation of this educational framework. This bill is designed to improve the health of Maryland’s children in an objective and measurable manner.

Topics such as bullying, violence prevention, sexuality, gender identity and sexual orientation are recommended components of comprehensive health education, so listing them explicitly will provide a mandate for their inclusion in local curricula where they may not have previously been included. These are vital pieces of a comprehensive health education framework and therefore, integral to this bill. There is a plethora of evidence demonstrating the effectiveness of comprehensive health education curricula in schools, which includes education on sexual health. Comprehensive sexual education in schools has been recommended by the U.S. Community Preventive Services Task Force as an

effective tool to reduce risky sexual behavior by teens¹. The Community Preventive Services task force also recommends school-based anti-bullying and violence interventions be part of school health curricula². The CDC has designed and promoted a program on school health which includes recommended standards for health education in schools³.

While opt out clauses are common gaps for jurisdictions to provide a mechanism for parents and guardians to decline to participate in comprehensive health education on behalf of their children, these clauses are in opposition to our central values of diversity, equity, and inclusion and we recommend changing the bill to read that local boards **may** provide an opt out procedure rather than **shall** provide an opt out procedure.

Finally, we acknowledge that education cannot and should not be wholly prescribed by statewide measures, however this bill is unique and important because of the evidence above that clearly shows the benefit of exposing children to a comprehensive health education curriculum. From our scientific public health perspective, statewide standards for comprehensive health education result in healthier kids. As there is not scientifically demonstrated detriment to children who participate in comprehensive health education, opt out clauses should be at the discretion of the local board, who should have the option to eliminate them from their implementation efforts.

With this one proposed amendment, and on behalf of the Department of Epidemiology and Public Health, I urge you to offer full support of SB199.

Respectfully Submitted,

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Director, Preventive Medicine Residency Program
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¹ <https://www.thecommunityguide.org/findings/hiv-aids-other-stis-and-teen-pregnancy-group-based-comprehensive-risk-reduction-interventions.html>

² <https://www.thecommunityguide.org/findings/violence-prevention-school-based-anti-bullying-interventions.html>

³ <https://www.cdc.gov/healthyyouth/health-education/index.htm>. The CDC also has developed a Health Education Curriculum Analysis Tool (HECAT) that can be used to assess the quality of health education curricula.

SB199 Favorable-Wendy Novak.pdf

Uploaded by: Wendy Novak

Position: FAV

Wendy Novak, in favor of HB199

I'm a parent of a middle school student that experiences hate in schools, to the point we were concerned about his safety. Teaching an inclusive and comprehensive family life will help to make schools safer for ALL students. The data from the 2019 Behavioral Risk survey is clear, our LGB students are in danger in our schools. (Our Trans students are also in danger, but that data is not being collected due to push back from parents.) Teaching from an inclusive age-appropriate health framework will help students to understand that there is more than one type of family, multiple ways to express gender, not everyone is the same. If it is appropriate to teach about one type of family, or identity, it is ok to talk about others. Carroll County is using tax money to create a framework that excludes our students of color and/or LGBTQ students and families. They removed discussion about racism and intersectionality, and their impact on health care. They are refusing to allow it to be taught that it is important to treat people of all races, ethnicities, gender identities and expressions with dignity and respect, not allowed to teach it is wrong to tease or bully others based on aspects of their races, ethnicities, sexual orientation, gender expression, and gender identify. Some parents think certain subjects should be left only for the parents. Not all students have parents or caregivers that can or will teach these topics. Some topics need to be covered by multiple people to make sure it is understood. Kids don't always listen to their parents. The parent saying there is no gay or trans child is not going to teach respect at home.

Another important lesson in the family life curriculum is about consent and boundaries. We need to make sure these lessons continue to be taught. This is also something some people will say should be left to parents. Not all caregivers will teach these things. Do you think Brock Turner's father taught him about consent? Do you want your child to be out on a date with someone that might not have learned about consent? Or even on a school bus? Teaching consent is a public responsibility. The things you learn about in family life will be the foundation for the rest of your life. For some, they may not continue to learn about these topics once they

Wendy Novak, in favor of HB199

leave school. We need to make sure the students get these lessons in an age-appropriate way, early on and it is repeated throughout their educational career. Teaching about consent is so important it needs to come from multiple sources. Kids do not always listen to their parents but might from a teacher. Not all kids have families that will teach about consent. Not all parents are knowledgeable about consent. The parents that thought it might be the victim's fault because they were drinking are not going to teach that you cannot give consent while intoxicated. They are not modeling that behavior at home. Some parents have not learned about consent since they were in school and may only know outdated knowledge. I can teach my child consent, but I cannot make sure the person they sit next to on the bus has learned it, or the person they meet at a party.

The option to opt your child out is an acceptable compromise for those that do not want their children to receive an inclusive education, leaving the default to be everyone is included. Last year the state legislature enacted the Maryland Inclusive schools act, "Prohibiting County boards of education and certain schools and prekindergarten programs from taking certain discriminatory actions because of a person's race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability". If you allow certain community groups to be excluded you are saying they are not appropriate, they are not worthy to be included. You are saying that only White, heterosexuals that identify as the gender they were assigned at birth are worthy of being included. All should be included, if someone is not comfortable being a part of that, they can choose to not participate.

A comprehensive health framework is needed because not all counties are willing to provide an inclusive education. We cannot rely on counties to provide an inclusive education without being required from the state. Carroll County is already rewriting their own framework to try to keep parents from allowing their children to participate in the comprehensive health framework. They are listening to a few parents citing parent rights and taking away parents'

Wendy Novak, in favor of HB199

rights to an inclusive education. Students everywhere need an inclusive education. Carroll county BOE created a Family Life Committee that is filled with members of parent groups that do not even believe Family Life should be taught in schools. They had applicants to the committee with experience in the health field, volunteers from Rape Crisis Intervention services, and chose parents that do not support Family Life being taught in schools. There was a standing seat for RCIS on the Family Life Committee. That seat was removed, citing that consent was covered in "Violence and prevention". Why not cover it in both places?

Without an inclusive health framework, Carroll County Public School students will not receive an inclusive education. The LGBTQ students will not be able to receive the education they need. The straight cis students will not know how to interact with people different from them. How can community members say that others should not be included because they don't approve of them? What gives one group the right to claim others cannot be included? There are parents that believe including gender identity means the curriculum is centered around gender identity. Removal of gender identity still makes it centered around gender identity, the gender identities the "Parent's Rights" groups approve of. Just the fact that it is open for debate if sexual orientation, gender identity/expression, shows discrimination. All students need to see positive representation of the LGBTQ community.

No parent should have the right to opt my child out of an inclusive comprehensive education. We need your help to ensure all our students are included. Students in Carroll County need the same framework as the students in Baltimore County. It is unfortunate hate and bigotry disguised as values is preventing individual counties from including all students. When given a choice between mandating a framework that includes all, and not, the choice is clear. Everyone should be included. I beg for a favorable report on House 119. Public schools have a responsibility to the public. Public schools have a responsibility to include all students. Please vote favorably for HB199/SB199.

SB0199 Education Framework Testimony.pdf

Uploaded by: Camila Reynolds-Dominguez

Position: FWA



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The Honorable William C. Smith, Jr.
Senate Education, Energy, and the Environment
2 West
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Annapolis, Maryland 21401
February 7, 2023

Testimony of FreeState Justice
IN SUPPORT OF SB0199: Primary and Secondary Education - Comprehensive Health Education Framework - Established

To the Honorable Senator Brian J. Feldman, Vice Chair Cheryl C. Kagan, and the esteemed committee:

FreeState Justice is Maryland's lesbian, gay, bisexual, transgender, and queer (LGBTQ+) civil rights advocacy organization. We provide free legal services to LGBTQ+ Marylanders who could not otherwise afford an attorney, and we advocate more broadly on behalf of the LGBTQ+ community. We support this bill for many of the same reasons as the other supportive witnesses, but with amendments. Our main concern about HB0119 is the opt-out provision for the topics of sexual orientation and gender identity, or SOGI.

The opt out sends a message to students that LGBTQ+ people are not on equal footing with cisgender, straight people. It reinforces the damaging messages that SOGI is a disposable part of an individual's lived experience, that there is a "correct" or "normative" way to identify, and that being LGBTQ+ is a uniquely unimportant, second-class status—in conflict with our existing laws which prohibit discrimination on the basis of SOGI and which mandate inclusivity in schools and equal protection and access.

To address some criticisms that the framework has received from anti-LGBTQ+ witnesses: Required instruction about SOGI is distinguishable from required instruction on the technical details of reproduction. Reproductive education speaks to personal acts in the privacy of the bedroom, while instruction on SOGI ensures that each student has cultural competency to respectfully interact with their peers in the classroom, and to participate in our workforce and economy where LGBTQ+ people are present in all manner of professional and commercial settings. Appropriate instruction on SOGI is valuable, foundational, and important for all Marylanders.

*FreeState Justice, Inc. (formerly FreeState Legal Project, Inc., merging with Equality Maryland)
is a social justice organization that works through direct legal services, legislative and policy advocacy, and community engagement to enable Marylanders across the spectrum of lesbian, gay, bisexual, transgender, and queer identities to be free to live authentically, with safety and dignity, in all communities throughout our state.*

The opt out provision raises additional logistical problems and questions. It will be VERY difficult to separate SOGI from the other mandatory pillars of this framework. The LGBTQ+ community faces increased disparities in their mental and emotional health, increased rates of substance abuse, and are more vulnerable to targeted harassment and violence—each of which comprise the other elements of the curriculum. These discussions would be incomplete and inadequate without discussion of our community because instruction on SOGI permeates many facets of a student’s wellbeing. Further, will an opt out for the SOGI units mean that only heterosexual reproduction is taught to students not opted out of the family life and reproduction units? And what happens to the students who have to leave the classroom frequently because of how difficult it is to separate SOGI topics? Not only is this incredibly disruptive to their classmates, but it singles out the students whose parents made a choice *for* them, and probably removes the students from the classroom who need this valuable instruction the most.

Students are NOT allowed to opt out of instruction regarding HIV/AIDS. Considering that the virus disproportionately impacts our community, the bill’s language conflicts with itself, unless the HIV/AIDS education portion completely omits our community’s painful history with the virus.

We’d also like to point out that sexual orientation and gender identity are two distinct concepts and grouping them together especially for the purposes of this optout is problematic. For example: Just because someone is transgender does not mean that they are also lesbian, gay, or bisexual. For purposes of the framework, someone’s SO or GI can separately be bases for harassment. A cisgender, heterosexual student who is nonetheless defying expectations of their perceived gender may be the target of bullying, but for a completely *different* reason than a student who is bullied for their status as lesbian, gay, or bisexual but presents as conforming to expectations of their perceived gender.

So we urge an amendment that would instruct the department to develop its own, state-wide regulations that define any potential opt-out with all of this in mind, ensuring that all Maryland students have access to the same high-quality, comprehensive baseline of health education.

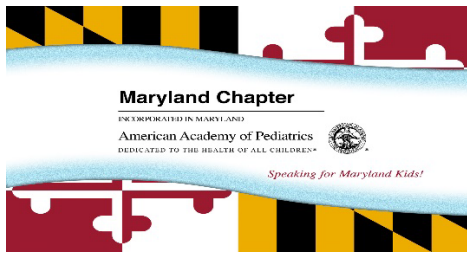
For these reasons, FreeState Justice urges a favorable report on Senate Bill 199.

Phillip Westry, Esq. || *Executive Director, FreeState Justice*

SB0199_FWA_MDAAP_Prim. & Sec. Ed. - Comprehensive

Uploaded by: Christine Krone

Position: FWA



TO: The Honorable Brian J. Feldman, Chair
Members, Senate Education, Energy, and the Environment Committee
The Honorable Clarence K. Lam

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone
410-244-7000

DATE: February 8, 2023

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 199 – *Primary and Secondary Education – Comprehensive Health Education Framework – Established*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support with amendment** for Senate Bill 199.

MDAAP is very supportive of the objectives of Senate Bill 199, which would require the Maryland State Department of Education (MSDE), in consultation with the Maryland Department of Health, to develop a comprehensive health education framework. The bill specifies that the framework shall at a minimum include a number of topics which are critical to enhancing the awareness and understanding of youth about significant issues that could ultimately impact their health and well-being. These topics include: health promotion, mental and emotional health, substance abuse prevention, family life and human sexuality, gender identity and sexual orientation, safety and violence prevention, healthy eating, and disease prevention and control.

Based on the comprehensive framework developed by MSDE, Senate Bill 199 also requires each County Board to create an age-appropriate curriculum that is consistent with that framework. In developing its curriculum, the bill requires each County Board to establish a committee composed of educators, health experts, and members of the local community to review and comment on whether the curriculum materials are consistent with the comprehensive health education framework. To that end, MDAAP would request that the bill be amended to specifically specify that the health experts that will be serving on these committees specifically include pediatricians with expertise in both child and adolescent medicine.

MDAAP recognizes and supports the provision of comprehensive and age-appropriate health education in both primary and secondary schools. Many of the subject areas identified in the legislation reflect issues that all youth should be informed about and should have an opportunity to engage in better understanding their implications. Without comprehensive education programs in the schools, many students will not have an avenue to gain the education and insight that would be provided through the required curriculum. However, MDAAP does not support the “opt out” option afforded to parents for family life and human sexuality and gender identity and sexual identity subject matters. These issues are some of the most complex and impactful on a child and adolescent’s physical and mental health well-being. Allowing parents to prevent their children from learning about these subject matters almost assures these children will not have access to critical information that may assist them in addressing these issues in their lives, with their peers, and in relationships with their families. MDAAP strongly urges the opt out provisions be deleted from the legislation.

With its amendments noted, MDAAP requests a favorable report.

SB 199_dyost_fav.pdf

Uploaded by: David Yost

Position: FWA

Greetings Senator Feldman, Senator Kagan, and the members of the Education, Energy, and the Environment Committee.

I am David Yost, my pronouns are They/Them and I've been a public high school teacher in Baltimore for over a decade. I am writing in support of SB 199.

For most of my career, I have been the advisor of our school's gender and sexuality alliance. Before coming to teach and Baltimore, I was raised by the St. Mary's County Public School system.

Growing up, I did not have access to comprehensive health education like the one referred to in SB 199. Because of this, I didn't have access to any language to describe myself. I knew every day that I didn't fully fit into the binary genders as presented nor the sharp mold of heterosexuality. As a way of trying to force others and myself into this strict mold of heterosexuality, I parroted deeply homophobic things to my gay friends. I'm certain that I caused harm and I know it is because my school system failed to help me grow in a way that would allow me to respect my peers and know myself better.

Now, as a GSA advisor for the past decade, I have seen how the exclusion of LGBTQIA people from health curriculum has made my students feel erased from their own school system. Recently, things have shifted in the Baltimore City health curriculum and school policies so that my LGBTQIA students are fully seen and known. I cannot imagine a world without these pieces in place.

And I'm worried that the opt out provisions may allow people to grow up not knowing about themselves or knowing how to respect their peers much like I did.

Thank you for your time and consideration in supporting SB 199.

Testimony to amend SB199 -2023.pdf

Uploaded by: Emily Tarsel

Position: FWA

Emily Tarsell, LCPC, LCPAT

**2314 Benson Mill Road
Sparks, Maryland 21152**

Amend SB199

February 7, 2023

Dear Chairman, Sponsors and EEE Committee Members,

I am Emily Tarsell, a licensed mental health therapist and concerned citizen of Maryland. As a therapist, I worked with children and families for decades both in private practice and school settings. While I personally no longer have school-age children, I care deeply about children of all ages, the bonds between children and their family/caretaker and the bond between children, families, schools and community.

It seems like a good idea to introduce to children in a planned way experiences, concepts and information with the intent of helping them live healthy lives and have healthy relationships. Many families are already doing this. It is kind of a part of what basic parenting is all about. But this particular “Framework” comes across as too top-down. Many parents are understandably angry about this since it appears that they are being told what their children should learn and then patronizingly told they can “opt out” of some things but pretty much have to follow the framework for which they had no input.

The Framework is not culturally sensitive and was not developed in a way that would model understanding, cooperation, warmth, caring... the kind of values that are at the very heart of health and healthy relationships. The tone of telling parents/guardians that their children have to do this and that which may be counter to that family’s culture and values is divisive and, well, unhealthy. It does not help things to then say, “Well you can opt out.” That is not modeling the very behavior and values the program is presumably wanting to teach.

I urge you to lead by example and create a framework from the bottom up. That could mean starting over or at the very least amending what you have by letting families and children have more of a voice regarding the topics and content. Thank you.

Emily Tarsell, LCPC

HPP Testimony SB 199 (Comprehensive Health Ed)- F

Uploaded by: Jessica Emerson

Position: FWA

Testimony of the Human Trafficking Prevention Project

BILL NO:	Senate Bill 199
TITLE:	Primary and Secondary Education – Comprehensive Health Education Framework – Established Education, Energy, and the Environment
COMMITTEE:	and the Environment
HEARING DATE:	February 8, 2023
POSITION:	SUPPORT WITH AMENDMENTS

Senate Bill 199 would require the State Department of Education, in collaboration with the Maryland Department of Health, to develop a comprehensive health education framework. This framework must include certain topics including safety and violence prevention. The bill also requires a committee review and comment on the curriculum. The Human Trafficking Prevention Project (“HTPP”) at the University of Baltimore School of Law supports this bill because school-based education is a crucial component of preventing human trafficking.

In addition to directly addressing the harms of human trafficking after it has already occurred, the Human Trafficking Prevention Project also focuses on supporting systemic advocacy designed to prevent human trafficking before it occurs. In the case of HB 119, the development of a multi-pronged approach designed to address some of the most common predictors of human trafficking, such as healthy relationships and online safety, is crucial. The CDC states that “[s]ocial-emotional learning programs for youth promote expectations for mutually respectful, caring, non-violent relationships among young people and work with youth to help them develop social-emotional skills such as empathy, respect, and healthy communication and conflict resolution skills.”¹

While the current comprehensive health education framework was recently updated and includes many important topics, it does not include *education on the safe and healthy use of technology and online communications to avoid violence and exploitation*. The HTPP joins its coalition partners in suggesting that amendment language be included to specify that these topics must be included in the comprehensive health education framework in addition to the requirement that there be *education on healthy and non-violent relationships*. In addition, the committee established to review the curriculum does not include subject matter experts, so the HTPP also suggests that *subject matter experts be included in the creation of curriculum* to ensure that it reflects the most recent research and best practices in the necessary areas of instruction.

In recent years, Maryland has begun to show its support for *preventing* human trafficking by addressing the societal challenges that make Marylanders more vulnerable to being trafficked. Senate Bill 199 would further this goal by prioritizing health education information that prioritizes the development of healthy relationships, online safety, and the like. **For these reasons, the Human Trafficking Prevention Project supports SB 199, and respectfully urges a favorable report with amendments.**

¹ <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>.

Favorable with Amendments SB 0199 - Trans Maryland

Uploaded by: Lee Blinder

Position: FWA



Trans Maryland
1800 E Northern Parkway #66332
Baltimore MD 21239



GLSEN Inc.
110 William Street, 30th Floor,
New York, NY 10038

Senate Bill 0199
Education, Energy, and the Environment Committee
February 8, 2023
Position: Favorable with Amendments

Trans Maryland is a multi-racial, multi-gender community power building organization for Maryland's trans community. GLSEN's mission is to ensure that every member of every school community is valued and respected regardless of sexual orientation, gender identity or gender expression. **We support with amendments SB 0199, Primary and Secondary Education - Comprehensive Health Education Framework - Established**). This bill is essential to ensure our trans and queer youth receive information about their existence in the primary and secondary school environment in the health curriculum. In order to fully support this bill, we require an amendment to the bill to remove the requirement for a parental or guardian opt-out. Codifying the opt-out is discriminatory, and sends the message to trans and queer youth and families that we do not have a place in public education, rather than codifying that we deserve the same rights to be reflected in curriculum (and as a result in public life), as our fellow cisgender and heterosexual counterparts. Cisgender (non-transgender) youth have a gender identity. Heterosexual (non-queer) youth have a sexual orientation. If your teacher is a man, he has a gender identity. If your teacher is a woman, she has a gender identity. If your teacher is a man married to a woman, he has a sexual orientation. If your teacher is a woman married to a man, she has a sexual orientation. Our previous governor of Maryland Larry Hogan has a sexual orientation and a gender identity, he is married to a woman and is heterosexual. He is a man, that is his gender identity. No one can opt out of these concepts in the school environment. It is impossible to remove gender identity and sexual orientation from primary or secondary education, because these concepts are woven into the fabric of our society.

Noting a proliferation of anti-trans and anti-queer opponents to this bill, we must ask, in 2023 why we are tolerating the assumption that trans and queer youth, families, and school faculty are the only ones who have a gender identity or a sexual orientation? We know the harm when the only representation for womanhood is white womanhood, and Black, Brown, and Indigenous women are not reflected in society or curriculum framework, we know the harm when the only representation for a body is an able body, and disabled bodies are not permitted to be reflected in society or curriculum framework. We know that presenting the myth that trans and queer people's existence is conditional in society is fundamentally wrong, and discriminatory.

We have openly queer legislators who are present in this hearing and the previous hearing on this bill. A few of our openly queer Maryland General Assembly's elected legislators are married, that is a fact that cannot be erased because some people experience discomfort. Discomfort is part of learning, and part of growth. The clear, non-discriminatory pathway to reducing that discomfort is learning about sexual orientation and gender identity in age appropriate ways. We have openly trans and queer persons of note throughout history, for instance we have students attending a public elementary school in Maryland named after Bayard Rustin, the Black

For more information, contact Lee Blinder, Executive Director of Trans Maryland, and State Policy Fellow for GLSEN at lee@transmaryland.org



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cisgender gay man who was the architect of the 1941 civil rights March on Washington. Bayard Rustin's gayness is a part of who he was. It is impossible to remove trans and queer people from our Maryland public school system's curriculum framework because we are an integral part of the formation of this country, we are teachers and faculty there, and because many of our students go home to their queer family.

Our students must be taught about the existence of trans and queer people to prevent harm, discrimination, and violence, to learn about their fellow classmates, neighboring families, faculty, historical persons of note, and legislators in service of the betterment of our society. UNICEF states that "children are individuals, children are neither the possessions of parents nor of the state, nor are they mere people-in-the-making; they have equal status as members of the human family." UNICEF also states "Social research findings show that children's earliest experiences significantly influence their future development. The course of their development determines their contribution, or cost, to society over the course of their lives." What more costs will the queer and trans youth of Maryland bear if their government yields to those who seek to remove queer and trans youth and adults from public life? What costs will cisgender and heterosexual youth charge to our society if they are opted out of information about members of a vulnerable, marginalized group?

From the GLSEN 2019 National School Climate Survey, we know that Maryland schools were not safe for most LGBTQ+ secondary school students. 24% of Maryland's LGBTQ youth surveyed had experienced physical harassment, 12% had experienced physical assault, and 67% had experienced verbal harassment ([2019 National School Climate Survey, GLSEN](#)). Almost one quarter of surveyed Maryland LGBTQ youth experienced physical harassment, which is an unacceptable level of violence in our Maryland Public Schools. When we endeavor to improve the culture of violence against LGBTQIA+ people in our society by reducing those numbers, we know that education is key. Opting out of learning about the existence of this community is a pathway to continued violence, and is fundamentally out of alignment with acknowledging the inherent dignity of transgender and queer youth and families.

Codifying the parental and guardian opt-out exacerbates the public health emergency around Black trans women's safety. Black trans women are facing shocking levels of physical violence up to and including murder by people who were not taught that being transgender is a legitimate way to exist as a human being. Codifying the parental and guardian opt-out exacerbates the mental health emergency facing our LGBTQIA+ youth, and increases their risk of attempting or completing suicide. Data from the Trevor Project reflects that LGBTQIA+ youth in affirming schools had nearly 40% lower odds of attempting suicide compared to LGBTQIA+ youth in non-affirming schools (The Trevor Project, 2020). To clarify, it is not that LGBTQIA+ youth inherently experience higher levels of suicidal ideation, but it is the way their gender identity or sexual orientation is treated by others in their environment that impacts this aspect of their mental health (Johns et al., 2019; Johns et al., 2020; Meyer, 2016). Our trans and queer youth in Maryland deserve better.

For more information, contact Lee Blinder, Executive Director of Trans Maryland, and State Policy Fellow for GLSEN at lee@transmaryland.org



Trans Maryland
1800 E Northern Parkway #66332
Baltimore MD 21239



GLSEN Inc.
110 William Street, 30th Floor,
New York, NY 10038

The first Black governor elected in Maryland, Governor Wes Moore, set the standard for us all in his recent State of the State speech where he implored us to “leave no one behind”. It is imperative we follow his guidance and ensure we do not leave our trans and queer youth in Maryland’s public schools behind. This crucial piece of legislation will benefit our youth in the state of Maryland, the adoption of an amendment removing the parental and guardian opt-out for gender identity and sexual orientation is imperative. For these reasons, Trans Maryland and GLSEN **urge a favorable with amendment report on SB 0199.**

For more information, contact Lee Blinder, Executive Director of Trans Maryland, and State Policy Fellow for GLSEN at lee@transmaryland.org

SB199 LOS 2023 Leg .docx.pdf

Uploaded by: MD Chesapeake NAPNAP

Position: FWA



Support with Amendment : SB 199 Primary and Secondary Education-Comprehensive Health Education Framework

2/6/2023

Maryland Senate
Education, Energy and Environment Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our **Support with Amendment : SB 199 Primary and Secondary Education-Comprehensive Health Education Framework**.

We support the provision of comprehensive and age-appropriate health education in both primary and secondary schools. This bill would provide the framework for health education topics that are critical to the health, growth and development of youth. These topics include: health promotion, mental and emotional health, substance abuse prevention, family life and human sexuality, gender identity and sexual orientation, safety and violence prevention, healthy eating, and disease prevention and control. The bill language specifies that it requires each County Board to establish a committee composed of educators, health experts, and members of the local community to review and comment on whether the curriculum materials are consistent with the comprehensive health education framework. We would request that the bill be amended to specifically specify that the health experts that will be serving on these committees specifically include pediatricians or pediatric nurse practitioners with expertise in both child and adolescent medicine.

Without comprehensive education programs in the schools, many students will not have an opportunity to gain the education and insight that would be provided through this curriculum. Therefore MD Chesapeake NAPNAP supports the provision of comprehensive and age-appropriate health education in both primary and secondary schools but does not support the parental "opt out" option for family life, human sexuality, gender identity and sexual identity topics. These topics are very complex and impactful on a child and adolescent's physical and mental health well-being. Allowing parents to prevent their children from learning about these subject matters denies these children access to critical information that may assist them in addressing these issues in their lives, with their peers, and in relationships. Therefore we strongly urge the opt out provisions be removed from the legislation.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their **Support with Amendment : SB 199 Primary and Secondary Education-Comprehensive Health Education Framework** .

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse



Practitioners are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Lindsay J. Ward , the Chesapeake Chapter President at 410-507-3642 or lindsayjward@hotmail.com.

Sincerely,

A handwritten signature in black ink that reads "Lindsay J. Ward".

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
Certified Registered Nurse Practitioner- Pediatric Primary Care
International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogordova

Evgenia Ogordova-DNP
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Chair

SB 199_MNADV_FWA.pdf

Uploaded by: Melanie Shapiro

Position: FWA



BILL NO: Senate Bill 199
TITLE: Primary and Secondary Education - Comprehensive Health Education Framework - Established
COMMITTEE: Education, Energy, and the Environment
HEARING DATE: February 8, 2023
POSITION: **SUPPORT WITH AMENDMENTS**

The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that brings together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner and family violence and its harmful effects on our citizens. **MNADV urges the Senate Education, Energy, and the Environment Committee to issue a favorable report with amendments on SB 199.**

Senate Bill 199 would require the State Department of Education, in collaboration with the Maryland Department of Health, to develop a comprehensive health education framework. This framework must include certain topics including safety and violence prevention. The bill also requires a committee review and comment on the curriculum.

The ultimate objective for MNADV is to prevent intimate partner violence from occurring rather than intervening once it has already occurred. A multi-pronged approach must be employed to achieve this goal including education on healthy relationships in schools. The CDC states that “[s]ocial-emotional learning programs for youth promote expectations for mutually respectful, caring, non-violent relationships among young people and work with youth to help them develop social-emotional skills such as empathy, respect, and healthy communication and conflict resolution skills.”¹

While the current comprehensive health education framework was recently updated and includes many important topics, it does not include **education on the safe and healthy use of technology and online communications to avoid violence and exploitation**. MNADV suggests that amendment language be included to specify that these topics must be included in the comprehensive health education framework in addition to the requirement that there be **education on healthy and non-violent relationships**. In addition, the committee established to review the curriculum does not include subject matter experts. MNADV suggests that **subject matter experts be included in the creation of curriculum** to ensure that it reflects the most recent research and best practices in the necessary areas of instruction.

For the above stated reasons, the **Maryland Network Against Domestic Violence urges a favorable report with amendments on SB 199.**

¹ <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

Quick_Testimony_SB_0199.pdf

Uploaded by: Alan Lang

Position: UNF

I would prefer this bill be amended to be opted into, and parents are able to review the curriculum so that they have informed consent.

SB 199_ Primary and Secondary Education - Comprehe

Uploaded by: Alexa Thomas

Position: UNF



PSSAM
Public School Superintendents' Association
OF MARYLAND

Mary Pat Fannon, Executive Director
1217 S. Potomac Street
Baltimore, MD 21224
410-935-7281
marypat.fannon@pssam.org

BILL: SB 199

TITLE: Primary and Secondary Education - Comprehensive Health Education Framework - Established

DATE: February 8, 2023

POSITION: Oppose

COMMITTEE: Education, Energy, and the Environment

CONTACT: Mary Pat Fannon, Executive Director, PSSAM

The Public School Superintendents' Association of Maryland (PSSAM), on behalf of all twenty-four Maryland local school superintendents, **opposes** Senate Bill 199.

Senate Bill 199 requires that local school systems create age-appropriate health curriculum based on the comprehensive health education framework created through a partnership by the Maryland State Department of Education and the Maryland Department of Health. This bill also requires local school systems to establish methods by which parents would be able to opt out of topics contained within the health curriculum.

PSSAM champions the localized approach to implementation of health curriculum consistent with State guidelines. However, PSSAM shares concerns with local school boards and other advocacy organizations regarding legislative efforts to codify standardized curriculum, assessments, or standards. PSSAM maintains our longstanding position regarding curricular mandates, which highlights the critical nature of preserving local authority and oversight concerning matters such as curriculum and assessments. Each of Maryland's local school systems must be granted flexibility in developing curriculum that best reflects the specific, and diverse needs of their student population and local community. Again, local superintendents support robust and comprehensive instruction in health education, and believe that this objective is best accomplished by preserving local flexibility in implementing health curriculum.

PSSAM firmly maintains that the role of curriculum development belongs solely to local school boards and superintendents, in partnership with the State Board of Education.

For these reasons, PSSAM **opposes** Senate Bill 199 and kindly requests an unfavorable committee report.

Bill SB0199.pdf

Uploaded by: Daniela D'Orazio

Position: UNF

Dear Senators,

Please vote Unfavorable for Bill SB 0199 and amend this bill to have an opt-IN with parent curriculum review.

Parents knows best when their child is ready for certain topics pertaining to sexuality.

Thank you,

Daniela D'orazio

2023 Oppose SB199 Written Testimony (1).pdf

Uploaded by: Deborah Brocato

Position: UNF

OPPOSE SB199
Primary and Secondary Education -
Comprehensive Health Education Framework - Established
Deborah Brocato
3206 Gloucester Dr
Fallston, MD 21047

Dear Senators,

As a lifelong resident of Maryland and mother of 4 daughters, I strongly oppose SB199.

This bill develops a new curriculum outside of the standard academic education for which public schools were designed, that is reading, writing, science and mathematics.

Parental Rights Must be Protected

This bill creates a program mandated by the state with the state's concepts full of subject matter that is the primary responsibility of parents. The subject matter as mandated by the state would give the state's perspective on the topics listed and others not listed which could be in conflict with the parents' value system. The topics listed are not neutral. The topics listed on page 2 are all subjects that should be left to the purview of the parents. While public education might be of assistance to parents, this bill makes the state through the public school system the primary arbiter of a child's mental, physical and emotional health. This is an inappropriate use of the legislative body. Outside of an abuse situation, the state via the public school system has no business delving into the sexuality of minor children and their families. The *Maryland Comprehensive Health Education Framework* includes inappropriate subject matter such as gender identity and sexual orientation for elementary school children and discussion of "solo, vaginal, anal and oral sex" with middle school students. This curriculum should be abandoned completely in favor of leaving the subject matter in the hands of the parents and/or legal guardians of the children.

The "opt out" option is not satisfactory. In the past, permission slips went home for any subject matter outside of the school curricula of reading, writing, science and math. The parents were informed of the new material and determined whether or not their children would participate. Students were not automatically enrolled. With "opt out," children are automatically enrolled. The "opt out" forms are let to the children to bring home to their parents and return to the school. There is no accountability for the school; children are given the responsibility to inform their parents. Ultimately, this means parents will not be fully informed of what their children are learning in school.

Lower Test Scores

National studies and state studies show that overall performance levels of Maryland children are down and trending downward and the majority of Maryland children are not proficient for their grade levels.

<https://news.maryland.gov/msde/maryland-state-department-of-education-provides-update-to-statewide-spring-2022-maryland-comprehensive-assessment-program-mcap-results/>

And

https://www.nationsreportcard.gov/profiles/stateprofile/overview/MD?cti=PgTab_OT&chort=1&sub=SCI&sj=MD&fs=Grade&st=MN&year=2015R3&sg=Gender%3A%20Male%20vs.%20Female&sgv=Difference&ts=Single%20Year&tss=2015R3&sfj=NP

Maryland Education for children is not looking good. Instead of developing an inappropriate program for our children, the focus needs to be on improving the current education.

No Funding for Abortion

The implementation and funding of this bill would allow taxpayer funds to be used for abortion services, funding entities that promote and/or provide abortions and hiring those who promote abortions. Again, this would all be done without parental notification or informed consent. The latest Marist poll shows that 60% of Americans, both pro-life and pro-choice, oppose the use of taxpayer funds for abortion and abortion services. Sixty percent of the respondents to this poll identified as pro-choice.

I ask that you support the family structure and parental rights and oppose SB199.

testimony sb199 pdf.pdf

Uploaded by: duffy kane

Position: UNF

Senator, Lam,

I highly oppose SB199 and HB119 Primary and Secondary Education- Comprehensive Health Education Framework.

Parents have the fundamental right to know how and what their children are being taught in public schools. This bill seeks to remove control from the local school districts and boards of education.

Parents are tax-paying citizens and have the right to observe and participate in determining the content and implementation of public school programs and curricula.

Parents have the fundamental right to insist that content of public school curricula is factually sound and inclusion of new content based on new ideology and/or methodology is evidence based and demonstrably leads to positive outcomes.

Inclusion of gender ideology in public school curricula based on recent changes in public guidelines is linked to negative mental and physiological health outcomes for students.

SB199 includes open-ended language which does not adequately safeguard parents' vital and fundamental right to protect their children from exposure to curricula including content of ideology which is not evidence-based and demonstrably causes negative outcomes.

In conclusion,

Our children are already exposed to enough hyper sexualized stimulus through media, social media, books and other sources. SB199 furthers the agenda to hyper-sexualizing children against the standards of common decency, not to mention parental consent. Plainly put, parents are being forced to pay for the moral, spiritual, and psychological destruction of their own children. This is despicable legislation!! Senator Lam, please oppose SB199.

A concerned parent,

Rochelle Kane

SB199_HB119 Opposition.pdf

Uploaded by: Eleanor Jones

Position: UNF

SB199/HB119 Opposition

There are two main objections in allowing this bill to pass:

1. Biased, partisan ideology has no place in our schools, and;
2. This bill takes away local control when it comes to the curriculum decision making process.

First, there is a reason why the Christian flag cannot be displayed in public schools - Separation of Church and State. We may have the right to freedom of religion under the First Amendment of our Constitution, but we may not solely focus on just one type of religion so as to enable everyone of various religious backgrounds their freedom to worship. Christians have understood for many years now, that their religious beliefs cannot be displayed, nor can prayer occur in their public schools. If Christian families have the resources to send their kids to private, Christian school, they can freely practice their faith at these institutions. For the many other families who do not have the resources to send their kids to private school or homeschool, they are confined to an institution where they must remain silent regarding their faith. So it begs the question as to why a certain group of kids and their families must remain silent when it comes to a very important part of their lives - their faith - while another group may freely practice their belief of a political, ideological lifestyle choice inside public schools? Another example of the division occurring in public schools that we have been witnessing, is how there have been some students who have worn American flag apparel, or politically conservative themed apparel, and were sent home from their public schools, yet students who wear LGBTQ apparel are not sent home. And yes, these incidents have occurred in schools across Maryland. Teachers are allowed, even encouraged, to display LGBTQ themed flags and other LGBTQ displays, but a Christian teacher is prohibited from displaying a Christian flag or other Christian themed displays. So where is the actual equity here? Equity in our public schools only exists for one political group. This is the main reason why this Health Curriculum, filled with gender fluidity, LGBTQ practices, sexual acts and practices with graphic content, should not be presented in our public schools. It's not just the adult content, but it also violates the religious beliefs of thousands of students who are forced to attend public school because their families cannot afford private school or homeschool and this State of Maryland has no school choice initiative. I sometimes wonder if this was purposely set this way?

Second, after over a year and a half of our kids having been unnecessarily shut out of their schools for Covid, we now see as a result of the latest state test scores, just why the emphasis in schools should be placed on core academic subjects. I am in Carroll County. We were one of the first counties to allow students back into their classrooms and our test scores demonstrate exactly why we made the best choice and put our kids, not political ideology, before the kids. Carroll County actually performed in the top five in all subject areas. Carroll County also places the emphasis on core academic subjects versus pulling in political ideology into all of their subject areas. Of course, if this bill passes, Carroll County will lose its ability to decide which curricula choices are best for their kids and their families. Carroll County is not like Howard County, or Baltimore City. Relegating us and other counties to only one option that the state decides for us, does a disservice to the families that are supposed to be served in the school systems. It will lead to confusion, loss of buy-in and collaboration for all families, And it will lead to even more division among different types of families.

Eleanor Jones, Carroll County

SB199-2023-Health Educ Framework.pdf

Uploaded by: Ella Ennis

Position: UNF



Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women
PO Box 6040, Annapolis MD 21401
Email: eee437@comcast.net

February 7, 2023

The Honorable Brian Feldman, Chairman
and Members of the Education, Energy and Environment Committee
Senate of Maryland
Annapolis, Maryland

Dear Chairman Feldman and Members,

RE: **SB 199** – Primary & Secondary Education – Comprehensive Health Education Framework –
Established – **OPPOSE**

SB199 enacts into law the Department of Education's *Maryland Comprehensive Health Education Framework: Pre-Kindergarten through 12th Grade*. SB199 goes further by requiring that: "With the assistance of the county health department, each county shall provide (1) adequate school health services; (2) instruction in health education..."

It is apparent that the intent of this bill, the "Blueprint for the Future", and other recently proposed legislation is to dramatically expand health services in the school setting and to substantially reduce or even eliminate parental knowledge and involvement.

The *Framework* diminishes or eliminates the importance of parents and traditional families -- "*family is a group of people that support each other.*" That is an over-simplified and incomplete description of a family, and flagrantly ignores biological and legal relationships.

We object to implementation of the *Framework* for these reasons:

- **Standard 1a: Mental and Emotional Health**
 - There is just one mention of "parents" for grades Pre-K through Grade 5 but repeated use of "trusted adults" who can help with emotions or feelings. Parents must be identified as the most important trusted adults, and family beliefs and values respected.
 - Parents must be involved whether they agree with the action or not. School systems that exclude parents on the premise of protecting student privacy as it relates to mental or emotional health are violating parental rights and legal obligations. Parents will be left to deal with the consequences, monetary and emotional.
 - These elements of the Framework are even more concerning in light of the State's recent change that allows 12-year-olds to seek mental or emotional health counseling and treatment without parental knowledge or consent. This diminishes parental rights and increases the likelihood that school or health personnel can guide a 12-year-old into counseling or treatment without parents' knowledge or consent.



Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women
PO Box 6040, Annapolis MD 21401
Email: eee437@comcast.net

- **Standard 1b: Substance Abuse Prevention** waits until 4th grade to talk about cannabis or illegal drugs, but in Grade 2 introduces the subjects of alcohol, nicotine, and electronic smoking devices. Edible cannabis products are likely to become an increasing danger as recreational cannabis is rolled out.

- **Standard 1c: Family Life and Human Sexuality**
 - Kindergarteners will “*identify different types of families (e.g., single-parent, same gender, intergenerational, cohabitating, adoptive, foster, etc.)*” with no mention of two-parent, heterosexual, or married families.

 - Grade 6 -- *identify human reproductive systems, including medically accurate names for internal and external genitalia and their functions, and describe conception and its relationship to the menstrual cycle and vaginal sex.*

 - Grade 7 -- *identify solo, vaginal, anal, and oral sex along with possible outcomes for each; and identify ways to prevent pregnancy, including not having sex and effective use of contraceptives, including condoms.*

- These are highly sensitive subjects. The *Framework* makes no mention of protecting the innocence, modesty, or dignity of children in these discussions. How will classes be structured? Who will teach the more sensitive subjects? What are their qualifications?

We are concerned that this intersectionality of education and health services could lead to children being prescribed:

- (1) Contraceptives or abortion pills, or referred for abortions.
- (2) Puberty blockers, cross-sex hormones or gender-affirming surgery before age 18.

It is widely recognized that the human brain is still developing until about age 25, which is why juveniles are not held to the same level of responsibility for serious crimes committed under age 18. For these same reasons, a child under age 18 should not be able to submit to actions that permanently remove their ability to reproduce and become a parent themselves.

Whether intentional or not, provisions of the *Framework* and this bill will have negative implications for the two-parent family as the basic unit of our society.

For all of these reasons please give **SB199** an **UNFAVORABLE** report.

Sincerely,
Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women

Bill199Opposition.pdf

Uploaded by: Janet Greenhawk

Position: UNF

I am writing to oppose the HB 119/SB199, Primary and Secondary Education- Health Education Framework. The bill requires all counties, without consent of their citizens, to create an “age-appropriate” curriculum consistent with the Comprehensive Health Education Framework. In the state’s view, teaching young children to question their gender or teaching 7th grade students to identify “solo, vaginal, anal and oral sex along with the possible outcomes of each.” Many parents strongly disagree.

If the committee decides to pass this bill, which I think would be a heavy handed attempt to steal the rights of the locals to design their curricula, I hope that at least there will be an “opt in” amendment which would allow parents to decide to let their child participate in the units in the Family Life and Human Sexuality or Gender Identity and Sexual Orientation Units. This will allow parents to decide what they want their children to be taught, not the state. This is critical with such controversial and sensitive content.

An “opt out” option will not be viable unless school systems bear the burden of making sure every parent knows about that option and are given every opportunity to exercise it. That means more than just posting a form online or sending a slip home in a student’s backpack. It means making the same effort that would be required in signing students up for free and reduced lunch or a field trip.

Above all, this law will take away local control of the schools, by-passing elected school boards and forcing them to adopt a curriculum that many of their citizens do not want.

Do not pass this bill. But, if you make the mistake of passing it, include an “opt in” amendment.

Jan Greenhawk

Chair – Moms for Liberty-Talbot

Family Advocacy Alliance

Bill199Opposition.pdf

Uploaded by: Janet Greenhawk

Position: UNF

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Above all, this law will take away local control of the schools, by-passing elected school boards and forcing them to adopt a curriculum that many of their citizens do not want.

Do not pass this bill. But, if you make the mistake of passing it, include an “opt in” amendment.

Jan Greenhawk

Chair – Moms for Liberty-Talbot

Family Advocacy Alliance

SB0199.pdf

Uploaded by: Janet Katz

Position: UNF

February 7, 2023

Written Testimony for SB0199

SB0199: UNFAVORABLE

Requiring the State Department of Education, in collaboration with the Maryland Department of Health, to develop a comprehensive health education framework; requiring each county board of education to create an age-appropriate curriculum that is consistent with the comprehensive health education framework; requiring each county board to establish a method by which a parent or guardian may opt out of certain topics, subject to certain requirements; etc.

<https://mgaleg.maryland.gov/2023RS/bills/sb/sb0199F.pdf>

I have an Unfavorable position with the Bill as written but if it were amended to include an Opt-IN or Opt-OUT for parents I would support it. I believe a parent knows best when their child is ready for certain topics related to sexuality.

Best,

Janet Katz

Annapolis, MD

bill.pdf

Uploaded by: Janet Stann

Position: UNF

I am opposed to the gender ideology bill and taking control away from our local BOEs.

MD SENATE BILL SB0199 1.pdf

Uploaded by: Jean Benhoff

Position: UNF

MD SENATE BILL 0199

POSITION: OPPOSED

NAME: JEAN M. Benhoff

LOCATION: Baltimore County MD

Please Vote Against S.B.199, Primary and Secondary Education - Comprehensive Health Education Framework

Please Vote Against S.B.199, Primary and Secondary Education - Comprehensive Health Education Framework

Honorable Chair and Members of the Maryland Senate Education, Energy, and the Environment Committee,

I am writing today to urge you to vote against SB199. There is no defensible argument in support of this Bill. The onus is upon you to defend SB199, and not upon your constituents to defend their positions against it.

I write backed by thousands of years of science, logic, reason, and tradition, which undeniably makes the case that transgender ideology, at a minimum, should not be taught in any way by educators. While individuals have the right to express themselves how they choose, it's not your position to institutionalize fictional genders, nor legislating them into COMAR!

Moreover, under the Maryland constitution, as well as the United States constitution, this committee as a body has absolutely no right to limit or revoke the rights of parents. Parents have every right to parent, and their primary responsibility does not require permission from you or any legislative body.

Our position is objective, it comes with a complete explanation, and it is not based on subjective experiences or notions. Our position against SB199 is supported by a multitude of quality objective evidence, which is publicly accessible. Furthermore, our position is consistent with rules of logic, and offers no contradiction. And while I consider much of this bill morally reprehensible and completely unnecessary, legislating untruths into Maryland code should frighten us all, no matter what our stance is on this bill.

The American Psychological Association, along with the American Association of Pediatrics, should be ashamed of themselves. Many people make the claim that the American Association of Pediatrics, having a larger membership, has more clout: a false assertion. The American College of Pediatrics disagrees with this curriculum and disagrees with transgender treatments. The research is absolute in consensus among the researchers that it's harmful and ridiculous. Pioneer Dr Paul McHugh stated undeniably that the patient " needs their brains fixed, not their bodies," in his published longitudinal study.

And just as big pharma sells drugs on TV, educators, social workers, and politicians, are selling trans options to children and growing the problem. It should be without question, that all individuals should be respected and treated kindly, but do we need to be spending Maryland taxpayer dollars to accommodate the hundreds of groups, narratives and agendas that may come down the pike in the future? Accepting gender fantasies is one thing, but condoning treatment that often leads to irreversible surgeries is another, and while it might appear as care that may give a child temporary relief, numerous post-treatment cases are piling up that have resulted in dangerous physical and mental side effects, deep regrets, and suicide.

Have you been provided with proper long-term safety data on mental and physical health of children as a result of teaching and supporting gender ideology in schools? If not, don't just be a follower of this global trend and unwittingly let this Pandora's Box be further opened. As a member you have one intrinsic duty and that is to do no harm and serve the common good. We ask that you reject this bill and any other legislation associated with it for the sake of our children and families. We remind you to uphold the Constitution and the unalienable rights of parents.

We will not live by lies. We will not accept the lies that support this bill. We will not accept the lies that this Bill, or any associated curricula is good for any child or any family.

SB 199.Health Curriculum State Framework.pdf

Uploaded by: John Woolums

Position: UNF

BILL: Senate Bill 199
TITLE: Primary and Secondary Education - Comprehensive Health Education Framework - Established
DATE: February 8, 2023
POSITION: OPPOSE
COMMITTEE: Education, Energy, and the Environment
CONTACT: John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) opposes Senate Bill 199. This legislation is not necessary to require the Maryland State Department of Education (MSDE), in collaboration with the Maryland Department of Health (MDH), to develop a comprehensive health education framework. This is because these agencies and a broad group of other stakeholders have already done so. MABE's opposition to this health framework and curriculum bill is firmly grounded in the association's adopted legislative positions, which affirm that MABE:

- Supports local decision-making authority in developing curriculum, assessments, grading policies, and instructional programs and the adoption of statewide laws and regulations reflecting a commitment to local governance, professional judgment of local educators, and community engagement; and
- Opposes any efforts by the General Assembly to legislate curriculum or testing matters inconsistent with MABE's adopted resolutions and legislative positions.

MSDE very recently approved a revised health education framework in 2021, based on regulations updated in 2019. The "Maryland Comprehensive Health Education Framework: Pre-Kindergarten through 12th Grade" was drafted and reviewed by representatives from local school systems, MSDE, the Maryland Department of Health, University of Maryland School of Medicine, Johns Hopkins Bloomberg School of Public Health, American Academy of Pediatrics, Advocates for Youth, and a parent and high school student. Since 2021, local boards have been engaging their parents and local communities to devise their local curriculum, including the approved option for parents to have their children opt out of the Health and Human Sexuality instruction. MABE strongly supports this process of state standard development followed by flexible local curriculum development through community engagement.

MABE opposes this legislation for the reasons outlined above and to avoid setting the precedent that other content standards, curriculum, and instructional materials may become the subject of legislation. In Maryland, the authority to adopt curriculum, courses of study, and the selection of textbooks resides with each local board of education and superintendent. Examples of state laws establishing curriculum are limited, including specific subject matters such as agriculture, computer science, and cardiopulmonary resuscitation. The State Board of Education has approved regulations that contain more specific requirements to provide instructional programs in specific content areas and to include the content standards set forth in the curricular frameworks. The MSDE Protocol for Developing and Revising Standards defines the state frameworks as guides for school systems as they develop local school curricula. Again, MABE endorses this process and opposes a shift to legislating on curriculum matters.

For these reasons, MABE requests an unfavorable report on Senate Bill 199.

SB0199 Health Education .pdf

Uploaded by: Jolie McShane

Position: UNF

OPPOSE SB0199 Health Education Curriculum

Written Testimony

Jolie McShane Baltimore County

HIV/AIDS Mandatory Curriculum

Why is this curriculum mandated? In 2007, my son was in 5th grade and the parents were alerted of the HIV/AIDS awareness lesson. Parents were invited to pre-view the lesson. I was shocked! Here is an adult woman telling my son SIX times not to have unprotected sex. This ladies and gentleman is a double negative, in other words, HAVE PROTECTED SEX, HAVE PROTECTED SEX.

This lead me to do some research, how many children under the age of 18 have been recorded to be infected with HIV/AIDS in Maryland. Back then the CDC was truthful, their charts showed in 2007 ages 18 and under cases which totaled ONE case! Why in the world is the education system focused on sex?

Look at the CDC numbers now for Maryland, the age bracket is expanded 13-25 year olds. Why was this done? Probably to hide the truth, this is not an epidemic among 18 year olds and younger.

How many 13-25 year olds have been infected with HIV/AIDS in Maryland in 2018? A whopping 18 men contracted this disease in 2018. There is a strong chance this group is mostly 18-25 year olds.

Do not pass this law, it is simply a corruption of our children.

<https://www.kff.org/hiv aids/state-indicator/hiv-diagnoses-adults-and-adolescents/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22maryland%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

SB199_Written Testimony.pdf

Uploaded by: Katherine Sullivan

Position: UNF

Witness: Katherine Strauch Sullivan
Jurisdiction: Baltimore County
Bill: SB199 Primary and Secondary Education - Comprehensive Health Education Framework
Sponsor: Senators [Lam](#), [Rosapepe](#), [Hettleman](#), and [Washington](#)
Position: AGAINST

Dear Committee,

My name is Katherine Sullivan and I am a resident of Baltimore County. As a mother of four school age children with over 21 years of parenting experience and 18 years in the school system, **I oppose SB199.**

The 2021-2022 school year ELA and Math assessment results were abysmal. Here is a small sampling:

The 2021-2022 ELA assessments:

- 45% proficient in grades 3 and 4
- 40% proficient in grade 5
- 53% of 10th grade English students were proficient High school English 10th

In math, the results were even more concerning:

- Only 17.6% of sixth grade students were proficient in math
- Just 6.5% of students who took the grade 8 assessment were proficient.
- Only 14.5% high school students tested proficient in Algebra I

Maryland's education system is failing our kids. We must we prioritize reading, writing, and math. We must not be distracted by side programs that will divert our eyes off our children's proficiency in ELA and Math. This Bill is NOT NEEDED. We already have a comprehensive Health program that was thoughtfully and professionally put together for our children less than 3 years ago. We must stop this "catch of the day" constant re-writing and revising our curriculums to suit the cause du jour. We must stick to professional, true, tried, and common-sense standards.

I am sure this program is offered up in good faith with sincere intentions. The problem is, these well-intended programs never end where they begin. Invariably they only serve to embolden our teachers and our government to go way beyond the scope of the prescribed curriculum. To say otherwise is to deny reality. Don't believe me? Last week my friend's daughter was in "health class" and her teacher pulled her aside to tell this student she thought it was a "very bad idea" NOT to have sex before marriage. For

some of you who may think this teacher's "care and concern" is a wonderful thing - I ask you this: How would you feel if that same teacher pulled your child aside and told them "marriage is only between a man and a woman"? Programs like this open the door for such ideological indoctrination and BOTH sides need their private values protected! The health and mental wellness of our children is critically important – so let's leave it to the private health professionals and parents to guide our children and keep our teachers focused on graduating our children with the ability to think critically and with high proficiencies in reading, writing, and math.

SB199 is not necessary. Vote NO on SB199.

Respectfully,

Katherine Strauch Sullivan

quick_Testimony_SB0199.pdf

Uploaded by: Kevin Lang

Position: UNF

Were this bill amended to make the curriculum opt-in, and allowed parental review such that the opt-in could be done with informed consent then I would be much more favorable towards it.

Dear Committee Members SB199.pdf

Uploaded by: Kim Pratta

Position: UNF

Dear Committee Members,

As a parent and constituent of this state, I urge you to advocate against SB199, Primary and Secondary Education - Comprehensive Health Education Framework. Senate Bill199 seeks to strip local control from our BoEs and force all MD public schools to teach radical gender theories and inappropriate sexual topics to our children using the Comprehensive Health Education Framework which was developed and pushed out by the Maryland State Dept. of Education (MSDE) in 2022.

This framework presents very controversial topics, to which there is no consensus. Schools should be teaching the facts: reading, writing, math, science, history, arts, etc. Health and sexual education should focus on biology and reproduction. It should not include lessons teaching children a gender ideology or explicit sexual acts.

In this framework, kindergarteners will be taught gender theory - including the belief that there are more than two genders, and that a person can choose their gender. This is a belief (not a fact, no scientific basis) of some, but not all. In seventh grade, our 12-year-olds will be taught about anal sex and self-sexual pleasure.

Not only is this an affront on parental rights issue, but it is also a governmental overreach issue. We have local government, including BoE's for a reason - they are elected by the people to represent the people in their districts. The MSDE is made up of appointed officials, who were not elected, yet representatives in the General Assembly are attempting to take control away from local BoE's and force compliance with the MSDE's radical ideas. The Supreme Court's Parental Rights Doctrine maintains that parents have a fundamental right to direct the upbringing of their children.

The focus of the MSDE and the legislature should be to serve the best interest of our children. Provide them with safe schools that focus on academics where they can learn and thrive. Our children deserve nothing less. Please vote against SB199 and support fundamental parental rights and oppose government overreach.

I, and many other parents in this state, strongly oppose this bill along with HB119, however, IF this bill passes, I URGE you to at the very least - put an AMENDMENT IN FOR AN OPT-IN only. This will allow parents to retain control over what is appropriate and not appropriate for their child to be learning in school.

Sincerely,
Kimberly Pratta

SB119 - Opposed_request for opt in.pdf

Uploaded by: Kit Hart

Position: UNF

Dear Senator Lam,

I am writing to request an opt IN requirement for MD state standards in comprehensive sexual education. Parents have the fundamental right to direct the upbringing of their children, ESPECIALLY in regards to issues about sex and morality. The MD State health standards include several teachings which many parents oppose for religious or personal reasons. It is not the job of the state to determine which moral teachings that are fostered at home should be superseded by the government.

Offering the opt in option will go a long way in restoring a tenuous relationship between parents and government officials. Many parents recognize that the MD state government usurped a great deal of control over their families since the time of covid lockdowns. We humbly ask that you consider offering this option so that parents can determine how and what their children learn about sex.

Thank you,

Kit Hart

Chair - Moms for Liberty - Carroll County

UNFAVORABLE.SB199.MDRTL.L.Bogley.pdf

Uploaded by: Laura Bogley

Position: UNF



Opposition Statement SB 199/HB 119
Comprehensive Health Education Framework
Laura Bogley, JD
Executive Director, Maryland Right to Life

We Strongly Oppose SB 199/HB 119

On behalf of our 200,000 followers across the state, we strongly object to SB 199/HB 119. This bill usurps the local authority of county school boards, undermines parental rights to make medical decisions for their children and further subjects minor school children to radical sexuality indoctrination and abortion coercion at the hands of those who stand to gain financially from unplanned pregnancies. We once again ask the state to put the safety of patients, in this case school children, before politics and profit, by issuing an unfavorable report on this reckless bill.

We Trust Parents

Maryland Right to Life trusts parents to make the best decisions about their children's health. State law must recognize the natural and legal right of parents to provide consent for their children's medical care. But the state has repeatedly demonstrated a wanton disregard for the rights of parents and the welfare of school children. Under the influence of the abortion industry, the state removed the requirement that parents must first give permission for their child to participate in the sex ed curriculum, or to "opt in". Parents now have the obligation to "opt out" if they are provided notice at all.

The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. The state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health. Parents expect their children will be taught health and human reproduction-not sexuality. The radical sexuality instruction being taught by adults to school children is grooming, which is an instrument of sexual abuse. The state has broadly expanded student health services beyond treating scraped knees and headaches, to coordinating abortions for minor girls during the school day with excused absences.

Maryland is State Sponsor of Abortion Industry

Maryland law does not require sex education to be either medically accurate nor age appropriate and it is neither. Both the Department of Education and the Department of Health have become state sponsors of the abortion industry, using taxpayer funds to contract out educational curriculum development, programs and training to questionable third-party organizations that are financially interested in abortion sales, including Planned Parenthood and Advocates for Youth.

Together they have established the existing **Maryland Comprehensive Health Education Framework** and the **Maryland Standards for School-Based Health Centers**. They are pushing a radical sexuality agenda beginning in kindergarten, that includes morally bankrupt and medically inaccurate curriculum that is not healthful or appropriate at any age. Already in Maryland a minor girl may undergo a medical procedure to implant birth

control, get free transportation to an abortion mill, or possibly receive chemical abortion pills, all during the school day with an excused absence and without parental notice or consent (see attachment). The lack of parental notification under existing standards, puts students at greater risk of abortion coercion, undiagnosed abortion complications including death, and enables pedophiles and sexual abusers to continue abusing child victims.

Recently, the Maryland General Assembly removed oversight of School Based Health Centers from the Department of Education and gave the Department of Health unilateral control over health education. They broadly expanded what type of providers may manage and operate School Based Health Centers. We are opposed to any policy that allows Planned Parenthood to manage clinics on school grounds as they currently do in Los Angeles, California (see article *Washington Examiner*).

This bill seeks to expand all of the above and impose these dangerous policies on all local school boards and county schools.

Maryland is Failing to Protect Children

The Assembly recently removed protections under the law for children by reducing the age of medical consent for behavioral health services to 12 years of age. Mental health, including anxiety or depression has long been used to justify taxpayer funded abortion including on minor girls. Many of the same businesses who commit abortions, are expanding their business models and their reach over defenseless children by pushing puberty blockers and gender mutilation. Some have expressed their intention to use school psychologists and counselors as a feeder system to prey upon school children for their own financial gain.

While Maryland law already permits girls 16 and over to undergo abortion procedures without parental notice or consent, we do not know how many abortions are committed on children under the age of 16. The state shields abortionists by allowing them to commit abortions unfettered and without reporting requirements to the state or the Centers for Disease Control. Maryland is one of only three states that do not require abortion reporting. While abortion providers are supposed to be subject to the law as mandatory reporters of suspected child abuse, we are aware of no such report. Inspections of abortion clinics and practices are complaint-driven only. But even after two women suffered near fatal injuries from botched abortions in Bethesda, the Maryland Department of Health refused to inspect the facility until after legal action was taken by the victims.

Pregnancy is not a Disease

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women's healthcare. Women have better options for comprehensive health care. There are 14 federally qualifying health care centers for every Planned Parenthood in Maryland. Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. As a result abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined.

No public funding for abortions

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. State funding for abortion on demand with taxpayer funds is in direct conflict with the

will of the people. A 2023 Marist poll showed that 60% of Americans, both “pro-life” and “pro-choice” oppose the use of tax dollars to pay for a woman’s abortion.

Love them both

This bill stands in conflict with the fact that 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund health and family planning services which have the objective of saving the lives of both mother and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Funding restrictions are constitutional

The Supreme Court of the United States, in *Dobbs v. Jackson Women’s Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*”, and held that there is “*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*”

Once again, we urge you to put parents and children before politics and profit, by issuing an unfavorable report on this bill.

Sincerely,

Laura Bogley, J.D.
Executive Director
Maryland Right to Life

Developmentally appropriate reproductive care must be provided according to community acceptance, documented need and community norms. Reproductive health services are not in lieu of reproductive health services provided by community base health providers, SBHC are encouraged to partner with other community-based providers.

Reproductive Health Services	Level I Core	Level II Expanded	Level III Comprehensive
d. General Reproductive Health Services			
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Recommended	Recommended	Recommended
Abstinence education	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Case management	Onsite	Onsite	Onsite
Pregnancy testing	Onsite	Onsite	Onsite
Reproductive Health Education	Onsite	Onsite	Onsite
e. Family Planning Services			
Family Planning Services	Recommended	Recommended	Recommended
Prescriptions for contraceptives	Recommended	Recommended	Recommended
Comprehensive pregnancy options/ pregnancy counseling	Recommended	Recommended	Recommended
Case management	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
Prenatal care	Referral	Referral	Referral
Informing and referring for birth control	Onsite	Onsite	Onsite
Dispensing contraceptives	Onsite or Referral	Onsite or Referral	Onsite or Referral
f. STD/STI Services			
Case management	Onsite	Onsite	Onsite
STD/STI treatment and testing	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
HIV pre- and post-test counseling/HIV testing	Recommended	Recommended	Recommended
HIV/AIDS treatment	Referral	Referral	Referral

Mental Health Services must be provided in collaboration with a licensed provider for those students requiring psychotropic drugs as part of their treatment.

g. Mental Health Services	Level I Core	Level II Expanded	Level III Comprehensive
Individual mental health assessment	Referral	Onsite	Onsite
Mental health treatment	Referral	Onsite	Onsite
Mental health crisis intervention	Referral	Onsite	Onsite
Group therapy	Referral	Onsite	Onsite
Family therapy	Referral	Onsite	Onsite
Consultation with school administrators, parent/guardian, teachers and students	Onsite	Onsite	Onsite
Psychiatric evaluation	Onsite or Referral	Onsite or Referral	Onsite or Referral
Psychiatric medication management	Onsite or Referral	Onsite or Referral	Onsite or Referral

Planned Parenthood plans to infiltrate high schools

by [Kate Hardiman, Contributor](#) | December 16, 2019 02:07 PM

Planned Parenthood [announced](#) it will be opening 50 clinics in Los Angeles high schools last week. This is just the organization's latest attempt to infuse its values into the public school system.

Though the new "Wellbeing Centers" stop short of offering surgical abortions, they will provide emergency contraception, STI testing and treatment, and a wide range of birth control options. Funded by a \$10 million grant from Los Angeles County and \$6 million from Planned Parenthood, 50 clinics will open over the next three years, available to more than 75,000 students.

Students can walk into the clinics anytime — including during class. Per California law, minors can receive emergency contraception and other forms of birth control, and healthcare providers are not allowed to inform their parents without the minor's permission.

The clinics will also train hundreds of teens to be "peer advocates" about "safe sex and relationships" and will provide "pregnancy counseling." Pro-life advocates believe these are thinly-veiled efforts to drive more business to Planned Parenthood's abortion-providing clinics.

"If LAUSD truly cares about the health of our daughters (and sons) it would not give unfettered access to our kids to an organization that directly benefits from unplanned pregnancies," 28-year California public school teacher and founder of the nonprofit organization For Kids and Country Rebecca Friedrichs said in a statement.

"District officials are quick to point out these clinics won't technically offer abortions on-premises, but no one is fooled that abortion won't be heavily pushed on our daughters and sons by an organization that has made billions off the macabre practice," she concluded.

This move builds upon [the controversial sex education framework](#) California forced into its public schools in April. Planned Parenthood helped draft and lobby for this effort — which pushes schools to teach young children about gender identity and how to perform certain types of sexual acts.

Roughly 200 parents marched on Sacramento against the curriculum before it was enacted, and a petition in Fremont, California, garnered more than 8,000 signatures. The outcry over Planned Parenthood's new in-school clinics could be even louder.

Parents should be alarmed by Planned Parenthood's latest effort to usurp their authority as the primary educators of their children, and the Los Angeles school system's acquiescence. As progressive groups continue to co-opt public schools, parents will increasingly face a decision about whether they must leave the system — or risk the state deciding it knows best for their children.

Kate Hardiman is a contributor to the Washington Examiner's Beltway Confidential blog. She taught high school in Chicago for two years while earning her M.Ed. and is now a J.D. candidate at Georgetown University Law Center.

Oppose SB 199.pdf

Uploaded by: Mark Meyerovich

Position: UNF

Oppose SB 199

This bill intends to promote political ideology masquerading as health care. There is no certainty on what constitutes good health, the dominant narrative keeps changing, and one size does not fit all, if most. Worst of all, it aims to rule by dictate, overriding democratically elected local school boards.

If the bill is to pass, it must allow parents to OPT-IN to the lessons, not opt-out

Just going through the requirements in section (c)(3):

(I) HEALTH PROMOTION

Can one definitively say what good health is? The guidelines and recommendations change every year, sometimes to the opposite of what they were. They say, "one man's cure is another man's poison". What firm knowledge can you possibly require? How do you assess that part of education?

(II) MENTAL AND EMOTIONAL HEALTH

The main concern is that funds are used to treat the symptoms, enriching corporate sponsors along the way. But the root causes of the problems are never looked into or addressed.

(III) SUBSTANCE ABUSE PREVENTION

Good luck trying to prevent what is being louded as almost a virtue in the age of cannabis legalization.

(IV) FAMILY LIFE AND HUMAN SEXUALITY

How do you determine what is age-appropriate? If you value diversity, how do you reconcile the multitude of traditions and cultural differences that Maryland is proud of? I applaud you for taking on the challenge, but the mandate and assessment part of the law will surely break some bones.

(V) GENDER IDENTITY AND SEXUAL ORIENTATION

The earlier you begin teaching children how to pick their gender, the more likely they will try. And clearly some educators encourage such changes and prefer to conceal them from parents. But castration is irreversible. Once grown, a person cannot undo the change, should it turn out to be a mistake.

<https://www.christianpost.com/news/detransitioners-warn-of-harm-posed-by-schools-transgender-agenda.html>

(VI) SAFETY AND VIOLENCE PREVENTION

To improve this very important area the society has to address a variety of issues that exist on multiple levels, in multiple groups, and are affected by macro causes. Without a concerted effort, this money may be wasted.

(VII) HEALTHY EATING

Every diet eventually turns into a fad due to legitimate biological and environmental causes. Is there anything more to teach?

(VIII) DISEASE PREVENTION AND CONTROL

It seems that the broad society has learned the wrong lessons from the ongoing pandemic. We may be even less prepared for the next one. Engraving any remaining dogmas into the health framework will certainly hinder our progress and prolong suffering.

The main point of the above is that there is no certainty in any of the objectives that the bill tries to mandate. Various science disciplines already cover most of them. Schools ought to enhance and expand that part of education. The knowledge changes significantly in a short amount of time, thus it becomes impossible to mandate and assess.

Moreover, **why must you force all school districts** to adhere to the strict guidelines? The bill suggests that some “experts” have great ideas about a “health framework” that will improve the lives of many without destroying the lives of a few. Go ahead, spend the taxpayer money, develop, and publish the framework. Ask for a volunteer district to test the framework for a few years. **Openly compare the results.** If the framework is so good, why wouldn’t all want to adopt it?

Instead, do you expect great opposition, and thus you must force every district to obey the precise guidelines? The bill requires every county board to ensure compliance and reporting, regardless whether their district benefits from the regulation or suffers. And as often, parents are kept in the dark: **how many of them know that they can opt out?** How many understand the consequences?

The policies required by the health framework do not consider **long-term consequences**, which are not guaranteed to be beneficial or cheap. Perhaps, the forever majority you enjoy in the state allows this rule by force. But all mandates cause harm to some part of the population and can backfire in unpredictable ways. You can turn the health framework into a recommendation. Every **duly elected school board** may consider it and decide if and how to implement it.

SB0199 Testimony.pdf

Uploaded by: Melissa Goshorn

Position: UNF

Good afternoon, Chair and members of this committee. Hi, My name is Melissa Macuci Goshorn and I am a parent to 3 children in Calvert County public schools and the Maryland State Director of Power2Parent. I am here today to request an Amendment to this bill.

This bill would require every school district to teach the Maryland Health Framework in its entirety. Local Boards are worried about the lack of control and increased financial burden given the bill as written will give liberty to the state to make changes whenever they would like. Teachers and Staff are worried about the increased loss of instructional time on core subjects like Reading, Writing, Math, and Science given that the current allotted time for health will not be enough to teach the entirety of the framework. Parents, Staff, Child Psychologists, Sex Therapist, and Trauma Specialists are worried about the damage some of this curriculum will do if not taught by licensed medical professionals. Parents are also concerned about the current barriers some school systems and teachers put in place making curriculum review next to impossible without taking off a day of work.

If you are unclear about what the Framework really is or how it is currently being implemented in some Maryland Public Schools, watch my educational session. Presentation starts at min 8:20, Framework vs. Curriculum is explained at min 11:38. Diving deep into the framework at min 15:16, and the translation of framework into curriculum starting at min 18:28 with elementary school. 21:47 it gets into High School. <https://subspla.sh/2wqpf2w> More information about what is going on in Calvert County can be found at www.behindschooldoors.com as well as the full powerpoint presentations cited in this video. This bill will drastically change how and what is taught in health in almost all Maryland public elementary, middle, and high schools.

I oppose this bill in its entirety but after watching the hearing in the Ways & Means committee I feel several amendments is probably the best compromise at this time.

I have 2 amendments I am requesting on behalf of parents

1. Amendment to (c)(5)(l) should be revised to “And Procedures for a parent or guardian to do a complete electronic curriculum review to include all assignments, power points, articles, videos, reports, papers, and activities prior to submitting an OPT-IN Permission Slip for any aspect of the Maryland Health Framework for each grade in which Health is taught.”

I have 3 amendments I am requesting on behalf of school staff and child specialists.

1. Amendment to (c)(2) should be modified. The spirit should be that changes to the health education framework shall have 18months lead time for implementation AND/OR the cost for implementation will be covered in full by the Maryland State Department of Education.
2. Amendment to (c)(4)(l) Age-appropriate is subjective. Needs to be defined and cited by multiple child expert sources.
3. Amendment to (c)(4)(l) Should be revised to say “Each County Board shall establish a committee, appointed by the elected local Board of Education, consisting of 2 child

psychologist(s), 2 child trauma specialists(s), 2 parents in support of and 2 parents in opposition to the Maryland Health Education Framework, (2) pediatricians, health teachers from every grade level, and (2) administration; to ensure curriculum is balanced, not biased, and will not do harm to students.

A lot of the people in support of this bill talk about human trafficking, sexually transmitted disease, and healthy relationships. There seems to be an opportunity for the state to offer parent training and education to keep their kids safe through parental education so the schools can focus on academics.

As elected officials you know how important it is that you speak on behalf of your constituents, understanding that the needs of your district may be very different than the needs of another. Well, SB0199 takes away the local school system's ability to properly educate their specific student population. What the children in Baltimore City need, are very different than the issues the children in Calvert County are experiencing, for example. Health Education is supposed to be developed using information from each districts Health Department, the local school systems climate surveys, and the observations within the school buildings. All of this very helpful data would be useless if SB0199 passes because all students in every district would have the same health education, watering down the needs of the individual students.

Another concern with SB0199 as written is that it will allow the State to change the framework at their discretion. If a system purchases health curriculum, develops health curriculum, or takes a hybrid approach to curriculum development, the change in framework will increase the financial burden to the individual districts, every time. Ask yourself, how can you approve this bill when it gives them the freedom to change the framework at any time, with the simple stroke of a brush.

I've heard from several health professionals in Maryland schools that are worried about the time commitment teaching this framework will require. Currently, very little, if any, school districts are able to teach every item in the framework in the allotted health timeframes or class credits. They pick and choose the most important subjects to ensure they can teach the most important pieces at the depth appropriate for their unique student body. I urge each of you to ask yourselves, how is this bill ensuring the framework represents what your constituents want? How is this bill ensuring Maryland Students can compete on the World Stage academically. Maryland had one of the largest academic downfalls in COVID due to the decisions of the Maryland State Department of Education. At a time when Maryland children are barely showing proficiency in reading and math assessments, adding more time to discuss health topics seems reckless and out of touch with the needs of Maryland children. Maryland children need more time learning reading, writing, and math and less time talking about gender identity in elementary school and anal and oral sex in middle school.

Child psychologists, trauma specialists, and sex therapists across the Country disagree on the topic of teaching Gender Identity in the way the framework suggests. Some argue it has created a social contagion in Transgenderism, especially in middle and high schools where children have

always had a hard time figuring out their changing bodies. I don't think anyone disagrees with teaching children to respect those that are different from them. But many disagree with the depth and avenues some school systems have gone.

The bill states it will teach "Age appropriate" education. Who is determining and ensuring age appropriateness of these sensitive topics? Currently in Calvert County an ELA teacher is responsible for overseeing the creation of all Health Curriculum. A long-term sub in Calvert County, who is barely a legal adult, is currently teaching this framework to our 7th graders due to staffing issues. I think MANY in the room with you today and more all across the state and Country would argue that teaching Oral, Anal, Solo, and Vaginal sex in 7th grade is NOT age appropriate. Especially when the curriculum is not created by a child psychologists in collaboration with other child development specialists and when it is being taught by a long term sub without the necessary training. This is happening across the country due to the number of open teaching positions. It will continue happening even if this bill passes into law.

Members of the Senate, please oppose bill SB0199. It takes away local control, increases financial burden on local districts, removes the necessary focus on reading, writing, and math, takes away the parents ability to be involved in their children's education, and ultimately hurts the children.

SB0199 - 2-8-2023.pdf

Uploaded by: Melissa Idleman

Position: UNF

I want to write about the huge opportunity I have seen for this state legislature, our Maryland State Board of education and our Local boards of Education to help the parent and school system relationships which will ultimately benefit our students the most as, their parents get more involved in assisting in their education.

The facts have come with the release of the updated Maryland Comprehensive Assessment Program Data stats. While it seems like it is reported as a positive “that the statewide ELA results signal a return to Pre-pandemic proficiency rates with improvements across all grade levels and student groups”. I wonder how a low of 21% and a High 64% is acceptable? Basically our Highest grade is a D. As well as for our 10th graders 53% of all students taking the assessment were proficient. Shockley this is a 10% increase compared to 2018-2019. Meaning your reporting the fact that we went from a very low E to a higher E as acceptable and positive?

Since I already reported that Math was abyssal in my MD state Department education on 1-24-2023 and they are still trending that way I will not go into those stats. I will add that my testimony that was broadcasted on the MDSE website was cut out. I did follow up with an e-mail to the state board asking about this. I have yet to receive a response from anyone.

As I have witnessed many interpret this data differently with different solutions. I am here to provide some parents' perspective. We see this as for lack of a better term – “A huge area of needing improvement”. One solution many see is switching focus so much on requiring local BOE to implement This comprehensive Health framework. This Framework is pushing Gender Ideology, which is not agreed upon in any realm, on Kindergartners as well as talking about anal sex with 12 years old. After seeing these MCAP stats many parents are questioning why this Board went to the legislature to try and forced this into the curriculum by LAW especially when counties exerted their independence. Many are questioning what kind of Delegate would even introduce a Bill as such or even vote to pass the bill after seeing this DATA.

We feel this comprehensive health framework is taking away too much time, effort, and resources from creating a curriculum that is now needed more than ever in the State of Maryland, one that is solely academic focused without all these other things crowding and confusing our children's minds. I see Parents more focused now on making sure their children don't start suffering from Identity crisis then understanding simple ABC and 123. Instead of getting their children tutoring in these subjects they need help with they are seeking a therapist. I have personally seen hospitals overrun with children waiting for beds at mental

health facilities. I have seen children's manly young girls, restore to self-harming. I have seen parents on wait lists just to get their child a chance to speak to a therapist.

The Maryland education system is focusing so much on their differences which is increasing division and Bulling because adults feel they need to push inclusion. I certainly believe in acceptance and inclusion, but I do not believe in adults using the word inclusion to push their political movements to their benefits. Just to provide one example of a political agenda would be what is specifically in this bill - Gender Ideology teachings starting at Kindergarten.

Another example of this push of inclusion is Flags other than the American flags in classrooms. It is in many opinions that the American flag is all that is needed in schools. This Flag is all inclusive and represents all of us. We may not be the perfect society. There are always rotten apples in an apple tree but that one rotten apple does not make up the whole tree. I personally feel we are by far the most diverse Humane land of Freedom and opportunity. We should embrace that instead of tearing it apart.

SB199_HB119.pdf

Uploaded by: Michelle Klein

Position: UNF

I strongly urge you to oppose HB119/SB199 Comprehensive Education Framework.

HB119/SB199 Comprehensive Education Framework undermines our County School Boards and the right of parents to make medical decisions for their child. While I am certain good intentions are meant, the end result is stripping away of those precious parental rights and of local school board authority.

Maryland parents are loving and trustworthy! On that rare occasion where neglect or abuse occurs, the processes and laws in place will cover that. There is no need to usurp parental and school board rights with this bill. It is unfortunate, but while well intentioned this bill is an overreach, unnecessary and insulting to many good hearted parents and school boards.

I urge you, on behalf of other Maryland parents, please not only vote 'oppose' on our behalf, but request this bill be withdrawn.

I thank you so very much for your time!

SB0199ComprehensiveHealthEducationProgram-Unfav.pd

Uploaded by: Nelda Fink

Position: UNF

Unfavorable – SB0199 Comprehensive Health Education Program

Nelda Fink
MD District 32

I object to the indoctrination of our young people to gender identity and sexual orientation. This violates my and the student's right to freedom of religion. The basis of these topics is satanic, that God did not create the individual as He intended.

Additionally, there is no alternative wellness being taught, only the American Medical communities view of sick-care. Again this is a violation of my and the student's right to freedom of religion. God can and does heal us naturally without the need for profiteering big pharma and the whole medical community.

Stop tramping on our first amendment rights – freedom of religion. There is a God and our rights come from God. Government was created by man to protect those God given rights. Your job is to protect our rights, not violate them.

I oppose this bill and urge the members of the committee to vote unfavorable.

Nelda Fink

TestimonySB 0199-2-7-23.pdf

Uploaded by: Paul Jarosinski

Position: UNF

I am writing today to express my opposition to SB 0199 as currently written.

One of the current problems with the existing health education process is that currently jurisdictions make it virtually impossible for parents to review the materials. Here is just one example that is posted on line:

<https://parentscoalitionmc.blogspot.com/2022/05/mcps-demands-up-to-5000-from-parent-who.html>. In this case, MCPS is attempting to extort \$5000 from parents just to see what they plan to teach to their children.

While bill SB 0199 allows parents to “opt out,” it doesn’t guarantee that parents can even view the secretive materials that MCPS is teaching. How perverted can some of these teachings be that the school system goes to great efforts to hide them? Furthermore, many of these parents are being told that they can “opt out,” but they either need to take similar training elsewhere or their children will not graduate from high school. At the same time the schools are requiring participation in their health indoctrination classes to graduate, they are allowing others to graduate while playing hooky much of the time and failing to demonstrate proficiency in basic skills of reading, writing, and arithmetic that will enable them to go to college and compete for good jobs to be self-sustaining in their lifetime.

First and foremost, to be acceptable for passage, SB 0199 must require the schools to post this health curriculum on-line for parents to review at least one semester before it is to be taught and parents must be informed that the material is posted and available for review. Hopefully, this will keep some of the perverted and pornographic material out of the instruction plans. More importantly, this will allow the parents to learn what is being taught so they can reinforce the material at home. This is especially important when it comes to communicable diseases, drug use, and overdose deaths like the current fentanyl epidemic.

The bill must also have a true “opt out” clause that doesn’t extort attendance in order to graduate. Requiring the student to take the same material taught by someone else in another place is part of that extortion and NOT a true “opt out.” A true opt out will allow the parents to cover that material on their own time with no penalty allowed for doing so.

SB 199 should also have a parental rights clause. Currently, there are school systems (e.g. MCPS) that are hiding information from parents regarding their minor children. This allows aberrant teachers to recruit children for gender dysphoria without having to notify parents of their efforts whether successful or not. Parents have a right to know the names and pronouns their minor children are using at school as well as their scholastic achievement in order to support those issues at home.

<https://www.foxnews.com/media/nonbinary-teacher-boasts-changing-students-genders-parents-knowing-they-need-protection>

In summary, SB 0199 is currently lacking necessary elements and should not be passed as written.

Sincerely,
Paul F. Jarosinski, Pharm.D.
17328 Blossom View Drive
Olney, MD 20832

SB0199 oppose and amendment.pdf

Uploaded by: Peggy Williams

Position: UNF

SB0199 OPPOSE (see suggested amendment)

Dear Committee Members:

I oppose this bill as written. No sexuality curriculum should be a one-size fits all program, as children mature at different rates and some may not be ready for certain topics. This should be determined by parents. I suggest the bill be amended to have an opt-in with parent curriculum review. Parents should decide when class topics are right for their child, not the school.

Thank you.

Peggy Williams
Severna Park
D33

Health Framework Testimony - Rachel Ullmann.pdf

Uploaded by: Rachel Ullmann

Position: UNF

Committee: Senate Education, Energy, and the Environment Committee

Bill: SB199 - Primary and Secondary Education - Comprehensive Health Education Framework - Established

Position: **Oppose**

Dear Senator Feldman and fellow members of the Committee,

As a parent of three school-aged children in preschool, Kindergarten and 2nd grade, I staunchly oppose SB199. I sat in the House Ways and Means Committee hearing last week and was disappointed at the claims made by supporters of cross-filed HB119 that the framework is necessary for the health of children across the state of Maryland. The testimony during the House hearing made it very clear that extensive sex education - including the topics of consent, sexting, gender identity, sexual orientation, and more - is already contained within the published health framework to be used by teachers, but the purpose of this bill is to MANDATE the framework across all PreK-12 public schools in Maryland. Currently, locally elected school boards and parents have input on the implementation of the health framework which directly impacts their children. This bill removes the rights of parents to give input on what is being taught to their children by eliminating these local feedback opportunities. In fact, a representative of the Maryland Academy of Pediatrics testified in the House committee recommending the OPT-OUT for parents to be removed! Her argument was that kids are engaging in these sexual behaviors and for the sake of their health this framework must be mandated and parents should not be allowed the right to remove their children from the classroom. Are we paying attention to what is happening here? Comprehensive Sex Education has now reached the shores of Maryland. CSE is a “rights-based” approach to sex education and promotes sexual rights to children at the **expense** of their sexual health. The comprehensive sex education proponents at the collegiate, secondary and even primary level may purport to aim at sexual risk reduction, but it effectively instructs young people in sexual **risk-taking**.

This is not a sexual health framework; instead, it is promoting sexual freedom for children. This framework endorses early sexual activity and multiple partners as well as sexual experimentation, which are the very behaviors that fuel the epidemics of sexually transmitted diseases, HIV/AIDS, unplanned pregnancies, and emotional distress. Those who practice the lifestyles endorsed by this framework have more doctors’ appointments, not less!

Case in point, the framework in Maryland schools that this bill seeks to MANDATE includes on page 34 for 7th graders to “identify oral, vaginal, anal, and solo sex and the possible outcomes of each”. The framework also requires students as young as PreK-2nd grade to be taught about multiple genders beyond a binary view of male and female found on pages 28-29 so that the students can first recognize, then identify and finally demonstrate “a range of ways people identify and express their gender”.

Not all parents want their children to be taught these concepts at such young ages. Rather within the home, these sensitive topics can be addressed and the opt-out feature must remain intact! Nothing less than the innocence of children is at stake.

Respectfully submitted by Rachel Ullmann of District 7A in Kingsville, Maryland.

2023 SB0199 Opposition Letter - Hamilton.pdf

Uploaded by: Rebecca Hamilton

Position: UNF

Desk of: Rebecca Hamilton
Elkton, MD 21921
rebeccahamiltoncc@gmail.com

Dear Senators Lam, Rosapepe, Hettleman, Washington, and members of the Education, Energy, and the Environment committee,

I am writing in **OPPOSITION** to SB0199.

Of particular concern is the establishment of the comprehensive health education framework to be developed between the Maryland Department of Education and the Maryland Department of Health. I reviewed the 2020 Framework and based on that I don't believe these two departments have the best interest of children, or the future of Maryland, in mind.

This framework does not address truth-based or biology-based health education: Many of the subjects do not stem from basic biology as one would assume for health education; they do not address the mental well-being of children or teens, and in many cases have a negative impact on the mental health of students. HB119, line 18 states that the first topic of the education framework is Health Promotion. But then line 22 indicates the framework will also include gender identity and sexual orientation, directly opposite of health promotion. Gender identity is a product of culture, a relatively new idea, and is not based in any scientific or educational framework. Yet, this bill designates it be part of a health education framework. Gender Identity is nothing but a result, or consequence, of Identity Marxism. Our schools should be teaching biologically based health and general education. All 24 counties have less than 40% of students in grades 3 – 8 that are PROFICIENT in math, that means that over 60% of our students in Maryland public schools are not meeting the bare minimum. You, as legislators, are failing the children of Maryland to focus on “intersectionality” rather than educating them and encouraging critical thinking skills. You are not setting these children up for success in the lives; rather you are keeping them ignorant.

This bill strips the rights of parents: All parents have the right to choose what is best for their children, it is not the duty of the school system to choose to teach extremely sensitive, and oftentimes damaging, material to children. You place it on the local county boards to determine the opt-out policy but as it stands, the framework does not have an option for families to “opt-out” of the material until 3rd grade. What exactly is being taught to students, with no parental oversight or agreement, during those initial 4 years? What harm and long-term effects will discussing sexuality have on these children? Parental rights are integral to the raising up of good citizens. Yet, you are intent with stripping these rights and obstructing parents from parenting.

This bill removes autonomy from county school systems: These bills also place an undue burden upon the local public school systems. They are tasked with developing curriculum around this subject matter, in many cases subject matter that the local level is not qualified to develop. This means purchasing curriculum, only furthering the standardization of materials that resembles Critical Race Theory, a deeply divisive form of Marxism. Therefore, this legislation in fact removes autonomy from the county school board, while also placing more unfunded mandates on the local government.

With that, I stand in opposition to this legislation. I pray that you would see the faults and harm in this legislation and withdraw it from consideration.

Regards,



Rebecca Hamilton
Cecil County Council, District 2

SB0199 Amendment.pdf

Uploaded by: Robin Sirkel

Position: UNF

Dear Senators - Lam, Rosapepe, Hettleman and Washington,

As a parent and now a grandparent, I have an unfavorable position on SB0199. I would like to see an amendment and an Opt-IN with parental curriculum review. Parents know when their children best. Parents know when their children are ready for certain topics pertaining to sexuality. Please, I ask you to withdraw this bill.

Thank you,
Robin S.

testimony sb199 pdf.pdf

Uploaded by: Rochelle Kane

Position: UNF

Senator, Lam,

I highly oppose SB199 and HB119 Primary and Secondary Education- Comprehensive Health Education Framework.

Parents have the fundamental right to know how and what their children are being taught in public schools. This bill seeks to remove control from the local school districts and boards of education.

Parents are tax-paying citizens and have the right to observe and participate in determining the content and implementation of public school programs and curricula.

Parents have the fundamental right to insist that content of public school curricula is factually sound and inclusion of new content based on new ideology and/or methodology is evidence based and demonstrably leads to positive outcomes.

Inclusion of gender ideology in public school curricula based on recent changes in public guidelines is linked to negative mental and physiological health outcomes for students.

SB199 includes open-ended language which does not adequately safeguard parents' vital and fundamental right to protect their children from exposure to curricula including content of ideology which is not evidence-based and demonstrably causes negative outcomes.

In conclusion,

Our children are already exposed to enough hyper sexualized stimulus through media, social media, books and other sources. SB199 furthers the agenda to hyper-sexualizing children against the standards of common decency, not to mention parental consent. Plainly put, parents are being forced to pay for the moral, spiritual, and psychological destruction of their own children. This is despicable legislation!! Senator Lam, please oppose SB199.

A concerned parent,

Rochelle Kane

HB119 testimony.pdf

Uploaded by: Ruth Roberson

Position: UNF

General Assembly Members,

I am writing to you today to OPPOSE HB119 and SB199. It is very concerning when the state legislature starts to get involved and determine standard curriculum for students, effectively coding a radical narrative such as gender theory and sexual orientation as a mandatory curriculum for K-12 students. This is an egregious assault on parental and religious rights.

While the mandatory opt out in the bill is appreciated, there should not even be a need for it because this curriculum should never be instructed! Parents have had enough of the government trampling our parental rights and thinking they have the right to raise our children .

Schools are supposed to educate our children in basics like reading, history, and mathematics. Maryland schools are now at the bottom of academic measurement in all subjects despite having some of the largest funding per pupil. Children are being robbed of their innocence and forced to accept lies about gender being "fluid". Children should never be subjected to the pornographic material and topics hidden in this agenda. The visuals cannot be unseen and the topics cannot be unheard . This is INDOCTRINATION and SEXUALIZATION. The inclusion of gender identity and sexual orientation should not be included into the state framework or any law forcing it into the standard curriculum. These are topics that parents should determine whether or not to teach their children.

The argument that kids will start committing suicide if they aren't "affirmed" is baseless. The idea that parents should not be informed about their child's interactions with other adults talking to them about sex is predatory and should be criminal.

We have had instances of teachers-people in positions of authority over our impressionable youth- who have gone behind the backs of parents to seduce and groom students. Teachers and administrators are not parents and it is not their job to be teaching their ideologies to children. What is also concerning is that the bill states that the MD Health Department has the ability to change anything in the framework with approval of the Superintendent. This is unacceptable. Nothing should be approved without the state board consent and the local elected Boards of Education should have a role in this as well. I implore you to do the right thing and CRUSH this bill which will put a highly opposed and radical curriculum into law.

Thank you,

Ruth Roberson

SB119Testimony_TaraThompson.pdf

Uploaded by: Tara Thompson

Position: UNF

OPPOSE Senate Bill199

Thank you for giving me the opportunity to testify here today. My name is Tara Thompson and I am speaking today as the Chair for Moms for Liberty Baltimore County. We represent 1 of 9 county chapters here in Maryland.

I am in strong opposition to SB199 Primary and Secondary Education - Health Education Framework that has moved from the House to the Senate.

1. **This bill would require all counties in Maryland to adopt “age-appropriate” curriculum that is consistent with the Comprehensive Health Education Framework.** Maryland schools already have a Comprehensive Health curriculum that is used. This new Comprehensive Health Education Framework has the addition of gender, gender ideology; and has enhanced the sexual topics discussed with each grade, starting in Pre-K.
2. **This bill seeks to override local control of what is taught in each grade in districts schools.** It demolishes the power of the local elected officials, the Boards of Education, to decide this issue with the input of parents, teachers, and community members. To say it is an overreach of state authority, is an understatement. This “top down” governance is not representative in a constitutional republic, such as our country. It violates the “consent of the governed” cited in the Declaration of Independence.

None of the following is intended to be a personal attack on any person of any gender identity or sexual orientation: gay, lesbian, transgender, or other. My words are directed only towards examining the origins of an ideology that seeks to legitimize the application of potentially harmful behavior or mentality to children, marriage, family and society as a whole.

What is an Ideology....

An ideology is a system of **beliefs and values** which forms the basis for a type of thought: be it political, economic, social, or otherwise. Your core beliefs are what drive most of your thoughts and feelings. They are in fact the ‘operating system’ that runs your computer – that which you refer to as your mind.

As Mahatma Gandhi once said, "Your beliefs become your thoughts, Your thoughts become your words, Your words become your actions, Your actions become your habits, Your habits become your values, Your values become your destiny".

What is Gender Ideology....

Gender ideology consists in, denying that the differences between men and women and that both have natural and biological foundations. It proposes that these differences are solely the fruit of a social and cultural construction. It alleges that society and culture impose their respective roles on men and women, none of which corresponds to natural differences between the sexes. Gender ideology has arisen in the last century owing to attacks on the relationship between biological sex and gender identity. One major factor that gave rise to this deconstruction, was the sexual ideology of **Alfred Kinsey in th 1940's**. Kinsey is often

referenced as **the father of sexual education in the US** and in the rest of the world. Kinsey and his colleagues conducted unethical sexual experiments, both in adults (who were interviewed about their sexual behaviors) and in children (who were sexually manipulated and recorded).

John Money, professor of psychology and sexology at Johns Hopkins University until 2006, was one of the most prominent of these sexologists who redefined “gender” to mean “social performance that indicates an internal sexual identity.” Money’s work helped convert the term “gender” into an ideological concept. Before the 1950s, the term “gender” applied only to grammar and not to people. Money’s work helped convert the term “gender” into an ideological concept. If you are voting on this bill, you should know the names and work of Kinsey and Money before making a decision on this bill.

Senate Bill 199 does indeed assert to putting this harmful ideology directly into our children's curriculum. I will show you how it comes in through this health framework curriculum, as well as other daily in class curriculum and surveys within the classrooms. Parents and teachers are talking about it already happening here in MD in the classrooms!

The Following standards are in the MD Framework that we are discussing today:

1. Kindergarten: Recognize a range of ways people identify and express their gender. 1c.K.5 (page 29)
2. Grade 4: Identify sexual orientation as a person’s physical and or romantic attraction to an individual of the same and/or different gender. 1c.4.3 (page 30)
3. Grade 6: Define sex assigned at birth, gender identity, and gender expression. 1c.6.4 (page 33)
4. Grade 7: Identify solo, vaginal, anal and oral sex along with positive outcomes of each. 1c.7.13 (page 34)
5. HS 1: Identify sexual behaviors including solo, vaginal, oral, and anal sex that impact the risk of unintentional pregnancy and potential transmission of STIs including HIV. 1c.HS1.11 (page 37)

This Following lesson is for 1st graders.

Advocates For Youth has produced K-12 curricular resources that align with the new health curriculum framework. This 1st grade lesson titled, “Pink Blue Purple” directly aligns with the MD health curriculum framework. The lesson directly instructs teachers to tell students, “*Gender identity is that feeling of knowing your gender...You might feel like you’re a boy even if you have body parts that some people might tell you are ‘girl’ parts. You might feel like you’re a girl, even if you have body parts that some people might tell you are ‘boy’ parts.* (I have included the full lesson plan at the bottom of the page). Courtesy from one of our teachers in Maryland.

If you look to page 4 of the MD health curriculum framework:

https://marylandpublicschools.org/about/Documents/DCAA/Health/Health_Education_Framework_July_2022.pdf

One of the listed contributors listed is Nora Gelperin, M.Ed., Director of Sexuality Education and Training. She works for **Advocates for Youth**. Having one of the contributors to the framework be a designer of the lessons (in particular the one I mentioned above for 1st graders) is a complete conflict of interest. The professionals being recruited to design this curriculum framework, are the ones selling the gender ideology and LGBTQ

curriculum back to the schools?!?!)

Take another look below at the 2021 Maryland High School Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS):

It is riddled with gender ideology, please be aware of the bigger picture that I am trying to paint here in regard to this being an ideology pushed on all our children. *"This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself".* This survey has been given in schools for years. Here's a few examples of questions on this survey in Maryland that is being given to our highschool students. MANY parents have reached out to Moms For Liberty to let us know that their students took this survey without their knowledge prior to. The **OPT-OUT forms are NOT being utilized** in the manner in which they are meant. WE **MUST HAVE AN OPT-IN** for ALL surveys put in front of our kids. If parents are afraid that an OPT-IN is restrictive, just as parents feel an OPT-OUT isn't properly given, then **EVER child should be required to have a form on file** that says either the parent agrees or disagrees with the survey/health education being given. We must protect all families and children. This is NOT WHAT SCHOOL IS MEANT to be for. Where is the reading, math, science, history in these questions. It's nowhere! Why are we funding the time and money spent to do these surveys on our children?

2023 Questions for Highschool -

https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2023/2023_YRBS_Standard_HS_Questionnaire.pdf

Gender is mentioned 7 times in the 16 page survey. **Sex is mentioned in the 2023 survey 32 times in the 16 page survey. Do you see the connection that SEX and GENDER is having in our schools curriculum and surveys?**

#8. Which of the following best describes you?

- A. Heterosexual (straight)
- B. Gay or lesbian
- C. Bisexual
- D. I describe my sexual identity some other way
- E. I am not sure about my sexual identity (questioning)
- F. I do not know what this question is asking

#9. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- A. No, I am not transgender
- B. Yes, I am transgender
- C. I am not sure if I am transgender
- D. I do not know what this question is asking

The next 7 questions ask about sexual behavior.

#59. Have you ever had sexual intercourse?

- A. Yes

B. No

#60. How old were you when you had sexual intercourse for the first time?

A. I have never had sexual intercourse

B. 11 years old or younger

C. 12 years old

D. 13 years old

E. 14 years old

F. 15 years old

G. 16 years old

H. 17 years old or older

#61. During your life, with how many people have you had sexual intercourse?

A. I have never had sexual intercourse

B. 1 person

C. 2 people

D. 3 people

E. 4 people

F. 5 people

G. 6 or more people

#62. During the past 3 months, with how many people did you have sexual intercourse?

A. I have never had sexual intercourse

B. I have had sexual intercourse, but not during the past 3 months

C. 1 person

D. 2 people

E. 3 people

F. 4 people

G. 5 people

H. 6 or more people

63. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

A. I have never had sexual intercourse

B. Yes

C. No

64. The **last time** you had sexual intercourse, did you or your partner use a condom?

A. I have never had sexual intercourse

B. Yes

C.

#65. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- A. I have never had sexual intercourse with an opposite-sex partner
 - B. No method was used to prevent pregnancy
 - C. Birth control pills (Do **not** count emergency contraception such as Plan B or the "morning after" pill.)
 - D. Condoms
 - E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - G. Withdrawal or some other method H. Not sure
-

The MIDDLE SCHOOL survey is no different. Middle schoolers are as young as 11 years old. We are sexualizing our children with the constant flood of sex in schools and online. **Sex is mentioned in the Maryland 2023 survey 9 times in the 9 page survey:**

https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2023/2023_YRBS_Standard_MS_Questionnaire.pdf

The next 4 questions ask about sexual intercourse.

- 33. Have you ever had sexual intercourse?
 - A. Yes
 - B. No
 - 34. How old were you when you had sexual intercourse for the first time?
 - A. I have never had sexual intercourse
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older
 - 35. With how many people have you ever had sexual intercourse?
 - A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
 - 36. The **last time** you had sexual intercourse, did you or your partner use a condom?
 - A. I have never had sexual intercourse
 - B. Yes
 - C. No
-

we teach our children to be safe and mindful of what they put into a text or online and how that data can follow them throughout lives, YET we are asking children at school to answer some of THE most personal and vulnerable questions about their sexual experiences, sexual orientation and identification? THIS IS PRIVATE AND PERSONAL and meant for a child and a CHILD AND/or DOCTOR ONLY? Let me just tell you about the lie that is fed to them when they are told that they don't need to put their name on it and that it's private, it is not. It's tied to their student number, it's linked to the computer they are on. NOTHING ONLINE IS PRIVATE and we all know this. How conflicting is this for them to be told a lie right from the start.

Senate Bill 199 forces the belief of Gender Ideology onto children. It's harmful and it's abuse, especially for a child who may not have those same values and beliefs. Add to this the constant promotion of “systemic racism and oppression and intersectionality” scattered throughout the grades and you have a curriculum that creates division among student populations and families. Families in Maryland are already seeing this happen.

This bill violates the rights of parents to decide when and how their children will be exposed to the extremely sensitive and possibly harmful, corrosive topics of gender identity and sexual practice. Regardless of the possibility of an “opt out” which is given and then nullified in the framework by declaring that parents, cannot opt out of lessons that involve possible sexually transmitted diseases or AIDS. Every child in our schools will be impacted by this curriculum. We know that an ”opt out” possibility is dependent on parents being given due notice of when units will be taught and what will be in those units. This rarely happens and leaves parents outside the decision-making process.

It is also objectionable to us that the Maryland State Health Department, a government agency heavily influenced by Planned Parenthood, would have control over how this curriculum is taught. Again, local control will be erased, and the framework could be subject to the whims of an organization that has an extreme agenda and great monetary resources to influence what is taught in our schools.

Last November, many of the elected Board of Education members with whom we entrust decisions for our schools. Unlike those in Annapolis, the elected officials on the Board are accountable to the citizens of their counties and can be directly addressed at meetings. This is not the case with the Maryland State Board of Education or the Maryland State Department of Health. Those bureaucrats cannot know or understand the needs of each unique county school system. Merely providing an opt out choice for parents is not enough.

I STRONGLY OPPOSE THIS BILL!

Parents will not remain silent on this issue and if this passes the outrage here in Maryland will be huge!! Parents have been pulling their children from schools all over the country for a reason.

I'll leave you with this:

Gender is referenced within the 75 page framework - 36 times. Sex is referenced in the 75 page framework -

173 times. Why is talking about sex with adults at work considered sexual harassment; but talking with Kindergartner's about sex in school is considered necessary?

IF this bill passes, I URGE you to at the very least - put an AMENDMENT IN FOR AN OPT-IN.

Warmly,

Tara Thompson

Chapter Chair

[Moms for Liberty - Baltimore County](#)

Pink, Blue and Purple

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

MD HEALTH

FRAMEWORK ALIGNMENT:

By the end of 1st Grade, students will be able to:

1c.1.4 – Identify a range of ways people identify and express gender

1c.1.5 – Identify ways to treat people of all gender identities and expressions with dignity and respect.

TARGET GRADE: Grade 1

TIME: 30 Minutes

MATERIALS NEEDED:

- Two identical greeting cards for a new baby, one that is clearly intended for a cisgender boy, and the other for a cisgender girl
- OR
- Printout of the gender stereotype boy and girl greeting cards
- Four signs, either printed out or handwritten, with the four vocabulary words as indicated in "Advance Preparation"
- Sheets of flipchart paper with Venn diagram pre-written on it as described in the Advance Preparation section
- Enough sets of activities cut up and placed in envelopes for half the class, plus one for the teacher
- Masking tape

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Define gender, gender identity and gender role stereotypes [Knowledge]
2. Name at least two things they've been taught about gender role stereotypes, and how those things may limit people of all genders [Knowledge]

ADVANCE PREPARATION:

- Prepare enough sheets of flipchart paper for half the students in your class. Each sheet should have a large Venn Diagram on it. The left circle should have the heading, "Girls", the right circle, "Boys," and the center area, "Anyone"
- Purchase or find online two new-baby greeting cards, one of which is very stereotypically gendered for a boy baby and one for a girl baby. If finding/purchasing these cards is inconvenient, just use the accompanying graphics.
- Print out or draw the four vocabulary signs: Gender, Identity, Role and Stereotype
- Print out and cut up the activity sheet (provided), and place an entire set in an envelope. Make enough sets for half the class, plus one set for yourself

PROCEDURE:

STEP 1:

Tell the class that you have a friend who just had a baby. You want to send your friend a card to say congratulations, but you can't decide between two cards and need their help.

Hold up the two greeting cards and ask, "Which one do you think I should send?" [Students will likely ask whether the baby is a girl or a boy]. Ask, "If it were a girl baby, which card would you tell me to send?" [They will indicate the pink card] "And if it were a boy baby, which would you tell me to send?" [They will indicate the blue card].

Pink, Blue and Purple

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pictures in it. Tell them they are to decide whether what's in the picture is something that only boys should play with, only girls should play with or that anyone can play with. Explain that they should put the picture in that section of their flipchart sheet.

Answer any questions, then distribute the envelopes. Move around the room to help students stay on track.

(12 minutes)

STEP 3:

After about eight minutes, or whenever students seem to be done, ask for their attention. Using your Venn diagram at the front of the room, go through your own set, showing each one and asking them where they put them. For each response, say, *"Actually, anyone can play with a _____,"* and tape it in the center.

Once all responses are in the "Anyone" column, say something like, *"Pretty much anything can be done by anyone, no matter what gender they are. But we're still told that only boys should play with certain things, and only girls can play with certain things. Why do you think that is?"*

After a few responses, say something like, *"Telling someone they can only play with or do certain things because of who they are is called a 'stereotype.' When they're told they can only play with or do certain things based on their gender, it's called a 'gender stereotype.'" Ask students to repeat both terms with you.*

Ask, *"Have any of you ever been told you're not supposed to do or play with something because of your gender? If so, how did it make you feel?"*

If not, how do you think someone who really wants to do something but is told they can't because of their gender might feel?"

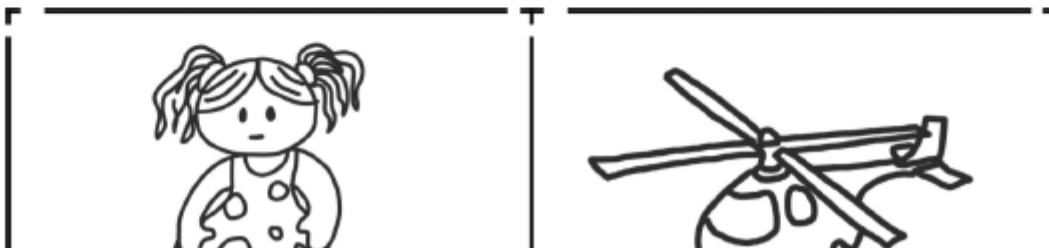
After a few responses, say something like, *"Sometimes, when a boy does something that's not on the 'boy' list, or when a girl does something that's not on the 'girl' list, they'll get teased or even bullied. For example, a boy who cries in front of his friends or likes to play dress-up, or a girl who likes to climb or play with rockets." Explain that it is never okay to tease or bully someone else – and it's never okay for someone to tease or bully you. If that were to happen, whether it's about gender or about something else, it's really important to tell a teacher or another trusted adult. Ask students to name things they could do to treat people of all gender identities with kindness and respect. [Answers may include: invite them to play with me, not tease them, give them a compliment, or if they would like one, a hug or high five]. Conclude by saying that if someone were teased or bullied about their gender, or something else, it's really important to tell a teacher or another trusted adult.*

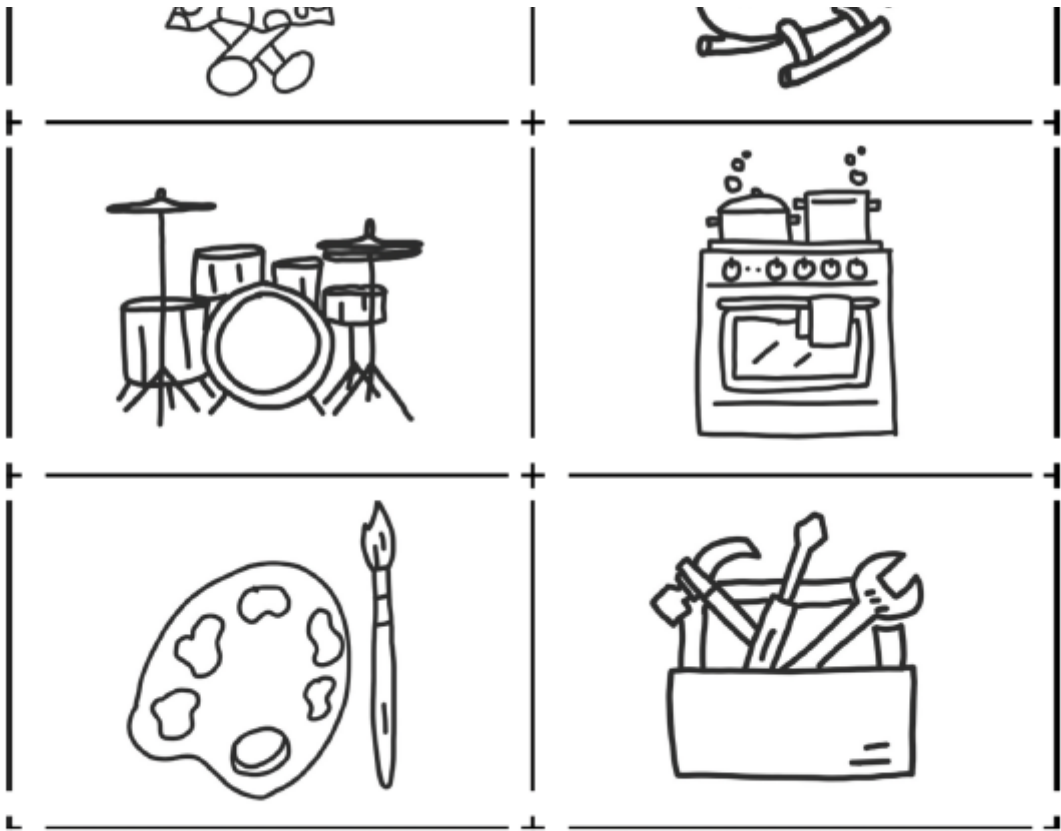
NOTE TO THE TEACHER: If you do not have greeting cards to use for this lesson, please feel free to cut out the two pictures of cards below the dotted line and use them instead.



Teacher Resource: Activities

INSTRUCTIONS: Make enough copies of this sheet for half the class. Cut out each activity along the dot - ted lines, and place each complete set into a separate envelope. Make enough sets for half the students to have one, plus one set for yourself.





Homework: Who Can Do What?

NAME: _____

INSTRUCTIONS: What kinds of jobs can grown-ups have? Circle below to indicate which job you think can only be done by men, women or anyone. Color your sheet if you wish!



Firefighter

Men Women Anyone



School Custodian

Men Women Anyone



Teacher

Men Women Anyone





Construction Worker

Men Women Anyone



Doctor

Men Women Anyone

TEACHER'S RESOURCE: WHICH CARD SHOULD I SEND?

NOTE TO THE TEACHER: If you do not have greeting cards to use for this lesson, please feel free to cut out the two pictures of cards below the dotted line and use them instead.





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*A Lesson Plan from Rights, Respect,
Responsibility: A K-12 Curriculum*

Say something like, *"No matter your gender, you can play with any of these toys. You can wear whatever clothes you want, or have long or short hair. Be who you are, and enjoy playing with whatever toys you enjoy playing with!"*

Praise them for the work they did, go through the homework assignment, and close the lesson.

(11 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Step 1 is designed to achieve learning objective 1. Steps 2 and 3 are designed to achieve learning objective 2.

HOMEWORK:

Have students complete the activity sheet, "Who Can Be This?" with a family member at home and color it in if they wish.

Pink, Blue and Purple

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Ask, "Why should I send this card to a boy baby and this one to a girl baby?"

Possible responses may include:

- "Because that one has boy things on it, and that one has girl things on it"
- "Blue is for boys and pink is for girls"
- "I like that one better, and I'm a [boy/girl]"

Explain that, "All of what we just talked about – like deciding what colors or toys people can play with is part of something called 'gender.' That's what we're going to be talking about today."

Put the sign with the word "Gender" up on the board (or write it if using a white board). Ask students to repeat the word with you. Say something like, "When we referred to a 'boy' baby or a 'girl' baby, we were talking about what gender the baby is."

Ask, "How do you know what gender you are?" Responses will vary, but may include:

- "My family told me"
- "I know because of my body parts"
- "I just know it"

If a student says something like, "I just know it" or "I feel that way on the inside," explain that knowing what gender you are is called "gender identity." Put the sign that reads "gender identity" up (or write the phrase) on the board. Ask students to repeat it with you.

Point out that the word "Identity" begins with an "I." Say something like, "Identity starts with an I. That's how you can remember it. 'I' feel, 'I' know. Gender identity is that feeling of knowing your gender. You might feel like you are a boy, you might feel like you are a girl. You might feel like you're a boy even if you have body parts that some people might tell you are 'girl' parts. You might feel like you're a girl even if you have body parts that some people might tell you are 'boy' parts. And you might not feel like

01.31.23 LOO SB 0199 Joint.pdf

Uploaded by: Terry Hale

Position: UNF

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January 30, 2023

The Honorable Brian J. Feldman
Education, Energy, and the Environment Committee
2 West
Miller Senate Office Building
Annapolis, MD 21401

RE: SB 0199 Primary and Secondary Education – Comprehensive Health Education
Letter of Opposition

Dear Chairman Feldman and Members of the Education, Energy and Environment Committee:

The County Council and the County Executive of Cecil County unanimously opposes SB 0199 Primary and Secondary Education – Comprehensive Health Education. The hearing on this legislation is scheduled on February 8, 2023.

It is our understanding that this legislation requires the State Department of Education, in collaboration with the Maryland Department of Health, to develop a comprehensive health education framework; requiring each county board of education to create an age-appropriate curriculum that is consistent with the comprehensive health education framework; requiring each county board to establish a method by which a parent or guardian may opt out of certain topics, subject to certain requirements.

Cecil County strongly opposes any bill that bypasses family values and mandates the public education system to create curriculum that advances sexual discussions with children, regardless of establishing a parent opt out of certain topics. This legislation further destroys the rights of parents and families and places an undue burden on our children, educators and Board of Education.

The County Executive and County Council of Cecil County respectfully requests that the Education, Energy, and the Environment Committee send an unfavorable report on SB 0199.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Hornberger".

Danielle Hornberger
County Executive

A handwritten signature in blue ink, appearing to read "Jackie Gregory".

Jackie Gregory
President of County Council

SB0199_Tom and Tina Wilson_Unfavorable.pdf

Uploaded by: Thomas Wilson

Position: UNF

Written Testimony of Thomas P. and Tina M. Wilson

RE: In Opposition to Senate Bill SB0199 - Primary and Secondary Education - Comprehensive Health Education Framework - Established

February 7, 2023

As citizens of the state of Maryland, we oppose Maryland **Senate Bill SB0199** as currently drafted. This testimony seeks to express our concerns around **SB0199** and offer suggested changes to the language of the bill.

This bill gives the State Dept. of Education control of educating students in topics that should have some level of parental control. While the regulations are to be generated by each county Board of Education, they must meet the State requirements. On the surface, this has the appearance of local control, but the reality appears to be that this is controlled by the State.

Parents will be allowed to “opt out” under unspecified conditions but they should have the decision to “opt in”. Parental control of sensitive issues is being taken away.

We find the language in the paragraph 5 below to be vague in terms of “opting out”.

“(5) (I) SUBJECT TO SUBPARAGRAPHS (II) AND (III) OF THIS PARAGRAPH, EACH COUNTY BOARD SHALL ESTABLISH POLICIES, GUIDELINES, AND PROCEDURES FOR A PARENT OR GUARDIAN TO OPT OUT OF THE FAMILY LIFE AND HUMAN SEXUALITY OR THE GENDER IDENTITY AND SEXUAL ORIENTATION TOPICS FOR THE PARENT OR GUARDIAN’S STUDENT IN EACH GRADE IN WHICH THOSE TOPICS ARE TAUGHT.”

We suggest that line #10, page 3, be modified to reflect the following:

“HUMAN SEXUALITY **AND/OR** THE GENDER IDENTITY AND SEXUAL ORIENTATION TOPICS”

We also find paragraph below to be vague as to the possible outcomes of “alternative learning objectives”. It is unclear if the “alternative learning objectives” will be developed and reviewed by a similar body as identified in paragraph 4(II). We recommend some language be added to cover the governance process for “alternative learning objectives” including parents’ ability to concur with the “alternative learning objectives”.

(III) EACH COUNTY BOARD SHALL IDENTIFY APPROPRIATE 16 ALTERNATIVE LEARNING OBJECTIVES AND MEASURABLE GOALS THAT MEET STATE 17 AND LOCAL HEALTH EDUCATION REQUIREMENTS FOR A STUDENT WHOSE PARENT 18 OR GUARDIAN HAS ELECTED TO OPT THE STUDENT OUT OF A PARTICULAR TOPIC 19 UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH.

These modifications address both curriculum topics that may be most objectionable to parents and allows parents to make appropriate decisions for their children based on their individual

needs and beliefs. Without these modifications, we are compelled to express our opposition to this bill. Thank you for your consideration.

SB149.Curr.9.11.23.pdf

Uploaded by: Virginia Crespo

Position: UNF



Maryland Retired School Personnel Association

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Phone: 410.551.1517 • Email: mrspa@mrspa.org

www.mrspa.org

Senate Bill 0149

In Opposition Of

**Education – Curriculum – Unit of Instruction on September 11, 2001, Terrorist Attacks
Education, Energy, and the Environment Committee**

Hearing: February 8, 2023 – 1:00 p.m.

Dear Honorable Senator Brian Feldman, Chair, and Honorable Senator Cheryl Kagan, Vice Chair, and Distinguished Education, Energy, and the Environment Committee members,

The Maryland Retired School Personnel Association (MRSPA) opposes SB 0149 Education – Curriculum – Unit of Instruction on September 11, 2001, Terrorist Attacks.

It is the position of MRSPA that curriculum decisions must be the responsibility of State and Local Boards of Education. MRSPA's Education Priority is clear: "MRSPA supports legislation designed to enhance public education and promote lifelong learning for all students. Support for public education and lifelong learning is essential to forming an educated and productive citizenry. Curriculum decisions made in support of public education and lifelong learning must be the responsibility of State and Local Boards of Education."

We are not opposed to the recommended curriculum per se. It is not the role or responsibility of the State Legislature to mandate curriculum. We urge you to allow State and Local Boards of Education to do their due diligence in regard to curriculum.

On behalf of the over 12,000 members of The Maryland Retired School Personnel Association, we urge opposition to and an unfavorable report on SB 0149.

Sincerely,

Carla J. Duls
President

Virginia G. Crespo
Legislative Aide

MEC-SB0199 - Comprehensive Health Education Framew

Uploaded by: Rick Tyler, Jr.-Chair

Position: INFO



Maryland Education Coalition



Ellie Mitchell & Rick Tyler, Jr. – Co-Chairs

Web site - www.marylandeducationcoalition.org

Email – md.education.coaliton@gmail.com

February 8, 2023

Senate Education, Energy, and the Environment Committee

Senator Brian Feldman, Chair

[SB0199](#) - Comprehensive Health Education Framework – Established

POSITION: INFORMATIONAL

Fiscal and Policy Note

The Maryland Education Coalition (MEC) was originally founded over 40 years ago and is made up of over twenty diverse statewide organizations and individual advocates (see below). MEC is made up of over twenty statewide organizations and individuals. Our members include former state or local administrators, educators, lawyers, social workers, psychologists, artist/musicians, parents, community, and business leaders. We advocate for adequate funding, equitable policies, and transparent accountability statewide for the estimated 900,000 students in Maryland’s schools. (More [Here](#))

MEC supports grade and age-appropriate Health Education for all students in Maryland believes it should begin at home and become a life-long learning tool. A red flag goes up, if a bill appears to be part of the roles and responsibilities of the State Board and Department of Education or others with experience and expertise with the issues being addressed.

The fiscal note already has noted the following:

New health education standards were adopted by the State Board of Education in December 2019; the Maryland Comprehensive Health Education Framework was revised and posted in July 2020. There are Family Life and Human Sexuality standards for prekindergarten through grade 8 and for two semesters of high school. MSDE advises that the current framework contains all the elements required by the bill.

The MSDE webpage for Comprehensive Skills-Based Health Education includes the following overview:

Comprehensive Pre-K–12 Skills-Based Health Education focuses on a student’s development of protective life skills that promote health and well-being. By participating in a variety of learning experiences, students are able to develop adaptive and positive behaviors that will equip them to meet the demands and challenges of everyday life.

You can review the School Health Framework here - [Pre-K through High School Health Framework](#). The State Board also approved [COMAR Regulation \(13a.04.18.01\) Health Education Instructional Programs \(PK-12\)](#). Under the regulations adopted by the State Board, local education agencies must provide the opportunity for parents/guardians to view any instructional materials used in teaching family life and human sexuality and establish an opt-out policy for that instruction. MSDE and each local school system provides additional related resources.

Therefore, if the primary intent of this legislation is to codify Public School Health Education policy developed by MSDE and other stakeholders, then approved by the State Board, the Maryland Education Coalition supports, but we also encourage the General Assembly and others to submit any related policy changes to MSDE and the State Board for their review and consideration for approval as the body most directly knowledge, experience and responsibility for the development, oversight, data collection and accountability for education policy. We also urge the General Assembly to work with MSDE and local school systems to ensure each has adequate, high-quality staff and resources to implement, review and report Health Education access, performance and progress so each student has access to high quality health education.

ACLU of MD, Arts Education in Maryland Schools, Arts Every Day, Attendance Works, CASA, Children’s Behavioral Health Coalition, Free State PTA, Decoding Dyslexia of Maryland, Disability Rights Maryland, League of Women Voters of MD, Let Them See Clearly, Maryland Coalition for Gifted & Talented Ed, Maryland Alliance for Racial Equity in Education, Maryland Coalition for Community Schools, Maryland Down Syndrome Advocacy Coalition, MSC-NAACP, Maryland Out of School Time Network, Maryland School Psychologists’ Association, Parent Advocacy Consortium, Public Justice Center, School Social Workers of MD, Strong Schools Maryland, Kalman R. Hettleman, David Hornbeck, Rick Tyler, Jr., Sharon Rubinstein