

HB119_MD Youth Advisory Council_Fav (1).pdf

Uploaded by: Grace Minakowski

Position: FAV



Maryland Youth Advisory Council
c/o Governor's Office of Crime
Prevention, Youth, and Victim Services
100 Community Place,
Crownsville, MD 21032

Samuel Desai, *Chair*
Emily Shrieves, *Vice-Chair*
Henry Meiser, *Secretary*

March 27, 2023

The Honorable Brian J. Feldman Chair
Education, Energy, and the Environment Committee

2 West
Miller Senate Office Building
Annapolis, Maryland 21401

Re: HB119 | Primary and Secondary Education – Comprehensive Health Education Framework
Position: Support

Dear Chairman Feldman,

The Maryland Youth Advisory Council prides itself on being a coalition of diverse young advocates and leaders who serve as a voice for youth in the state of Maryland. As leaders in our communities, and as appointees of the Governor, President of the Senate, Speaker of the House, Maryland Association of Student Councils, Maryland Higher Education Commission and the University System of Maryland, we take every opportunity to address relevant issues by influencing legislation, spreading public awareness and serving as a liaison between youth and policymakers regarding issues facing youth.

Health classrooms across the state fall short in meeting the goals defined by the Maryland State Department of Education (MSDE) health curriculum. As a result, our school system continuously fails to empower teens with the knowledge to lead a healthy, safe life. Maryland youth are ill-equipped to handle decisions requiring consent, understand the nuances of gender/sexuality, weigh the implications of risk, and discuss health in a mature, de-stigmatized manner. Across the board, studies have shown the shortcomings of school health curriculums for teens. The Guttmacher Institute ¹, for example, found that approximately half of students in grades 7-12 report needing more information about what to do in the event of rape or sexual assault and science-backed information about HIV and other STDs. Further, a GLSEN study² found that, among a sample of LGBTQ+ students, 72% completed health curriculums with no mention of LGBTQ-related health or social-emotional issues (in spite of CDC³ reporting that nearly 1 in 5 students identify as a sexuality other than heterosexual). The CDC also developed the K-12 Health Eating Curriculum Analysis Tools (HECAT), defining healthy behavior outcomes such as “Demonstrate effective refusal skills to avoid unhealthy food choices,” “Analyze the role of individual responsibility in

¹ Dailard, Cynthia. "Sex Education: Politicians, Parents, Teachers and Teens." *The Guttmacher Report on Public Policy*, 2001, <https://la.utexas.edu/users/hcleaver/330T/350kPEESexEdPolsParTeaTeens.pdf>. Accessed 2 Feb. 2023.

² "The 2021 National School Climate Survey: Executive Summary." *GLSEN*, 2021, www.glsen.org/sites/default/files/2022-10/NSCS-2021-Executive_Summary-EN.pdf. Accessed 2 Feb. 2023.

³ "ABES Reports." *Centers for Disease Control and Prevention*, 31 Mar. 2022, www.cdc.gov/healthyyouth/data/abes/reports.htm. Accessed 2 Feb. 2023.

enhancing healthy eating behaviors,” and “State personal beliefs to improve the food and beverage selections of others.” Though the MSDE Curriculum has made strides in accommodating the “all foods fit” model of health eating (MSDE Standard 1e), the curriculum still states under Standard 1e.HS2.1 that students will “utilize the U.S. Dietary Guidelines for Americans to plan a balanced eating routine.” The U.S. Dietary Guidelines for Americans refers to outdated health measures like BMI for food-intake guidance, an arbitrary health marker which does not take into account muscle mass or biological variations across ethnic groups⁴. Provisions for healthy eating overlook cultural norms in eating and the socio-economic implications of eating organic & conventional health foods. In conjunction, the current MSDE curriculum and standards create an environment where students leave feeling *more* confused & uncomfortable about health discussion than before.

HB119 requires each county public school district to abide by policy and curriculum standards set by the Maryland State Board of Education. The State Superintendent shall notify county boards who do not abide by State Board Policy and/or are found to opt-out of non-authorized topics. Further, the Superintendent may direct the State Comptroller to withhold 10% of a county’s funds-if discrepancies are not resolved within 30 days (increasing by an additional 10% after 90 days). HB119 protects the State Board of Education’s adoption of Comprehensive Skills-Based Health Education under the Code of Maryland Regulations (COMAR) 13A.04.18.01. Comprehensive Health Education Program standards ensure students are equipped with adequate information on mental health, substance abuse, family life & human sexuality, safety/violence prevention, healthy eating, and disease prevention. HB119 does *not* strip local boards of the ability to shape local policy and procedure regarding health education. The Council has voted in favor of HB119 as it aligns with the Council’s Legislative Platform supporting:

- a) Ensuring high standards of learning in all curricula in all schools for all students (Article III, Section 2, Clause A), including subjects as critical as health education.
- b) Quality health and physical education courses for all students (Article III, Section 2, Clause D).
- c) Holistically protecting the physical and social health of Maryland Youth (Article IV) which includes proper education about health-promoting behavior & prevention measures not provided by current curriculum.

Critics of **HB119** argue that the new regulations will “politicize” health classrooms and deem the changes (especially as it pertains to gender and sexuality) inappropriate for youth. However, this argument fails to recognize the effects of ignoring sensitive/controversial subjects in the health classroom. As discovered by a Northwestern University study, roughly 84% of teens turn to the internet as a source of health advice with roughly one in three reporting behavioral change as a result.⁵ These finds are troubling to the Council in lieu of the Internet’s mass health misinformation, glorification of drinking, smoking, & eating disorders across social media platforms, and access to porn & unbacked claims about sex safety. The MSDE Health

⁴ Gutin I. In BMI We Trust: Reframing the Body Mass Index as a Measure of Health. Soc Theory Health. 2018 Aug;16(3):256-271. doi: 10.1057/s41285-017-0055-0. Epub 2017 Oct 25. PMID: 31007613; PMCID: PMC6469873.

⁵ Wartella, E., Rideout, V., Montague, H., Beaudoin-Ryan, L., & Lauricella, A. (2016). Teens, health and technology: A national survey. *Media and Communication*, 4(3), 13-23. <https://doi.org/10.17645/mac.v4i3.515>

Curriculum standards are vetted by representatives from across Maryland's diverse regions. It is imperative that students see themselves represented in the health classroom; failing to even *acknowledge* certain demographics is a failure of youth safety and well-being. The alternative to providing factual, science-based health education is a generation of teens reliant on the internet and peer word-of-mouth which include misinformation and unsafe practices. Educators cannot change adolescent questioning of gender, sexuality, or health; however, local boards of education have the power to give students an informed basis for which to explore these topics. It is not an overstep for the state to enforce MSDE standards when local boards are *funded* by the state. Additionally, HB119 provides positive reinforcement for current health education requirements. Students in the graduating class of 2025 and beyond are required to obtain a full credit of health education to graduate, compared to the previous half credit. The expansion of classroom time calls for reform of our framework previously suited for a half-credit.

Heightening accountability for teaching the MSDE-approved standards for health education will address stigma present in health classrooms across the state. It is the duty of the Maryland General Assembly to protect a child's right to be educated on their physiology & emotions in an appropriate, full manner. The quality of health education provided in Maryland classrooms will have a *direct* impact on our generation's ability to make responsible decisions in the present and as adults. For these reasons, the Council supports **HB119** and respectfully requests a favorable report from the committee.

Sincerely,



Samuel Desai, Chair
Maryland Youth Advisory Council

Legislative testimony HB119_SB199.pdf

Uploaded by: Michele Copper

Position: FAV



LEGISLATIVE TESTIMONY

Bill: **HB0119/SB0199 County Boards of Education - Curriculum Guides and Courses of Study - Requirements**

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

Submitted by: Michele Schlehofer, Board Member

Position: **FAVORABLE**

GLSEN MARYLAND SUPPORTS MDSE EDUCATIONAL GUIDELINES

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 HB0119/SB0199 as it promotes education which is inclusive of LGBTQ+ students. LGBTQ+ students are often drastically underserved by existing school curricula. School districts in some areas of our state are not implementing MDSE guidelines, depriving students in these districts access to a robust education. **Requiring county school districts to follow educational curricula outlined by the Maryland State Department of Education ensures all students educated in Maryland public schools are taught from a curriculum inclusive of LGBTQ+ people, which has significant educational benefits to students.**

LGBTQ+ students face considerable stigma at school which negatively impacts their education. Research by our parent organization, GLSEN National, finds that LGBTQ+ students in unsupportive school environments experience greater absenteeism, have higher rates of dropout, and have lower GPAs (GLSEN, 2019). As a result of their experiences in K-12 schools, LGBTQ+ students are less likely to go on to college.

Schools usually do not teach about LGBTQ+ history, culture, and people, and often expose students to anti-LGBTQ+ stereotypes. The Gay, Lesbian, and Straight Education Network (2019) found that less than 20% of schools taught students about LGBTQ+ history, culture, and people; worse, 17% of schools reinforced *negative* stereotypes about LGBTQ+ people in their curricula, contributing to stigma of LGBTQ+ students. GLSEN (2019) finds that only 21.4% of Black youth are taught positive representations of LGBTQ+ history, culture, or people at school.

The damaging effects of curricula not inclusive of LGBTQ+ people become even more apparent when considering that **very few LGBTQ+ youth have access to inclusive health and sex education.** GLSEN's research finds that only 8.2% of LGBTQ+ youth had access to inclusive health education at school. 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, and aligns with best-practices in public health. Inadequate and non-inclusive curricula leads to LGBTQ+ youth having worse health outcomes, such as participation in high-risk activities (Hobaica, 2017) which lead to greater likelihood of unplanned pregnancy (Bodnar & Tornello, 2019; Herrick et al., 2010) and greater risk of 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). 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.**

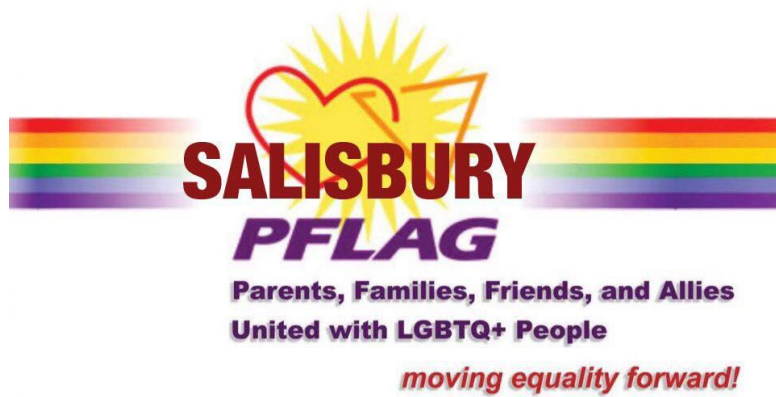
Finally, **broadly inclusive education benefits all youth, not just LGBTQ+ students, by improving school climate.** It is not just LGBTQ+ youth who are the target of anti-LGBTQ+ bullying; students who are heterosexual or not transgender are also frequent targets of anti-LGBTQ+ bullying (for instance, 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 education reduces stigma and marginalization of LGBTQ+ youth, it leads to improved school climates for *everyone*. Students at schools with inclusive education reported hearing fewer slurs, lower levels of victimization, felt safer, missed fewer days of school, and had a higher GPA in comparison to students whose schools did not cover LGBTQ+ topics in education (GLSEN, 2019). LGBTQ+ students whose schools had inclusive curricula also report feeling safer and more accepted (GLSEN, 2019). Similar patterns have been found for Black LGBTQ+ youth (GLSEN, 2020); further, Black LGBTQ+ youth who attend schools with LGBTQ+ inclusive curriculum also felt their race or ethnicity was more supported at school (GLSEN, 2020). Similarly, Snapp et al. (2015) found that LGBTQ+ youth who attend schools which included LGBTQ+ youth in anti-harassment curricula reported lower harassment, less victimization, and felt more safe and supported in their school. 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 educational disparities experienced by LGBTQ+ youth, coupled with the research which demonstrates that inclusive education reduces these disparities and improves school climate for all students, GLSEN Maryland supports comprehensive education which is inclusive of LGBTQ+ youth. Therefore, **GLSEN Maryland supports HB0119/SB0199 and recommends a FAVORABLE report in committee.**

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.

HB0119-EEE-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

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

HB 119

March 29, 2023

TO: Members of the Senate Education, Energy, and the Environment Committee

FROM: Nina Themelis, Interim Director of Government Relations

RE: House Bill 119 – County Boards of Education – Curriculum Guides and Courses of Study – Requirements

POSITION: Support

Chair Feldman, Vice Chair Kagan, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill (HB) 119.

This legislation would require each county board of education to follow policy and guidelines for the program of instruction for public schools established by the State Board of Education. The bill also requires the State Superintendent to notify a county if they are not following the policy and guidelines and allows the Superintendent to withhold funds from a county if they do not resolve the discrepancy.

Baltimore City Health Department (BCHD) and City Schools have been working in tandem towards a comprehensive framework. HB 119 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 HB119.

*Annapolis – phone: 410.269.0207 • fax: 410.269.6785
Baltimore – phone: 410.396.3497 • fax: 410.396.5136
<https://mogr.baltimorecity.gov/>*

UNFAVORABLE HB119-SB199.pdf

Uploaded by: Amy Adams

Position: UNF



"Protecting Children by Educating the Parents"

March 28, 2023

To Whom It May Concern,

The Baltimore County Parent and Student Coalition, Inc. (BCPASC) is made up of over 5,000 members from around Baltimore County including parents, students, educators, and community members.

BCPASC OPPOSES HB119/SB199 County Boards of Education-Curriculum Guides and Courses of Study-Requirements.

BCPASC opposes this bill because it is not necessary to codify curriculum framework into law. If signed into law, HB119/SB199 will remove local control of curriculum and fundamentally change the historic governance of school systems in the state of Maryland.

Many local public school systems, the Maryland Association of Boards of Education (MABE), the Maryland State Board of Education, and state legislators have written letters opposing HB119/SB199 because there has never been a curriculum mandated by the State of Maryland through the legislature in the history of the state.

HB119/SB199 with approved amendments removes local control from Board of Education representatives elected by their communities. HB119/SB199 is complete overreach and similar to the statewide mask mandate implemented by the State Superintendent, State Board of Education, and Joint Committee on Administrative, Executive, and Legislative Review that was ended after strong pushback and a threatened lawsuit.

HB119/SB199 with amendments is educational coercion and extortion with financial penalty which may well be in violation of Maryland State Statute 2-1202. [Maryland Statute 3-1202](#) Maryland county school boards are already coping with formulating plans to comply with the requirements for the Blueprint for Maryland's Future set forth by the Accountability and Implementation Board to prevent penalty of 25% of funding cut from their budgets.

HB119/SB199 creates a one size fits all precedent to education. Maryland public school systems have seen a downward trend in academic outcomes over the last decade. We are demanding the State Superintendent, the State Board of Education, and the State Legislature to focus on actions that will improve the educational outcomes of ALL Maryland public school students and this bill simply interferes with local education agencies ability to address their students' needs.

BCPASC is asking you to vote UNFAVORABLE on HB119/SB199.

Sincerely,

Amy Adams, BCPASC President

Mary A. Taylor, BCPASC Vice President

HB0119 cty bd of education.pdf

Uploaded by: Barbara Cantilena

Position: UNF

HB119 forces each county board of education to follow policies and guidelines from the State Board of Education. It also prevents the local school boards from allowing students to opt-out of being indoctrinated with material that they and their parents find objectionable. It takes away both local and parental control of the education of children, especially with regard to objectionable material. The State Board of Education mandates sexual indoctrination of students that include obscene perversions, transgender issues, attitudes toward birth control and respect for life that are the prerogative of parents. Parents are robbed of their duty to pass on religious and moral values to their children.

Barbara Cantilena
10326 Watkins Mill Drive
Montgomery Village, MD 20886

230329-HB0119-Co-Bd-Ed-Curr-Guides-xovertoS.pdf

Uploaded by: Christine Hunt

Position: UNF

Christine Hunt and Jay Crouthers
1014 Dockser Drive
Crownsville, MD 21032

March 29, 2023

Maryland General Assembly
Members of the Education, Energy and the Environment Committee
Annapolis, MD

RE: HB0119-Primary and Secondary Education-Comprehensive Health Education Framework-
Established

Dear Senators,

We oppose HB0119 and respectfully request that you vote against it.

Our concern is the in-depth detail of sexual acts that to many citizens are perverse and that the school system is not the place to be teaching this to impressionable youth. Teaching 7th graders about anal/oral sex and the more explicit details of sexuality is excessive at this age.

More information, especially at the ages outlined in the [Maryland Comprehensive Health Education Framework](#) , has the potential to do more harm than good.

As a Life Wellness Coach that has worked with youth of high school age, the more information they are exposed to causes great disruption and questioning of their sexual identity whereas without so much detailed information, they could more easily follow their own instincts.

In this modern age, children are being exposed to more and more adult information. Let the school be a place where children can be children and if the need arises, allow for counselors to provide guidance.

Let local jurisdictions determine what is best for their citizens and allow for the diversity of ideas and information rather than creating the State overreach that this bill supports.

Sincerely,

Christine Hunt and Jay Crouthers

Unfavorable HB 119 County Boards of Education – Cu

Uploaded by: Daniela D'Orazio

Position: UNF

Unfavorable HB 119 County Boards of Education – Curriculum Guides and Courses of Study

Local elected Boards of education should mold curriculums and courses to respond to local needs and values.

Parents should have the option to opt in their kids for sex education / gender identity etc classes.

Please vote unfavorable for HB 119

Thank you,

Daniela D’Orazio

HB0119.pdf

Uploaded by: David Morsberger

Position: UNF

David Morsberger
Davidsonville, District 33

I am writing in opposition of HB0119, County Boards of Education - Curriculum Guides and Courses of Study – Requirements

Background: I am a lifetime Maryland Resident and graduate of Anne Arundel County public schools and the University of Maryland in College Park. I love Maryland from the Ocean, to the Bay, to the Mountains.

HB0119 in my opinion places a lot of control centralized in one individual, the State Superintendent of the State Board of Education. Our state for as long as I remember always leaned on the side of distributed control and responsibility. Alleghany is different than Frederick, which is different than Montgomery, which is different than Queen Anne's, ... (you get my point).

Why the need for this strict control by an individual at the State level?

I did hear the current State Superintendent state during his testimony at the House Committee on of his reasons for wanting the framework in Statute. **He was tired of getting requests to modify the framework and it would make his job easier if he could just say, it's the law and you must go to the Legislature to change it.** I was stunned/floored to hear such a thing from a man in such an important position.

Please vote to oppose HB0119 to keep the framework management at the Board of Education and some semblance of control and responsibility at the County Boards

2023 Oppose HB119.pdf

Uploaded by: Deborah Brocato

Position: UNF

OPPOSE HB119
County Boards of Education – Curriculum Guides and Courses of Study - Requirements
Deborah Brocato
3206 Gloucester Dr
Fallston, MD 21047

As a lifelong resident of Maryland and mother of 4 daughters, I strongly oppose **HB119**.

This bill requires public school curricula mandated by the state without any ability for local jurisdictions to provide input or reject any or all of the state-mandated curricula. The state penalizes any jurisdiction that tries to do the will of its residents. Local school boards simply become the middle men to carry out the state's will. Parents are removed from any part of the process of educating their children. Public schools were designed for instructing children in the areas necessary for living independently as adults with subjects such as reading, writing, science and mathematics. The topics covered in the Comprehensive Health Education Framework are out of the realm of the academic education and are inappropriate. Those subjective and private topics belong in the purview of the parents.

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.

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 HB119**.

HB0119 SB0199.pdf

Uploaded by: Diane Alvarez

Position: UNF

Delegates/Senators,

I am writing to express a strong opposition to House Bill 119/SB0199. This bill removes the needed autonomy local school boards have to form curriculum suited to the students in their classrooms. The bill was introduced in an attempt to adopt a state health curriculum. The amendments to the bill eliminate the necessary tailoring required by professional teachers, to conform with the structure of the classroom demographic. HB 119/SB0199 as passed out of the House Ways and Means Committee would result in a total state takeover of local control over all curriculum frameworks, standards, and even instructional materials.

This law will likely **increase toxicity** in teacher work climate resulting in increase losses to teacher retention and could impact parental support of Maryland Public Education. The law as proposed will also eliminate the opt out option for families that find the curriculum is not appropriate for their child. This would force students from families that do not agree with the instruction for cultural or religious reasons into this instruction.

Specifically, this bill would mandate that local school systems follow “every element of the policy and guidelines for the program of instruction” for public schools established by the State Board of Education. The bill would also mandate that “all curriculum guides, courses of study, resource materials and other teaching aids” shall be in accordance with the state policy and program of instruction adopted by the State Board. In these alarming and unprecedented ways, HB 119 reaches into the boardroom and the classroom, severely limiting decision making of local boards, superintendents, department chairs, and teachers in the classroom.

I am also troubled that HB 119 would empower the State Superintendent of Schools to enforce local compliance by withholding massive amounts of state funding. HB 119 grants absolute authority to the State Superintendent to decide if a local school system is not following every detail of the state standards and then withhold millions of dollars in state funding.

I hope that you agree with me (your constituent) and the Maryland Association of Boards of Education (MABE) to OPPOSE HB0119/SB0199 and support local decision-making authority in developing curriculum, assessments, grading policies, and instructional programs and the adoption of statewide laws and regulations that reflect a commitment to local governance, professional judgment of local educators, and community engagement. HB 119 fails this test. Teachers will thank you for your “Nay” on this toxic bill.

Thank you for your attention to this issue.

HB0119-2023 County Bds Education -Revised Senate.p

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

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

RE: **HB 119** – County Boards of Education – Curriculum Guides and Courses of Study –
Requirements – **OPPOSED**

Dear Chairman Feldman and Members,

HB 119 uses intimidation and threats of loss of state funding for any deviation from the State Board of Education's policy and guidelines for the program of instruction for public schools. It requires that a county board must follow every element of the State Board's curriculum guides and prohibits local boards and schools from allowing any student from opting out of any course of instruction in a manner not approved by the State Board. The State Superintendent acting alone can force withholding of 10% of state funding for a county school system with a 30-day notice to comply. The State Superintendent can withhold an additional 10% of state funds after 90 days if not satisfied with the response.

Such a dictatorial approach will stifle innovation and creativity at the local level. It will hamper county boards of education, most elected by county voters, in responding to the needs, concerns and values of their citizens regarding the education of their children. Local flexibility is crucial to bringing all children up to grade level in reading and mathematics after 2 years of COVID interruptions and the detrimental impacts of virtual education.

One can only guess that HB 119 is a response to the vocal objections of parents to the State Board of Education's adoption of its "Comprehensive Health Education Framework". This framework begins with pre-school and continues through 12th grade. Some objections to the Framework include:

- **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.



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

- 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.
- **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 continues 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.



Ella Ennis, Legislative Chairman
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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.

Parents and citizens need to have access to proposed curriculums for all subjects and have the opportunity to voice their concerns before adoption of policies and curriculums. One size does not fit all.

For all of these reasons please give **HB119** an **UNFAVORABLE** report.

Sincerely,
Ella Ennis
Legislative Chairman
Maryland Federation of Republican Women

OPPOSE HB119.pdf

Uploaded by: Gala Meyerovich

Position: UNF

Dear Members of the Senate Education, Energy, and the Environment Committee,

I strongly **OPPOSE** SB199/HB119.

Parents still have fundamental rights to understand what is taught at schools. Parent must have an option to opt out of certain classes/materials. Following one path is NOT what we call the diversity!

SB199/HB119 seeks to remove control from local school districts and boards of education. The state superintendent must not be dictating local schools and must let schools determine their own curricula.

The bill would allow to withhold millions of dollars from local school systems deemed by the state superintendent's office to be "non-compliant" with state standards, impacting teacher salaries and children's education. Allowing the state superintendent financially punishing schools that disagree with the superintendent is **ABSOLUTELY UNACCEPTABLE!** This is not a democracy, this is indoctrination! You cannot let this country to become another version of the communist China or the tyrannic Russia!

Please vote **UNFAVORABLE** for the sake of our kids, families, and our country.

Thank you in advance,
Gala Meyerovich
Montgomery Country resident

FINAL HB119 County Boards of Education Curriculum.

Uploaded by: Grace Wilson

Position: UNF



HB119 COUNTY BOARDS OF EDUCATION – CURRICULUM GUIDES AND COURSES OF STUDY – REQUIREMENTS

March 29, 2023

EDUCATION, ENERGY, AND THE ENVIRONMENT

OPPOSE

Grace Wilson, Legislative & Policy Specialist (410.440.1758)

Anne Arundel County Public Schools (AACPS) strongly opposes **HB119 County Boards of Education – Curriculum Guides and Courses of Study – Requirements**. As amended by the House of Delegates, this bill requires all curriculum guides, courses of study, resource materials, and other teaching aids prepared by local school systems to be in accordance with the policy and guidelines for the program of instruction in public schools adopted by the State Board of Education. If the Superintendent of Schools determines that a local board of education is not following every element of the policy or guidelines established, or is authorizing a student opt-out of a course of instruction in a manner that is not approved by the State Board, the State Superintendent must notify the local board of education. If the local board does not resolve the discrepancy within 30 days, 10% of the funds budgeted by the State for the current fiscal year must be withheld. If the discrepancy is not resolved within 90 days, an additional 10% must be withheld. Finally, the bill requires that the State Comptroller release the funds if the State Superintendent determines that the local board has resolved the discrepancy.

As introduced, this bill focused on health education, and AACPS opposed the bill as it intruded on local control over curriculum and instruction. However, this bill as amended would result in a total state takeover of local control of all curriculum frameworks, standards, and even instructional materials.

Currently, the authority to establish curriculum and assessments is the domain of the State Board of Education and local boards of education, the same entities charged with researching, investigating, and evaluating both curriculum and assessments. Maintaining this authority with the State and local boards allows for collaboration between local boards of education, the State, and stakeholders to ensure that all students, schools, and school systems are held accountable. The State Board has established State standards and graduation requirements and local boards of education implement locally developed curriculum to ensure that State standards are met and students are prepared to meet graduation requirements. In this way, the State, local boards of education, and educators collaborate to ensure that all students, schools, and school systems are held accountable for their work. AACPS supports their local decision-making authority in developing curriculum, assessments, and instructional programs in collaboration with the State Board of Education.

HB119 is a radical change to Maryland education policy that has always balanced state and local control regarding state standards and local curriculum. This bill mandates that local school systems follow “every element of the policy and guidelines for the program of instruction” for public schools established by the State Board of Education, and that “all curriculum and guides, courses of study, resource materials, and other teaching aids” be in accordance with the state policy and program of instruction adopted by the State Board.

This bill would result in the immediate state takeover of any local discretion or flexibility to develop and deliver instruction in every subject and grants absolute authority to the State Superintendent to decide if a local school system is not following every detail of the state standards and then withhold millions of dollars in state funding.

Accordingly, AACPS respectfully requests an **UNFAVORABLE** committee report on HB119.

Harford County Board of Education Opposition to HB

Uploaded by: Harford County

Position: UNF

March 27, 2023

Dear Delegate/Senator:

As members of the Board of Education of Harford County, we are contacting you to share our strong opposition to House bill 119 (HB119), cross-filed with Senate bill 199 (SB199). This bill was introduced to require local school systems to adopt a state mandated health curriculum. As written, the bill caused grave concerns at the local level. The bill has been amended and with the amendments, would place local school systems in a dire position. HB119, as passed out of the House Ways and Means Committee, is a total Maryland State Department of Education (MSDE) takeover of all curriculum frameworks, standards, and even instructional materials-removing any local oversight of curriculum development. We urge you to oppose HB119/SB199.

This bill mandates that local school systems follow, "every element of the policy and guidelines for the program of instruction" for public schools established by MSDE. The bill also mandates that, "all curriculum guides, courses of study, resource materials and other teaching aids," shall be in accordance with the MSDE policy and program of instruction adopted by the Maryland State Board of Education.

In these alarming and unprecedented ways, HB119 reaches into the boardroom and the classroom, severely limiting decision making of local boards, superintendents, department chairs, and, most importantly, teachers in the classroom.

We are further troubled by HB119 as it empowers the State Superintendent of Schools to enforce local compliance by withholding massive amounts of state funding. HB119 grants absolute authority to the State Superintendent to decide if a local school system is not following every detail of the state standards and then instruct the state comptroller to withhold millions of dollars in state funding from the local school system.

As members of the Board of Education of Harford County, we hope that you agree with the Maryland Association of Boards of Education (MABE) and will support efforts to ensure continued local decision-making authority in developing curriculum, assessments, grading policies, and instructional programs. The adoption of statewide laws and regulations that reflect a commitment to local governance, professional judgment of local educators, and community engagement, is essential to the success of public school systems. HB119 fails this test.

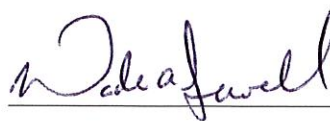
For these reasons, we ask for your commitment to oppose HB119/SB199 becoming law. We thank you for your attention to this issue.

Sincerely, we the undersigned Board of Education of Harford County Members,




















SB 199.pdf

Uploaded by: Jaime Brennan

Position: UNF

SB 199/HB119 UNFAVORABLE

I am writing this to voice my opposition to this bill. Our system of governance is such that the most control is at the local level. That means we the parents vote for our school board members. This legislation removes local control and puts our schools, our taxes and our children, at the whims of an unelected and unaccountable bureaucracy. This is anti-democratic at its core.

Furthermore it interferes with the fundamental right of parents to control the upbringing of their children, as it removes the parental ability to opt out. That is a critical right of all parents, who know their children best, and who know what their own child is ready for and mature enough to handle.

Additionally the parents know what traumas the child has suffered – the schools do not. If parents can't opt their kids out of things that may re-traumatize them, that is an inexcusable harm to those children. STOP harming kids. You can't possibly know what a child can handle, what their past is, what their family values are.

Being able to opt out of any and all sexual and sexuality instruction is critical for parents who do know their children best is critical to protecting vulnerable students. Early sexualization is traumatic for children. It causes life-long problems with deal with sex, leads to unhealthy sexual behaviors and ultimately addiction and substance abuse. The school is not in a position to know if their information is too early for a particular child. Not all children have older siblings, have access to the internet 24/7, watch tiktok or YouTube. You are harming their mental health and depriving them of their innocence by introducing information before they are ready. This is unacceptable.

The MSBA as well as countless elected officials all over this state oppose this legislation. Parents oppose this legislation. This harms families and children without the ability to opt out. Please vote unfavorable.

Oppose HB 119.pdf

Uploaded by: James Thomas

Position: UNF

To: sponsoring Delegate Atterbeary and the Senate Education, Energy and Environment Committee

Oppose HB 119: County Boards of Education – Curriculum Guides and Course of Study Requirements

Dear Delegate and Senators:

My name is Jim Thomas. I'm the proud dad of three kids--two boys, 10 and 8, and a little girl, just turned 3. We live in Baltimore County.

It's hard to understand how we in Maryland have come to a place where some feel it advisable or necessary to mandate central authority and control over the choices of localities when it comes to raising and educating their children.

Children.

How can this be right? In theory—and in the ideal—the United States rests upon principles like liberalism and plurality. This means we rely on our right to disagree with each other peacefully. To hold different views and, yes, even deeply held systems of belief, and still be neighbors. Still exchange friendly greetings over the fence. To wave coming in and going out of our communities. We respect each other, and we respectfully disagree.

In community spaces, we come together—school boards may be the best example—to argue our cases to each other when group consensus is needed to move forward, to make policy. We vote for local people to represent our viewpoints. Sometimes we win, sometimes we lose, but at core there is the trust that our right to disagree and to advocate will be respected.

Locally, this is manageable. Locally, there can be some degree of accountability, and a sense that our voices can be heard, even when our voices are not ascendant. What is to become of that trust—of that bedrock faith of American to American—if a centralized authority, beholden to no one who voters can see and affect, supplants that process and takes it into and upon itself?

This is a grave mistake. The imposition of policy by centralized power, while seductive, must be eschewed. Oppression remains oppression, no matter which team holds the gavel. We live in horrendously fractured times, and it seems only to get worse. Our chance, the chance of our nation, is to protect citizens' right to govern themselves through direct engagement on the local level, *especially* where their children are involved.

Please. Please consider and recommend whatever steps will afford local school boards the opportunity to make choices that reflect the consensus views of their community.

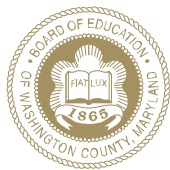
Best

Jim Thomas, Perry Hall

HB 119_WCBOE_op..pdf

Uploaded by: Jamie Brown

Position: UNF



BILL: House Bill 119
TITLE: County Boards of Education – Curriculum Guides and Courses of Study - Requirements
HEARING DATE: March 29, 2023
POSITION: OPPOSE
COMMITTEE: Senate Education, Energy, and the Environment Committee
CONTACT: Ms. Patricia Ursprung, Deputy Legal Counsel (301-766-2946)

The Washington County Board of Education (WCBOE) opposes House Bill 119 (HB119), which would give unprecedented power to the State Superintendent of Schools (State Superintendent) as it concerns the curriculum taught in schools.

Originally introduced as a means to ensure local school systems adopt and teach a health curriculum that complies with the state-approved guidelines, HB 119 has been drastically amended to be a total state takeover of all curricular frameworks, standards, and instructional materials. The amended bill now mandates that local school systems follow “every element of the policy and guidelines for the program of instruction” for public schools established by the State Board of Education (State Board). Further, the bill requires that “all curriculum guides, courses of study, resource materials and other teaching aids” be in accordance with the state policy and program of instruction adopted by the State Board and prohibits school systems from using a student opt-out that is done “in a manner that is not approved by the State Board.” Finally, it gives the State Superintendent the power to determine if a local school system is out of compliance with the state guidelines or opt-out provision and, if so, withhold up to 20% of the school system’s funding until the error is corrected to his or her satisfaction. There is no appeal or review process. The State Superintendent has the first and final word on a local school system’s compliance.

The State Board issued a statement opposing the bill in its amended form, stating that the bill is unnecessary in light of the powers already granted by state law to the State Board and the State Superintendent and expressing its concern that the bill could harm the current collaborative relationship between the state and local education agencies.

Maryland’s education system has long-favored granting local boards of education control over local matters. The amended bill would remove a local board’s autonomy and ability to determine the most effective way to present the state-approved curriculum in its jurisdiction.

In light of this proposed change to the status quo, WCBOE concurs with the State Board and shares its concern that HB 119, in its amended form, could negatively impact the relationship between the State Board or State Superintendent and local boards of education. The bill as amended, has the ability to turn what is currently a collaborative relationship between the local boards of education and the State Board or State Superintendent into a combative one and one where only a single voice matters, that of the State Superintendent.

WCBOE urges this committee to issue an unfavorable report on HB119 so that local boards of education can retain local control and decision-making power over matters directly impacting its school system, and the children educated therein, while maintaining its relationship with the State Board and State Superintendent that is the cornerstone of the education system in Maryland.

Thank you.

cc: Washington County Board of Education Members
Washington County Delegation to the Maryland General Assembly
Dr. David T. Sovine, Superintendent
Dr. Jennifer Webster, Associate Superintendent for Administration and Leadership
Dr. Gary Willow, Associate Superintendent for Curriculum and Instruction
Mr. Jeffrey Proulx, Chief Operating Officer
Ms. Ilissa Ramm, Chief Legal Counsel
Mr. John Woolums, Director of Governmental Relations, Maryland Association of Boards of Education
Ms. Mary Pat Fannon, Executive Director, Public School Superintendents' Association of Maryland

Document 105 (1).pdf

Uploaded by: Janet Greenhawk

Position: UNF

Members of the Senate,

I am writing to oppose a bill that promotes the callous bullying, extortion and coercion that the State Superintendent of Schools Mohammad Choudhury is conspiring to commit against the 24 local school boards and systems of Maryland.

In a meeting held recently regarding HB 119, the Comprehensive Health and Sex Education Framework, Delegate Atterbeary discussed how the bill is getting strong pushback from local systems and state legislators since there has never been a curriculum mandated by the State of Maryland through the legislature in the history of the state. Delegate Atterbeary started out saying, "House Bill 119, as amended, strikes the bill in entirety and replaces the bill basically with a scheme that punishes bad actors essentially. It requires each school board or local jurisdiction to follow the Health and Education Framework put out by the State Superintendent and the State Department of Education. If the State Superintendent determines that they are not following that, then they will receive a notice to come into compliance. If they do not come into compliance in thirty days, the State Superintendent can request that the Comptroller send a notice saying that 'If you do not come into compliance, we shall withhold ten percent of funding to your county.' "

"And then, if they do not comply within sixty days the same process and ten more percent can be withheld."

The twenty percent that would be withheld would cripple most districts, cause teachers and staff to lose paychecks, and hurt the children in those schools.

The Delegate then described that counties could get their funding returned if they comply with the Health and Education Framework.

She then described that the State Superintendent would be the sole arbiter of whether the county was abiding by state curricular guidance in ANY content and could withhold funding. This was explained as not being just directed to the Health and Education framework but would apply to adopting any State Curricular guidance from the Maryland State Department of Education and the State Superintendent. The name of the bill was changed to "County Boards of Education- Curriculum Guides and Courses of Study-Requirements."

It was also stated that the name and intent of the bill as well as the amendments were suggested by the current Superintendent Choudhury because of his frustration that Boards of Education across the state are not meeting his authoritarian demands as to the adoption of the State Health Education Framework.

While explaining this, Delegate Atterbeary misrepresented the participation of staff members from different counties on the creation of the Health and Sex Education Framework as an implicit agreement to adopt that framework. As someone who worked in education for over thirty years, I know this is not true. Counties send staff to participate in these developments to get some input on different sections of a framework, not the entire document. Most of the time, individual county reps don't even know what is in the entire document. Unless there was a roll call vote of school boards in each county, there is no agreement to adopt the curriculum. The Delegate lied.

The suggested amendment and subsequent actions by the State Superintendent are unprecedented when it comes to the adoption of curriculum by school systems. Although money has been withheld from counties before for missing deadlines for data or other administrative duties, this drastic action has never been implemented to coerce local Boards of Education to implement state curriculum.

County School Boards are elected entities who serve their local population, not the bureaucracy of the State Department of Education nor the whims of the State Superintendent. They should not be extorted to do so. It is severe enough that counties are under the authority of the Accountability and Implementation Board for the Blueprint initiative where they must comply and meet checkpoints or have 25% of funds cut from their budgets. This amendment would subject local education entities to requirements that mimic those implemented in countries under dictatorial rule. There would be no room for local choices that would better address the needs of their communities.

I see this as not only as an overreach of State government, but a new precedent that will eliminate the voices of parents and citizens in the counties of Maryland and nullify the electoral process they follow to choose their education representatives on their Boards of Education. With the Accountability and Implementation Board in the Blueprint for Maryland's Future and the State Superintendent deciding local issues in schools, the need for elected boards will be destroyed and the voice of the people silenced.

The Maryland Association of Boards of Education, Superintendent's Association, and even the State Board of Education oppose this bill as do many school systems. Their input plus the inputs of parents and citizens across the state cannot be ignored.

Local Boards of Education are the people we elect to design our programs in our district. We trust them to do that. If we disagree with them, we can meet with them. This is not the same with an authoritarian system as promoted by Superintendent Choudhury. He obviously does not agree in local decision making and is very upset when people disagree with him.

Sincerely,

Janet Greenhawk

Chapter Chair – Talbot County Moms for Liberty

100 Willows Avenue

Oxford, Maryland 21654

410-463-3868

Jan417@aol.com

HB119 School Curriculum 3 2023.pdf

Uploaded by: Jean Benhoff

Position: UNF

March 27, 2023

Oppose HB 119:

Ways and Means Committee State House, 100 State Circle Annapolis, MD 21401

Maryland House of Delegates - Ways and Means Committee

Dear Chair Vanessa E. Atterbeary and Vice-Chair Jheanelle K. Wilkins, and Honorable Members of the Committee,

HB119 must be Opposed. IT IS CRITICAL TO ALLOW EACH AND EVERY COUNTY in Maryland make their own curriculum decisions. It is not moral, ethical or even in any way reasonable to insist to put the values and curriculum of Prince George's and Montgomery County, onto the students of the other 20-22 jurisdictions. To even consider such a bill is to take away the freedoms and rights of each of these counties, THAT YOU ALL SWORE TO UPHOLD IN THE MARYLAND CONSTITUTION.

With the power in me as a lifelong MD resident, I most strongly recommend you KILL this Bill.

We love Maryland, don't chase us out to another state with our children.

We deeply and passionately request: KILL THIS BILL HB119

Respectfully submitted,

Jean Benhoff

HB119 SB199 Amended.pdf

Uploaded by: Jennifer Adams

Position: UNF

March 28, 2023

EDUCATION, ENVIRONMENT, AND ENVIRONMENT COMMITTEE

I am writing in **FULL OPPOSITION OF HB119/SB199.**

I share the opinion of the Maryland State Board of Education, Maryland Association of Boards of Education, many (if not ALL) of the county Boards of Education in Maryland, and many others.

These bills, in original form were an extreme overreach into the local agencies where “the people” elect representative to support community values. With the amendments, this bill codifies, into law, the sole power of education in the state of Maryland to one position, void of any concern for individuals in our state, the Maryland State Superintendent. Currently, that position is filled with a person whose values and beliefs are fanatically different than many of the individuals in our state. Next, the position could possibly be filled by someone who has completely different extreme values and beliefs.

Parents have the fundamental right to the upbringing, of their children. Public education is a large part of the lives of most children in Maryland. Parents have a right to vote for candidates in their communities who align with their values and beliefs. These elected officials should be the ones making the decisions on the education in each community, not one person with his/her own set of radical values and beliefs.

Please **OPPOSE HB119/SB199.**

SINCERELY,

JENNIFER ADAMS

WITNESS (HB119)(mar 28,2023).pdf

Uploaded by: jill smith

Position: UNF

WITNESS: Jill Ellen Smith

JURISDICTION: Baltimore County

BILL: HB 119 (Cross filed SB 199)

TITLE: County Boards of Education—Curriculum Guides and Courses of Study Requirements

POSITION: OPPOSE

As HB119 now stands (with its amendments), parents and local school boards and districts will lose any right or authority over what their children are being taught in public schools.

Parents have the fundamental right to influence and/or decide:

Parents have the fundamental right to know how and what their children are being taught in public schools. 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.

Gender ideology curricula normalizes any gender confusion or dysphoria and places that conversation inside the classroom rather than in the home with parents who are the persons with the most vital interest in the health of their children.

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. HB119 includes open-ended language which does not adequately safeguard parents' vital and fundamental right to protect their children from exposure to curricula including content on ideology that is not evidence-based and demonstrably causes negative outcomes.

Gender ideology content opens up the possibility of leading children into confusion about their own identity.

There is a growing body of research and statistics full of evidence that gender questioning which has a high risk of leading children into gender altering interventions (mental and/or physical), sets a child up for serious and too often irreversible permanent damage (psychologically and physically).

<https://www.thefp.com/p/i-thought-i-was-saving-trans-kids?mibextid=Zxz2cZ>

HB 119.Health Curriculum State Framework SENATE.pd

Uploaded by: John Woolums

Position: UNF

BILL: House Bill 119
TITLE: County Boards of Education - Curriculum Guides and Courses of Study - Requirements
DATE: March 29, 2023
POSITION: OPPOSE
COMMITTEE: Education, Energy, and the Environment
CONTACT: John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) strongly opposes House Bill 119. MABE's opposition to this 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.

MABE, therefore, opposed House Bill 119 as introduced to direct the reconvening of stakeholders to readopt the state health education framework and guidelines to address concerns with local implementation of standards adopted in 2021. The bill was subsequently amended to be much broader in scope, and much more alarming in terms of ramifications for local board governance and local superintendent and educator decision making regarding the local adoption of curriculum and local administration of instruction.

House Bill 119, as passed in the House, would result in a total state takeover of local control over all curriculum frameworks, standards, and even classroom instructional materials. Specifically, the bill would mandate that local school systems follow "every element of the policy and guidelines for the program of instruction" for public schools established by the State Board of Education. The legislation would also mandate that "all curriculum guides, courses of study, resource materials and other teaching aids" shall be in accordance with the state policy and program of instruction adopted by the State Board. In these alarming and unprecedented ways, this bill would reach into the boardroom and the classroom, severely limiting decision making of local boards, superintendents, and teachers.

MABE is also deeply troubled that this legislation would empower the State Superintendent of Schools to enforce local compliance by withholding massive amounts of state funding. House Bill 119 would now grant absolute authority to the State Superintendent to decide if a local school system is not following every detail of the state standards and then withhold millions of dollars in state funding. The bill would mandate that the State Superintendent enforce local compliance with these new state curriculum mandates by:

- Notifying the local board of noncompliance, which is defined as "not following every element of the policy and guidelines established by the State Board;"
- Giving the local board only 30 days to alter the local curriculum;
- If the local corrective action is not taken within 30 days, requiring the Comptroller to withhold 10% of the annual state education funding budgeted for the school system; and

- After 90 days, allowing another 10% of the annual state education funding to be withheld if the local board has not altered its local curriculum.
- This enormous and inordinate amount of withheld state funding is only to be released if the State Superintendent determines the “discrepancy has been resolved.”

In Maryland, the authority to adopt curriculum, courses of study, and the selection of textbooks resides with each local board of education and superintendent. Not surprisingly, 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. MSDE also develops content standards set forth in curricular frameworks. Importantly, the MSDE Protocol for Developing and Revising Standards defines the state frameworks as guides for school systems as they develop local school curricula.

MABE notes that the State Board of Education also opposes House Bill 119. In a statement issued on March 14, 2023, the State Board raises the objection that “This bill, as it stands, would potentially result in the unintended consequence of upending the longstanding collaborative relationship between MSDE, local education agencies, and stakeholders. It may also interfere with efforts to implement the Blueprint for Maryland’s Future.”

Again, MABE endorses maintaining the balance of limited legislative involvement in curricular matters, the role of State Board and MSDE, through extensive stakeholder processes, of developing statewide content standards and frameworks, and local governance and decision making authority to adopt curricula and instructional materials. House Bill 119 would signal a radical departure from this approach, resulting in a shift to legislating and codifying that the State Superintendent of Schools has unilateral and unlimited control over state and local curricular and instructional matters.

For these reasons, MABE urges an unfavorable report on House Bill 119.

HB 0119.pdf

Uploaded by: Judy Mickens-Murray

Position: UNF



PRINCE GEORGE'S COUNTY BOARD OF EDUCATION

14201 School Lane | Upper Marlboro, MD 20772 | 301-952-6115 | www.pgcps.org/offices/board-of-education

March 28, 2023

Board Chair

Judy Mickens-Murray

Maryland General Assembly
Education, Energy, and the Environment Committee
2 West Miller Senate Office Building

Board Vice Chair

Lolita E. Walker

11 Bladen Street
Annapolis, MD 21401

District 9

RE: House Bill 0119

Board Members

David Murray

Good afternoon, Senator Brian J. Feldman (Chair),

District 1

Jonathan Briggs

Chair and members of the Committee, my name is Judy Mickens-Murray and I serve as the Chairperson of the Prince George's County Board of Education. After careful consideration by the Board's Policy & Governance Committee, I would like to share the sentiments of the Board on several pending bills.

District 2

Pamela Boozer-Strother

District 3

Shayla Adams-Stafford

HB 0119

The Prince George's County Board of Education joins our colleagues in the Maryland Association of Boards of Education in opposition to HB 119. This bill would violate principles of 'home rule' by usurping local control over curriculum frameworks, standards and instructional materials. HB 119 would result in the takeover of any local discretion or even flexibility in the delivery of instruction in every subject. The bill would undermine the governing authority of Boards of Education and handcuff teachers, who are best able to determine instruction in the classroom.

District 4

Dr. Zipporah Miller

District 5

Branndon D. Jackson

District 6

Kenneth F. Harris II

District 7

Making matters worse, HB 119 grants the State Superintendent authority to determine if a local school district is following every detail of the state standards, and then allows the superintendent to withhold millions of dollars of state funding if a district is deemed not in compliance. A School Board would only be given 30 days to take any corrective action. Given our commitment to the implementation of the Blueprint for Maryland's Future, the Prince George's County Board of Education views this bill as unnecessary and disruptive.

Madeline LaSalle Frazier

District 8

Dr. Juanita Miller

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I hope that you will support local decision-making in developing curriculum, assessments, grading policies and respect the professional judgement of local educators.

We ask that you oppose HB 119.

Student Member

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Maryland Comprehensive Health Education Framework: Pre-Kindergarten Through High School

June 2021



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Introduction

The statutory authority for health education is Education Art. §7-401. Other statutes require instruction in schools regarding dating violence, Ed. §7-411; diabetes and oral health education, Ed. §7-411.1; awareness and prevention of sexual abuse and assault, Ed. §7-439; anti-bullying, harassment and intimidation, Ed. §7-424; and instruction on the meaning of consent and respect for personal boundaries, Ed. §7-445.

Comprehensive health education has been a feature of Maryland education regulation since 1970. The most recent revisions to the health education regulation were adopted by the Maryland State Board of Education on October 22, 2019, and are located at COMAR 13A.04.18. Among the essential concepts for promotion of health and disease prevention in the regulations are: mental and emotional health; substance abuse prevention; family life and human sexuality; safety and violence prevention; healthy eating; and disease prevention and control.

Under the regulation standards, students will analyze the influence that family, peers, culture, and media technology have on health behaviors, and demonstrate the ability to access valid information, products, and services to enhance health. Students will learn to advocate for personal, family, and community health.

To implement the regulation, the Maryland State Department of Education (MSDE) updated the Maryland Comprehensive Health Education Framework in 2020. The framework is based on the requirements of the health education and equity education (COMAR 13A.01.06) regulations and reflect statutory changes in health education, anti-bullying and harassment, and ensuring educational equity. The framework was developed with the input of a task force including MSDE, the Maryland Department of Health, local education agency health education supervisors, teachers, students, national subject matter experts, and stakeholders. MSDE updates the framework as required by changes in legislation and regulation.

The family life and human sexuality component of the regulation and framework represents all students regardless of ability, sexual orientation, gender identity, and gender expression. Concepts and skills related to family life and human sexuality must be age appropriate and taught by teachers who have had additional preparation in content and teaching methods of the material. The framework is not instructional material for classroom use; it is intended to guide educational professionals in developing curricula that is adopted by the local boards. Local educational professionals should ensure that lessons and content are age appropriate and reflect educational equity.

Local education agencies develop the curricula to implement the regulations and is aligned with the framework. In developing their family life and human sexuality curricula, local education agencies must establish a joint committee of educators and representatives of the community to review and comment on instruction materials. Parents and guardians must have the opportunity to view instructional materials to be used in teaching objectives.

Moreover, local education agencies must establish policies, guidelines, and procedures for parents to opt-out their students from family life and human sexuality instruction in all grades, except for HIV and AIDS prevention. The opt-out provision reflects the State Board's and MSDE's respect for individual parents' values and beliefs concerning family life and human sexuality instruction. Each local education agency establishes a procedure for providing opt-out students with appropriate alternative learning objectives and/or assessments in health education.

The laws, regulations, and MSDE framework ensure students have access to scientifically and medically accurate information and that all students are treated equitably and with dignity and respect. Students have the right to educational environments that are safe, appropriate for academic achievement, and free from any form of harassment. Local education agencies must be mindful of balancing the needs of diverse constituents so that public schools remain welcoming to all, and create and maintain environments that are equitable, fair, safe, diverse, and inclusive.

Comprehensive Health Education Standards Pre-K-12

1. Students will comprehend concepts related to health promotion and disease prevention to enhance health, including:
 - a) Mental and emotional health;
 - b) Substance abuse prevention;
 - c) Family life and human sexuality;
 - d) Safety and violence prevention;
 - e) Healthy eating; and
 - f) Disease prevention and control.
2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information, products, and services to enhance health.
4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Students will demonstrate the ability to use decision-making skills to enhance health.
6. Students will demonstrate the ability to use goal-setting skills to enhance health.
7. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
8. Students will demonstrate the ability to advocate for personal, family, and community health.

Standard 1a: Mental and Emotional Health (E1)

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Emotions	Identify different emotions. 1a.P.1	Identify appropriate ways to express emotions. 1a.K.1	Explain the relationship between emotions and behavior. 1a.1.1	Demonstrate a variety of strategies to express and manage emotions. 1a.2.1
	State that anger and other big or strong emotions are common. 1a.P.2	Identify big or strong emotions and safe and unsafe ways of expressing one's emotions. 1a.K.2	Describe appropriate ways to express one's emotions and practice positive coping skills. 1a.1.2	
Self and social awareness	Demonstrate awareness of personal emotions. 1a.P.3	Demonstrate awareness of personal emotions and how they may be the same or different from others. 1a.K.3	Identify a variety of own emotions and ways the body signals these emotions. 1a.1.3	Describe a variety of personal emotions and the ways the body signals these emotions. 1a.2.2
	Recognize the feelings of another child. 1a.P.4	Recognize the feelings of another child and how to respond in a healthy way. 1a.K.4	Identify how others may be feeling based on verbal and nonverbal cues and respond in a healthy way. 1a.1.4	Describe how others may be feeling based on verbal and nonverbal cues and respond in a healthy way. 1a.2.3
	Recognize personal strengths. 1a.P.5	Identify personal strengths. 1a.K.5	Identify and describe skills and activities that are done well and those that require help. 1a.1.5	Recognize personal strengths in the context of different roles or relationships. 1a.2.4

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Relationships	Identify the characteristics of a friend. 1a.P.6	Identify a variety of relationships. 1a.K.6	Describe healthy ways to express affection, love, friendship, and concern. 1a.1.6	Describe healthy and rewarding social interactions. 1a.2.5
Teasing, bullying, and harassment	Describe how people are unique. 1a.P.7	Identify the benefits of people's uniqueness. 1a.K.7	Identify why it is hurtful to tease or bully others. 1a.1.7	Explain why it is hurtful to tease or bully others and what to do if someone is bullied. 1a.2.6
Trusted adult	Identify trusted adults who can help with emotions. 1a.P.8	Identify the importance of talking with parents and other trusted adults about emotions. 1a.K.8	Describe the importance of talking with trusted adults about emotions and concerns. 1a.1.8	Explain the importance of talking with trusted adults about emotions and concerns. 1a.2.7

Standard 1a: Mental and Emotional Health (E2)

TOPIC	GRADE 3	GRADE 4	GRADE 5
Emotions	Identify characteristics of positive emotional health. 1a.3.1	Identify role models who demonstrate positive emotional health. 1a.4.1	Explain what it means to be emotionally healthy. 1a.5.1
	Practice appropriate ways to express emotions. 1a.3.2	Describe situations that trigger strong emotions and safe and unsafe ways to respond. 1a.4.2	Evaluate appropriate ways to express emotions. 1a.5.2
	Describe your physical responses to strong emotions. 1a.3.3		Demonstrate helpful ways to manage strong emotions. 1a.5.3
Self and social awareness	Recognize and label a variety of complex emotions in self and others. 1a.3.4	Identify respectful ways to show empathy to others. 1a.4.3	Demonstrate respectful ways to show empathy to others. 1a.5.4
	Identify how personal choices and behaviors impact self-worth. 1a.3.5	Describe how personal choices and behaviors impact self-worth. 1a.4.4	Describe how to recognize and build on personal strengths. 1a.5.5
		Identify how to recognize and build on personal strengths. 1a.4.5	Identify reasons for making positive contributions to others. 1a.5.6
Relationships	Identify characteristics of healthy relationships. 1a.3.6	Describe the benefits of healthy peer relationships. 1a.4.6	Describe the value of others' talents and strengths. 1a.5.7
	Identify how relationships and interactions with others affect emotions. 1a.3.7	Describe how relationships and interactions with others affect emotions. 1a.4.7	Describe the characteristics of healthy and unhealthy relationships among friends and with family members. 1a.5.8

TOPIC	GRADE 3	GRADE 4	GRADE 5
Trusted Adults	Identify the benefits of talking with trusted adults about emotions. 1a.3.8	Identify ways trusted adults can help you or someone else deal with difficult emotions or situations. 1a.4.8	Explain how a trusted adult can support you or someone else with difficult emotions or situations. 1a.5.9
Stress and anxiety	Identify personal stressors. 1a.3.9	Explain physical and emotional reactions to stress. 1a.4.9	Differentiate between positive and negative ways of dealing with stress and anxiety. 1a.5.10
Depression awareness		Identify the need to discuss long-lasting troublesome feelings with a trusted adult. 1a.4.10	Explain that long-lasting troublesome feelings should be discussed with a trusted adult. 1a.5.11
Suicide prevention		Identify troublesome feelings and signals for support for which someone should seek help. 1a.4.11	Demonstrate how to tell a trusted adult if someone is in danger of hurting themselves or others. 1a.5.12
		Explain the importance of telling a trusted adult if someone is in danger of hurting themselves or others. 1a.4.12	
Teasing, bullying, harassment, discrimination, and violence	Describe the difference between bullying, teasing, and conflict. 1a.3.10	Identify when to report aggression, bullying, or violence. 1a.4.13	Explain why it is wrong to tease or bully others based on personal characteristics such as body type, race, gender, sexuality, appearance, mannerisms, and the way one dresses or acts. 1a.5.13
	Describe what to do if you or someone else is being bullied. 1a.3.11	Demonstrate what to do if you or someone else is being bullied. 1a.4.14	Demonstrate how to be a positive bystander in situations of conflict. 1a.5.14

TOPIC	GRADE 3	GRADE 4	GRADE 5
Teasing, bullying, harassment, discrimination, and violence	Identify the impact of conflict, discrimination, and violence on mental and emotional health. 1a.3.12	Describe the impact of conflict, discrimination, and violence on mental and emotional health. 1a.4.15	Explain the impact of conflict, discrimination, and violence on mental and emotional health. 1a.5.15
	Identify nonviolent ways to manage anger. 1a.3.13	Describe how to use non-violent means to solve interpersonal conflict. 1a.4.16	Practice using non-violent means to solve interpersonal conflict. 1a.5.16
Body Image	Identify body image and how peers, media, family, society, and culture influence ideas about body. 1a.3.14	Describe how peers, media, family, society, and culture influence ideas about body. 1a.4.17	Explain how peers, media, family, society, and culture influence ideas about body. 1a.5.17
Grief and loss	Identify feelings and emotions associated with loss and grief. 1a.3.15	Describe feelings and emotions associated with loss and grief. 1a.4.18	Identify that all people in a wide-range of situations commonly experience feelings and emotions associated with loss and grief. 1a.5.18

Standard 1a: Mental and Emotional Health (MS)

TOPIC	GRADE 6	GRADE 7	GRADE 8
Wellness	Describe the components of wellness. 1a.6.1	Explain how role models display wellness. 1a.7.1	Evaluate one's personal wellness. 1a.8.1
	Describe role models that demonstrate positive mental and emotional health. 1a.6.2	Explain the interrelationship of the components of wellness. 1a.7.2	Identify strategies to improve dimensions of wellness. 1a.8.2
Emotions, feelings, and relationships	Examine the importance of being aware of one's own feelings and being sensitive to the feelings of others. 1a.6.3	Describe how mental and emotional health can affect health-related behaviors. 1a.7.3	Explain how the expression of emotions or feelings can help or hurt oneself and others. 1a.8.3
	Discuss how emotions change during adolescence. 1a.6.4		
Self and social awareness	Identify triggers of strong emotions and apply healthy coping strategies. 1a.6.5	Demonstrate how to support others by practicing empathy. 1a.7.4	Demonstrate empathy to others who have different feelings, thoughts, and experiences. 1a.8.4
	Identify strengths in self in order to prioritize personal skills and allow interests to develop. 1a.6.6	Describe strategies for developing strengths and overcoming disappointments. 1a.7.5	Reframe a challenge or setback as an opportunity. 1a.8.5
Self and social awareness			Describe how personal responsibility for one's choices is linked to self-worth and growth. 1a.8.6
Trusted adults	Describe the qualities of a trusted adult with whom you could talk about your overall wellness. 1a.6.7	Identify strategies for communicating your overall wellness with a trusted adult. 1a.7.6	Demonstrate communication with a trusted adult about your overall wellness. 1a.8.7

TOPIC	GRADE 6	GRADE 7	GRADE 8
Trusted adults	Identify the importance of telling a trusted adult if you or someone else is experiencing mental or emotional health challenges. 1a.6.8	Identify the importance of telling a trusted adult if you or someone else is experiencing mental or emotional health challenges. 1a.7.7	
Stress and anxiety	Explain the body's physical and psychological responses to stressful situations. 1a.6.9	Describe personal stressors at home, in school, and with friends. 1a.7.8	Explain the causes and effects of stress. 1a.8.8
		Describe a variety of appropriate ways to respond to stress when angry or upset. 1a.7.9	Explain positive and negative ways of dealing with stress. 1a.8.9
			Explain the causes, symptoms, and effects of anxiety. 1a.8.10
			Analyze the risks of impulsive behaviors. 1a.8.11
Depression awareness	Identify depression as prolonged sadness with no identifiable cause. 1a.6.10	Describe the connection between depression and brain chemistry. 1a.7.10	
		Explain the causes, symptoms, and effects of depression. 1a.7.11	
Suicide prevention	Identify warning signs of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1a.6.11	Describe the signs and symptoms of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1a.7.12	Explain the signs and symptoms of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1a.8.12

TOPIC	GRADE 6	GRADE 7	GRADE 8
Suicide prevention		Explain the causes, symptoms, and effects of depression and suicide. 1a.7.13	Describe the signs and symptoms of people who are in danger of hurting themselves or others. 1a.8.13
			Explain the importance of telling an adult if there are people who are in danger of hurting themselves or others. 1a.8.14
Teasing, bullying, harassment, and violence	Explain why it is wrong to tease, bully or discriminate against others based on personal characteristics. 1a.6.12	Describe how power and control differences in relationships can contribute to aggression and violence. 1a.7.14	Explain why it is important to understand the perspectives of others in resolving interpersonal conflicts. 1a.8.15
			Explain how intolerance can affect others. 1a.8.16
			Describe ways to manage interpersonal conflict nonviolently. 1a.8.17
Social media	Identify sharing or posting personal information electronically about self or others on social media sites can impact mental and emotional health. 1a.6.13	Describe how sharing or posting personal information electronically about self or others on social media sites can negatively impact mental and emotional health. 1a.7.15	Evaluate how sharing or posting personal information electronically about self or others on social media sites can impact mental and emotional health. 1a.8.18
Body image	Define the concept of a positive body image and its implications for mental and physical wellness. 1a.6.14	Explain the importance of a positive body image and its implications for mental and physical wellness. 1a.7.16	Analyze strategies to cultivate a positive body image. 1a.8.19

TOPIC	GRADE 6	GRADE 7	GRADE 8
Disordered eating	Recognize signs of disordered eating. 1a.6.15	Identify the signs of disordered eating. 1a.7.17	Explain the signs of disordered eating. 1a.8.20
	Identify the potential mental and physical consequences of disordered eating and why it is important to seek professional help. 1a.6.16	Explain the potential mental and physical consequences of disordered eating and why it is important to seek professional help. 1a.7.18	Summarize the potential mental and physical consequences of disordered eating and why it is important to seek professional help. 1a.8.21
Loss and grief	Explain feelings and emotions associated with loss and grief. 1a.6.17	Summarize feelings and emotions associated with loss and grief. 1a.7.19	Justify feelings and emotions associated with loss and grief as a normal part of development. 1a.8.22
Stigma	Recognize the negative effects of stigma surrounding mental health conditions. 1a.6.18	Identify the negative impact of stigma on health seeking behavior. 1a.7.20	Summarize the negative impact of stigma on health-seeking behavior. 1a.8.23
Addiction	Recognize when a behavior or habit has a negative consequence on self or others. 1a.6.19	Identify factors that contribute to addiction. 1a.7.21	Identify addiction as long-term compulsive behavior despite negative consequences. 1a.8.24
Self-harm	Recognize self-harming behaviors. 1a.6.20	Summarize how to get help for someone who is self-harming. 1a.7.22	

Standard 1a: Mental and Emotional Health (HS)

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Wellness	Analyze how mental and emotional health can affect health-related behaviors. 1aHS1.1	Analyze how pro-social behaviors can benefit overall health. 1a.HS2.1
	Analyze the interrelationship of physical, mental, emotional, social, environmental, and spiritual health. 1aHS1.2	Evaluate the interrelationship of physical, mental, emotional, social, environmental, and spiritual health. 1a.HS2.2
		Evaluate a variety of strategies to improve personal wellness. 1a.HS2.3
		Apply strategies to improve personal wellness. 1a.HS2.4
Emotions, feelings, and relationships	Analyze strategies for managing and reducing interpersonal conflicts. 1aHS1.3	Evaluate the impact of racism, power and control, and social inequities on emotions and relationships. 1a.HS2.5
	Analyze characteristics of a mentally and emotionally healthy person. 1aHS1.4	
Self and social awareness	Demonstrate respect for others who have different views and beliefs. 1aHS1.5	Explore the impact of empathy on mental and emotional health. 1a.HS2.6
	Identify how reflecting on personal interests, qualities, strengths, and beliefs can increase self-awareness, satisfaction, and empathy. 1aHS1.6	Describe how reflecting on personal interests, qualities, strengths, and beliefs can increase self-awareness, satisfaction, and empathy. 1a.HS2.7
	Identify strategies which lead to personal growth and persistence through challenges. 1aHS1.7	Develop strategies to promote personal growth, increased self-awareness, and persistence through challenges. 1a.HS2.8
Trusted adults	Identify trusted adults and resources specific to a variety of needs. 1aHS1.8	Identify strategies for supporting another person in seeking professional guidance or help from a trusted adult. 1a.HS2.9

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Trusted adults	Summarize the benefits of seeking a trusted adult or professional guidance related to one’s dimensions of wellness. 1aHS1.9	
Stress and anxiety	Analyze personal stressors at home, in school, and with friends. 1aHS1.10	Evaluate internal stressors at home, in school, and with friends. 1a.HS2.10
	Determine effective strategies for dealing with stress, anxiety, and anger. 1aHS1.11	Evaluate external stressors at home, in school, and with friends including poverty, violence, and racism. 1a.HS2.11
	Analyze impulsive behaviors and strategies for managing them. 1aHS1.12	Analyze the causes, symptoms, and effects of anxiety. 1a.HS2.12
		Evaluate effective strategies for dealing with stress, anxiety, and anger. 1a.HS2.13 Evaluate impulsive behaviors and strategies for managing them. 1a.HS2.14
Depression awareness	Analyze the causes, symptoms, and effects of depression. 1aHS1.13	Evaluate causes, symptoms, and effects of depression. 1a.HS2.15
Suicide prevention	Summarize the signs and symptoms of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1aHS1.14	Summarize the signs and symptoms of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1a.HS2.16
	Defend the importance of telling an adult if there are people who are in danger of hurting themselves or others. 1aHS1.15	
Social media	Analyze positive and negative effects of social media. 1aHS1.16	Analyze the impact of social media on the dimensions of wellness. 1a.HS2.17
Body image	Summarize the importance of a positive body image and its implications on mental and physical wellness. 1aHS1.17	

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Disordered eating		Explain the effects of eating disorders on health. 1a.HS2.18
		Differentiate between a positive and negative body image. 1a.HS2.19
		Evaluate the potential mental and physical consequences of disordered eating and why it is important to seek professional help. 1a.HS2.20
Grief and loss		Summarize stages of grief and loss and explore coping strategies for self and others. 1a.HS2.21
Stigma	Summarize the negative impact of stigma on health-seeking behaviors. 1aHS1.18	Investigate the relationship between health-seeking behaviors and mistrust in communities. 1a.HS2.22
Addiction	Identify the effects of addiction on self and others. 1aHS1.19	Evaluate the effects of addiction on self, community, and others. 1a.HS2.23
	Identify sources of support for people who suffer from addiction. 1aHS1.20	Evaluate sources of support for people who suffer from addiction. 1a.HS2.24
	Identify community services for addiction treatment. 1aHS1.21	Evaluate community services for addiction treatment. 1a.HS2.25
Self-harm	Recognize the indicators of self-harm and identify triggers that may lead to self-harm. 1aHS1.22	Identify local and community resources and services to help someone who is self-harming. 1a.HS2.26
Help seeking behaviors	Determine when to seek help for mental and emotional health challenges. 1aHS1.23	Summarize local and community facilities and services for assistance with mental and emotional health challenges. 1a.HS2.27

Standard 1b: Substance Abuse Prevention (E1)

The term “abuse” used throughout does not indicate a disorder. This section contains information about legal substances, substances legal over the age of 21, and substances that are illegal. For example, any use of alcohol under the age of 21 is considered abuse of alcohol.

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Medicine	Define medicine. 1b.P.1	Define medicine. 1b.K.1	Describe how to use medicine safely. 1b.1.1	Explain how to use medicine correctly. 1b.2.1
	Identify family rules about medicine use. 1b.P.2	Identify school rules about use of medicine. 1b.K.2	Explain the harmful effects of medicine when used incorrectly. 1b.1.2	Describe the harmful effects of using medicine incorrectly. 1b.2.2
		Recognize that medicine can be harmful if used incorrectly. 1b.K.3		
Household products		Identify products that can be harmful if inhaled, absorbed, or ingested. 1b.K.4	Describe how products can be harmful if inhaled, absorbed, or ingested. 1b.1.3	
Alcohol and nicotine				Identify alcohol, nicotine, and electronic smoking devices. 1b.2.3
				Identify family and school rules about alcohol, nicotine use, and electronic smoking devices. 1b.2.4

Standard 1b: Substance Abuse Prevention (E2)

The term “abuse” used throughout does not indicate a disorder. This section contains information about legal substances, substances legal over the age of 21, and substances that are illegal. For example, any use of alcohol under the age of 21 is considered abuse of alcohol.

TOPIC	GRADE 3	GRADE 4	GRADE 5
Medicines	Summarize how to use medicines correctly. 1b.3.1	Explain the benefits of medicines when used correctly. 1b.4.1	Analyze the potential risks associated with inappropriate use and abuse of prescription medicines including addiction. 1b.5.1
		Describe potential risks associated with inappropriate use of over-the-counter and prescription medicines including addiction. 1b.4.2	
		Explain the difference between medicines, legal drugs, and illegal drugs. 1b.4.3	
Household products		Recognize that products can be harmful to self and others if absorbed, inhaled, or ingested. 1b.4.4	Review why products are harmful to self and others if absorbed, inhaled, or ingested. 1b.5.2
Alcohol, nicotine products, caffeine, and marijuana products	Explain the harmful effects of alcohol and nicotine products, including electronic smoking devices. 1b.3.2	Identify short and long-term effects of alcohol, nicotine, and caffeine. 1b.4.5	Review short and long-term effects of alcohol, nicotine, caffeine, and other products. 1b.5.3

TOPIC	GRADE 3	GRADE 4	GRADE 5
Alcohol, nicotine products, caffeine, and marijuana products			Identify short and long-term effects of using marijuana products. 1b.5.4
			Identify the negative consequences of using alcohol, nicotine products, marijuana products, opioids (including the lethal effects of fentanyl), and other drugs. 1b.5.5
			Identify the benefits of being free from alcohol, opioid, nicotine products, marijuana products, and other drugs. 1b.5.6
Environmental literacy		Identify the environmental impact of alcohol and nicotine products. 1b.4.6	

Standard 1b: Substance Abuse Prevention (MS)

The term “abuse” used throughout does not indicate a disorder. This section contains information about legal substances, substances legal over the age of 21, and substances that are illegal. For example, any use of alcohol under the age of 21 is considered abuse of alcohol.

TOPIC	GRADE 6	GRADE 7	GRADE 8
Medicines	Differentiate between proper use and abuse of prescription medicines. 1b.6.1	Identify the negative effects of incorrect use of prescription drugs and over-the-counter medicines. 1b.7.1	
	Distinguish between proper use and abuse of over-the-counter medicines. 1b.6.2		
Household products	Explain why products can be harmful to self and others if ingested, inhaled, or absorbed. 1b.6.3		
Alcohol, opioids, nicotine products, marijuana products, fentanyl, and other drugs	Describe situations that could lead to the use of alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances. 1b.6.4	Identify the physical effects of alcohol, opioids, nicotine products, marijuana products, and other drugs. 1b.7.2	Summarize the negative consequences of using alcohol, nicotine products, marijuana products, opioids (including the lethal effects of fentanyl), and other trending drugs or substances. 1b.8.1
	Determine the reasons why people choose to use or not to use alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances. 1b.6.5	Describe the negative consequences of using alcohol, nicotine products, marijuana products, opioids (including the lethal effects of fentanyl), and other drugs. 1b.7.3	

TOPIC	GRADE 6	GRADE 7	GRADE 8
Alcohol, opioids, nicotine products, marijuana products, fentanyl, and other drugs		Describe the positive alternatives to using alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances. 1b.7.4	Describe the relationship between substance use and health risks including unintentional injuries, violence, suicide, and sexual risk behaviors. 1b.8.2
		Explain why using alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances is an unhealthy way to manage stress, anxiety, and depression. 1b.7.5	Describe the health risks of using performance-enhancing or weight loss drugs. 1b.8.3
		Determine the benefits of being free from alcohol, opioids, nicotine products, marijuana products, and other drugs. 1b.7.6	Defend the benefits of being free from alcohol, opioids, nicotine products, marijuana products, and other trending drug or substances. 1b.8.4
Environmental literacy			Identify the negative environmental effects of alcohol, opioids, nicotine products, marijuana products, and other drugs. 1b.8.5

Standard 1b: Substance Abuse Prevention (HS)

The term “abuse” used throughout does not indicate a disorder. This section contains information about legal substances, substances legal over the age of 21, and substances that are illegal. For example, any use of alcohol under the age of 21 is considered abuse of alcohol.

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Medicines	Differentiate between proper use and abuse of over-the-counter and prescription medicines. 1b.HS1.1	
Alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances	Analyze situations that could lead to the use of alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances. 1b.HS1.2	Evaluate situations that could lead to the use of alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances. 1b.HS2.1
	Recognize the dangers of riding with a driver who has been using alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances. 1b.HS1.3	Analyze the risks associated with and dangers of driving while under the influence of alcohol, opioids, marijuana products, performance-enhancing substances, and other trending drugs or substances. 1b.HS2.2
	Describe the dangers of using drugs or substances in combination. 1b.HS1.4	Explain the risks associated with using alcohol, opioids, marijuana products, performance-enhancing substances, or other trending drugs or substance while driving a motor vehicle. 1b.HS2.3

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances	Summarize the harmful short- and long-term physical, psychological, and social effects of using alcohol, nicotine products, marijuana products, performance-enhancing substances, opioids (including the lethal effects of fentanyl), and other trending drugs or substances. 1b.HS1.5	Analyze the dangers of using drugs or substances in combination. 1b.HS2.4
	Describe the effects of using alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances on school performance, job performance, job absenteeism, and job loss. 1b.HS1.6	Analyze the harmful short- and long-term physical, psychological, and social effects of using alcohol, nicotine products, marijuana products, performance enhancing substances, opioids (including the lethal effects of fentanyl), and other trending drugs or substances. 1b.HS2.5
		Describe the legal issues related to using drugs and substances including the disproportionate rates of incarceration of specific racial and ethnic groups. 1b.HS2.6
		Explain the effects of using alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other drugs and substances during pregnancy. 1b.HS2.7

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances		Analyze the relationship between using alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other drugs and substances with other health risks, such as unintentional injuries, violence, suicide, and sexual risk behaviors. 1b.HS2.8
Local support services	Identify community resources for substance use/abuse and how to help a person who is addicted. 1b.HS1.7	Compare and contrast community resources for substance use/abuse to meet the needs of individuals and families affected by addiction. 1b.HS2.9
Environmental Literacy		Examine historical practices that increase the likelihood of substance use within communities. 1b.HS2.10 Investigate the safe disposal and negative environmental impact of medicines, nicotine products, and other drugs. 1b.HS2.11

Standard 1c: Family Life and Human Sexuality (E1)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Healthy relationships and consent	Identify what is special about your family. 1c.P.1	Identify that family is a group of people that support each other. 1c.K.1	Describe differences in families. (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster, etc.). 1c.1.1	Explain why it is important to respect different kinds of families (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster). 1c.2.1
	Recognize that family is a group of people that support each other. 1c.P.2	Identify different types of families (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster, etc.). 1c.K.2	Identify healthy family and peer relationships. 1c.1.2	Describe healthy family and peer relationships. 1c.2.2
	Recognize that there are different types of families (e.g., single-parent, same-gender, intergenerational, blended, interracial, adoptive, foster, etc.). 1c.P.3	Recognize pro-social behaviors (e.g., helping others, being respectful of others, cooperation, and consideration). 1c.K.3	Demonstrate how to communicate respect for someone's personal boundaries. 1c.1.3	Demonstrate appropriate actions when someone says or does something that does not respect your personal boundaries. 1c.2.3
	Describe the characteristics of a friend. 1c.P.4	Recognize that individuals have personal boundaries and bodily autonomy. 1c.K.4		Practice communicating personal boundaries. 1c.2.4

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Healthy relationships and consent	Recognize that individuals have personal boundaries and bodily autonomy. 1c.P.5			
Gender identity and expression	Recognize and respect that people express themselves in many different ways. 1c.P.6	Recognize a range of ways people identify and express their gender. 1c.K.5	Identify a range of ways people identify and express gender. 1c.1.4	Demonstrate ways to treat people of all gender identities and expressions with dignity and respect. 1c.2.5
		Recognize it is important to treat people of all gender identities and expressions with dignity and respect. 1c.K.6	Identify ways to treat people of all gender identities and expressions with dignity and respect. 1c.1.5	

Standard 1c: Family Life and Human Sexuality (E2)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

All grade 4 and 5 content must be taught by the end of grade 5.

TOPIC	GRADE 3	GRADE 4	GRADE 5
Healthy relationships and consent	Define consent as people of all ages and abilities having the right to tell others not to touch their body when they do not want to be touched. 1c.3.1	Identify parents, caregivers, or other trusted adults (e.g., counselors and other health care professionals) that students can talk with about relationships, puberty, and health. 1c.4.1	Explain the importance of talking with parents and other trusted adults about issues related to relationships, growth and development, and sexual health. 1c.5.1
		Explain the relationship between consent, personal boundaries, and bodily autonomy. 1c.4.2	Analyze the relationship between consent and personal boundaries. 1c.5.2
Gender identity and expression	Demonstrate ways to treat people of all gender identities and expressions with dignity and respect. 1c.3.2		
Sexual orientation and identity		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	
Puberty and adolescent sexual development		Identify the physical, social, and emotional changes that occur during puberty. 1c.4.4	Describe the physical, social, and emotional changes that occur during puberty. 1c.5.3
		Explain how the onset and progression of puberty varies considerably. 1c.4.5	Summarize that the onset and progression of puberty varies considerably. 1c.5.4

TOPIC	GRADE 3	GRADE 4	GRADE 5
<p>Puberty and adolescent sexual development</p>		<p>Identify human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.4.6</p>	<p>Describe human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.5.5</p>
			<p>Describe how puberty prepares human bodies for the potential to reproduce. 1c.5.6</p>
			<p>Identify that reproduction requires that a sperm and egg join and implant. 1c.5.7</p>

Standard 1c: Family Life and Human Sexuality (MS)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

TOPIC	GRADE 6	GRADE 7	GRADE 8	
Healthy relationships and consent	Describe characteristics of healthy relationships. 1c.6.1	Explain the characteristics of a healthy dating relationship. 1c.7.1	Distinguish healthy relationships from unhealthy ones. 1c.8.1	
	Describe healthy ways to express affection, love, and friendship. 1c.6.2	Evaluate the impact of technology (e.g., use of smart phones and digital monitoring) and social media on communication and consent in relationships. 1c.7.2	Analyze how peers, family, media, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about relationships. 1c.8.2	
	Identify why individuals have the right to refuse sexual contact. 1c.6.3		Explain why individuals have the right to refuse sexual contact. 1c.7.3	Describe strategies a student might use to end an unhealthy relationship, including involving a trusted adult who can help. 1c.8.3
			Discuss what does and does not constitute sexual consent. 1c.7.4	Summarize why individuals have the right to refuse sexual contact. 1c.8.4
				Analyze factors, including alcohol and other substances that can affect the ability to give or perceive consent to sexual activity. 1c.8.5
				Explain the importance of setting personal limits to avoid sexual risk behaviors. 1c.8.6

TOPIC	GRADE 6	GRADE 7	GRADE 8
Gender identity and expression	Define sex assigned at birth, gender identity, and gender expression. 1c.6.4	Compare sex assigned at birth and gender identity and explain how they may or may not differ. 1c.7.5	Explain sex assigned at birth and gender identity and explain how they may or may not differ. 1c.8.7
Sexual orientation and identity	Explain sexual orientation. 1c.6.5	Define sexual identity and explain a range of identities related to sexual orientation. 1c.7.6	Describe sexual identity and explain a range of identities related to sexual orientation. 1c.8.8
Harassment, teasing, and bullying	Describe ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, and gender identity) are different from one's own. 1c.6.6	Explain why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, and gender identity). 1c.7.7	Describe how intolerance can affect others when aspects of their sexuality are different from one's own. 1c.8.9
		Identify strategies for respecting individual differences in sexual growth and development, or physical appearance. 1c.7.8	
Anatomy and physiology	Identify human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.6.7	Describe human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.7.9	Summarize human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.8.10
	Describe conception and its relationship to the menstrual cycle and vaginal sex. 1c.6.8	Describe menstruation, fertilization, and implantation. 1c.7.10	Explain menstruation, fertilization, and implantation. 1c.8.11

TOPIC	GRADE 6	GRADE 7	GRADE 8
Sexual health		Identify ways to prevent pregnancy, including not having sex and effective use of contraceptives, including condoms. 1c.7.11	Describe ways sexually active people can reduce the risk of pregnancy. 1c.8.12
		Describe ways sexually active people can reduce the risk of HIV, and other STIs. 1c.7.12	Explain ways sexually active people can reduce the risk of HIV, and other STIs including condoms and preventative medications. 1c.8.13
		Identify solo, vaginal, anal, and oral sex along with possible outcomes of each. 1c.7.13	Identify proper steps to using barrier methods correctly. 1c.8.14
		Describe how the effectiveness of condoms can reduce the risk of HIV, and other STIs. 1c.7.14	Describe the state and federal laws related to minors' access to sexual healthcare services, including pregnancy and STI/HIV prevention, testing, care, and treatment. 1c.8.15
		Describe the relationship between substance use and sexual risk behaviors. 1c.7.15	Describe the factors that contribute to engaging in sexual risk behaviors including substance use. 1c.8.16
		Recognize racism and intersectionality and describe their impacts on sexual health 1c.7.16	Identify racism and intersectionality and describe their impacts on sexual health 1c.8.17

TOPIC	GRADE 6	GRADE 7	GRADE 8
Sexually explicit media	Identify the impact sexually explicit media can have on one's body image, expectations about sex, relationships, and self-esteem. 1c.6.9	Explain the impact sexually explicit media can have on one's body image, expectations about sex, relationships, and self-esteem. 1c.7.17	Describe the state and federal laws that impact young people's sexual health and rights, ability to give and receive sexual consent, and engagement with sexually explicit media. 1c.8.18
	Explain the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites. 1c.6.10	Summarize the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites. 1c.7.18	Analyze the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites. 1c.8.19

Standard 1c: Family Life and Human Sexuality (HS)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Healthy relationships and consent	Compare and contrast characteristics of healthy and unhealthy relationships. 1c.HS1.1	Analyze how peers, media, family, society, culture, and a person’s intersecting identities can influence self-concept, body image, and self-esteem. 1c.HS2.1
	Summarize the importance of talking with parents and other trusted adults about issues related to relationships, growth and development, sexual decision-making, and sexual health. 1c.HS1.2	Describe effective ways to communicate consent, personal boundaries, and preferences as they relate to sexual behavior. 1c.HS2.2
	Justify the benefits of respecting individual differences in aspects of sexuality, growth and development, and physical appearance. 1c.HS1.3	Evaluate the potentially positive and negative roles of technology and social media in relationships. 1c.HS2.3
	Describe what constitutes sexual consent, its importance, and legal consequences of sexual behavior without consent. 1c.HS1.4	Analyze factors that can influence the ability to give and receive sexual consent. 1c.HS2.4
	Identify factors that can influence the ability to give and receive sexual consent. 1c.HS1.5	
Gender identity and expression	Differentiate between sex assigned at birth, gender identity, and gender expression. 1c.HS1.6	Examine the impact of gender expression and gender identity on members of marginalized communities and analyze the intersectionality of race, culture, and gender for members of those communities. 1c.HS2.5
Sexual orientation and identity	Define sexual identity and explain a range of identities related to sexual orientation. 1c.HS1.7	Differentiate between sexual orientation, sexual behavior, and sexual identity. 1c.HS2.6

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Sexual orientation and identity	Identify how school and community programs and policies can promote dignity and respect for people of all sexual orientations and gender identities and expressions. 1c.HS1.8	Analyze how school and community programs and policies can promote dignity and respect for people of all sexual orientations and gender identities and expressions. 1c.HS2.7
Anatomy and physiology	Summarize human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.HS1.9	Summarize human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.HS2.8
	Summarize the relationship between the menstrual cycle and conception. 1c.HS1.10	
Sexual health	Identify sexual behaviors, including solo, vaginal, oral, and anal sex, that impact the risk of unintended pregnancy and potential transmission of STIs, including HIV. 1c.HS1.11	Analyze ways systemic oppression and intersectionality impact the sexual agency of communities of color and other marginalized groups. 1c.HS2.9
	Identify how systemic oppression and intersectionality impact the sexual health of communities of color and other marginalized groups. 1c.HS1.12	Summarize common symptoms, or lack thereof, of and treatments for STIs, including HIV. 1c.HS2.10
	Describe common symptoms, or lack thereof, of and treatments for STIs, including HIV. 1c.HS1.13	Demonstrate the steps to using barrier methods correctly (e.g. external and internal condoms and dental dams). 1c.HS2.11
	Explain the steps to using barrier methods correctly (e.g. external and internal condoms and dental dams). 1c.HS1.14	Identify the efficacy of biomedical approaches to prevent STIs, including HIV (e.g., hepatitis B vaccine, HPV vaccine, and PrEP, PEP). 1c.HS2.12
	Compare and contrast types of contraceptive and disease-prevention methods. 1c.HS1.15	Summarize community services and resources related to sexual and reproductive health. 1c.HS2.13

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Sexual health	Evaluate community services and resources related to sexual and reproductive health. 1c.HS1.16	Explain the laws related to reproductive and sexual health care services (e.g. contraception, pregnancy options, safe surrender policies, prenatal care). 1c.HS2.14
	Identify the laws related to reproductive and sexual health care services (e.g. contraception, pregnancy options, safe surrender policies, prenatal care). 1c.HS1.17	
Sexually explicit media	Explain the impact sexually explicit media can have on one's perceptions of, and expectations for, a healthy relationship. 1c.HS1.18	Evaluate the impact sexually explicit media can have on one's perceptions of, and expectations for, a healthy relationship. 1c.HS2.15
	Explain federal and state laws that prohibit the creation, sharing, and viewing of sexually explicit media that includes minors. 1c.HS1.19	Analyze the federal and state laws that impact young people's sexual health rights, ability to give and receive sexual consent, and engagement with sexually explicit media. 1c.HS2.16

Standard 1d: Safety and Violence Prevention (E1)

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Physical safety	Identify people who can help when someone is injured or suddenly ill. 1d.P.1	Explain what to do if someone is injured or suddenly ill and how to call 911. 1d.K.1	Recognize and follow basic safety rules related to sharp objects, bodily fluids, playgrounds, water, and electricity. 1d.1.1	Identify ways to reduce injuries from firearms, falls, and fire. 1d.2.1
	Identify safety rules in the home. 1d.P.2	Identify proper safety for activities including biking, skateboarding, and riding in a car. 1d.K.2	Describe the function of safety equipment (e.g. helmets, knee pads, and elbow pads.) 1d.1.2	Describe how to safely ride a bike, a skateboard, a scooter, and inline skates. 1d.2.2
		Identify escape routes at home and school. 1d.K.3	Identify safety hazards in the community. 1d.1.3	Identify ways to reduce the risk of injuries while riding in a motor vehicle. 1d.2.3
		Identify ways to stay safe when riding in a vehicle or bus. 1d.K.4		Identify ways to reduce injuries as a pedestrian 1s.2.4
				Identify safety procedures to follow if in the presence of a firearm. 1d.2.5
				Model actions that help one to stay safe around strangers. 1d.2.6

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Physical safety				Describe actions that help one to stay safe around familiar people. 1d.2.7
Relationships	Describe healthy families, healthy family environments, and healthy relationships. 1d.P.3	Identify appropriate displays of affection between people and in a variety of situations, including physical touch and verbal interactions. 1d.K.5	Identify words and actions that appropriately express affection or other positive feelings toward trusted adults and other important people. 1d.1.4	Identify words and actions that appropriately express affection/positive feelings toward trusted adults and other important people. 1d.2.8
Safety around people	Identify rules about strangers. 1d.P.4	Explain actions that help one to stay safe around strangers. 1d.K.6	Practice actions that help one to stay safe around strangers. 1d.1.5	Model ways to tell someone when feeling unsafe. 1d.2.9
		Identify how to respond when asked to keep an uncomfortable secret. 1d.K.7	Identify how familiar people or people in authority can help or harm children. 1d.1.6	Explain how familiar people or people in authority can help or harm children. 1d.2.10
			Demonstrate refusal skills and other ways to take action if someone is making you feel uncomfortable, unsafe, or disrespected. 1d.1.7	Identify appropriate interactions with community helpers (e.g., nurses, teachers, police officers, and crossing guards) in roles that help children. 1d.2.11
			Explain the difference between secrets and surprises. 1d.1.8	Demonstrate what to do when asked to keep an uncomfortable secret. 1d.2.12

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Trusted adults	Identify trusted adults or helpers who can provide help with feelings and solving problems. 1d.P.5	Demonstrate the ability to seek help from trusted adults. 1d.K.8	Identify and access adults who can help children. 1d.1.9	Explain the importance of sharing all information with parents, guardians, or trusted adults. 1d.2.13
		Practice talking to adults about personal safety and feelings. 1d.K.9	Explain the importance of sharing all information with parents/guardians/trusted adults. 1d.1.10	Practice telling trusted adults about feelings. 1d.2.14
Technology safety	Identify personal information and when to share it with other people. 1d.P.6	Identify personal information and when to share it with other people. 1d.K.10	Identify appropriate boundaries when using technology and the internet. 1d.1.11	Explain appropriate boundaries when using technology and the internet. 1d.2.15
Boundaries and consent	Identify personal boundaries. 1d.P.7	Identify age-appropriate privacy as well as setting and respecting healthy boundaries. 1d.K.11	Analyze age-appropriate privacy as well as setting and respecting healthy boundaries online and face-to-face. 1d.1.12	Demonstrate age-appropriate privacy as well as setting and respecting healthy boundaries while using technology and face-to-face. 1d.2.16
	Identify everyone has the right to tell others not to touch their body when they do not want to be touched. 1d.P.8		Explain that everyone has the right to tell others not to touch their body when they do not want to be touched and to have those boundaries respected by others. 1d.1.13	

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Private parts	Identify parts of the body that are private of self or others. 1d.P.9	Identify parts of the body that are private of self or others. 1d.K.12	Identify parts of the body that are private on self or others. 1d.1.14	Identify parts of the body that are private on self or others. 1d.2.17
Compassion for victims			Explain that it is never a person's fault if someone causes them to feel unsafe. 1d.1.15	Explain that it is never a person's fault if someone causes them to feel unsafe. 1d.2.18

Standard 1d: Safety and Violence Prevention (E2)

TOPIC	GRADE 3	GRADE 4	GRADE 5
Safety and injuries	Identify examples of dangerous or risky behaviors that might lead to injuries. 1d.3.1	List ways to prevent injuries in the community. 1d.4.1	Summarize safety rules for the home, vehicles, and community. 1d.5.1
	Explain what to do if someone is injured or suddenly ill. 1d.3.2	Identify ways to reduce injuries from animals and insect bites and stings. 1d.4.2	List examples of dangerous or risky behaviors that might lead to injuries. 1d.5.2
	List ways to prevent injuries at home. 1d.3.3	Identify safety precautions for playing and working outdoors in different kinds of weather and climates. 1d.4.3	Identify ways to reduce risk of injuries around water. 1d.5.3
			Identify ways to protect vision and hearing from injury. 1d.5.4
Accessing trusted adults	Explain the importance of sharing all information with parents, guardians, or trusted adults. 1d.3.4	Explain the importance of sharing all information with parents, guardians, or trusted adults. 1d.4.4	Explain the importance of sharing all information with parents, guardians, or trusted adults. 1d.5.5
	Identify words and actions that appropriately express affection or other positive feelings toward trusted adults and other important people or people of authority. 1d.3.5	Create a list of trusted people/community resources to notify or contact if sexual mistreatment, grooming, harassment, abuse, assault, and/or exploitation occur. 1d.4.5	Create a list of trusted people/community resources to notify or contact if assault or abuse occurs. 1d.5.6

TOPIC	GRADE 3	GRADE 4	GRADE 5
Accessing trusted adults		<p>Demonstrate verbal and nonverbal ways to ask trusted adults for help, including how to report unsafe, scary or harmful situations in the home, school, or community. 1d.4.6</p>	
		<p>Identify words and actions that appropriately express affection or other positive feelings toward trusted adults and other important people. 1d.4.7</p>	
Discrimination and violence	Explain strategies to avoid physical fighting and violence. 1d.3.12	<p>Identify how participation in gangs and hate groups can lead to violence. 1d.4.13</p>	Describe how participation in gangs and hate groups can lead to violence. 1d.5.12
		<p>Identify that a gang is a group of people involved in wrongful or delinquent activities. 1d.4.14</p>	
		<p>Identify that a hate group is a type of gang that claims their identity is superior to that of others and does not value the human rights of all people. 1d.4.15</p>	
		<p>Describe safety procedures to follow if in the presence of a firearm. 1d.4.16</p>	

TOPIC	GRADE 3	GRADE 4	GRADE 5
Safety, abuse and assault	Describe strategies to follow when approached by a stranger in a variety of situations. 1d.3.13		Demonstrate refusal skills and other ways to take action if someone is talking to you or touching you in a way that makes you feel uncomfortable, unsafe, or disrespected. 1d.5.13
	Explain how familiar people or people in authority can help or harm children. 1d.3.14		Define sexual mistreatment, grooming, harassment, abuse, assault, and exploitation. 1d.5.14
	Identify behaviors that constitute sexual mistreatment, grooming, harassment, abuse, assault, and exploitation. 1d.3.15		Identify strategies to respond to sexual mistreatment, grooming, harassment, abuse, assault, and exploitation. 1d.5.15
Bystander intervention and compassion for victims	Demonstrate how a positive bystander is able to access help from a police officer, teacher, nurse, school counselor, parent, guardian, or another trusted adult to help a friend who is feeling unsafe, uncomfortable, or disrespected. 1d.3.16	Demonstrate what to say and do when witnessing or experiencing something that feels uncomfortable, unsafe, or disrespectful. 1d.4.17	Demonstrate what to say and do when witnessing or experiencing potentially harmful or unsafe situations. 1d.5.16
	Explain that it is never a person's fault if someone causes them to feel unsafe. 1d.3.17	Explain that it is never a person's fault if someone causes them to feel unsafe. 1d.4.18	Explain that sexual mistreatment, grooming, harassment, abuse, assault, and exploitation are never the fault of the victim. 1d.5.17

Standard 1d: Safety and Violence Prevention (MS)

TOPIC	GRADE 6	GRADE 7	GRADE 8
Safety and injuries			Describe first response procedures needed to treat injuries and other emergencies. 1d.8.1
			Identify ways to reduce the risk of injury in a motor vehicle (substance use, distracted driving, seat belts, etc.). 1d.8.2
Technology safety	Describe how sharing or posting personal information electronically about self or others on social media sites can negatively impact personal safety of self or others. 1d.6.1	Analyze the impact of media influences on harassing and intimidating behaviors. 1d.7.1	Identify how to use technology and social media safely and respectfully and laws pertaining to the dissemination of intimate images. 1d.8.3
	Describe the positive and negative ways in which technology and social media can impact physical and emotional safety. 1d.6.2	Recognize the inappropriate use of technology as it relates to harassment, stalking, and other intimidating behaviors. 1d.7.2	
Boundaries and consent	Demonstrate effective ways to express needs, wants, and feelings, including the setting of and respecting of personal limits and boundaries. 1d.6.3	Explain why individuals have the right to refuse sexual contact. 1d.7.3	Distinguish between appropriate and inappropriate verbal and/or non-verbal interactions. 1d.8.4

TOPIC	GRADE 6	GRADE 7	GRADE 8
Boundaries and consent	Identify individuals have the right to refuse sexual contact. 1d.6.4		Explain the importance of setting and respecting personal limits/boundaries. 1d.8.5
			Describe why individuals have the right to refuse sexual contact. 1d.8.6
			Define affirmative consent. 1d.8.7
			Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched. 1d.8.8
Discrimination and violence	Determine the benefits of using non-violence to solve interpersonal conflict. 1d.6.5	Describe helping behaviors that prevent violence. 1d.7.4	Summarize how participation in gangs and hate groups can lead to violence. 1d.8.9
	Examine and model appropriate, respectful, and healthy ways to express affection, love, and friendship between people and in various situations. 1d.6.6	Analyze the influence of peer groups as they relate to harassing and intimidating behaviors. 1d.7.5	Explain how intolerance can lead to violence. 1d.8.10
	Describe ways to reduce risk of injuries from firearms. 1d.6.7	Analyze how situations and/or impulsive behaviors can lead to violence. 1d.7.6	

TOPIC	GRADE 6	GRADE 7	GRADE 8
Discrimination and violence	Defend against teasing others based on personal characteristics such as body type, race, gender, appearance, mannerisms, and the way one dresses or acts. 1d.6.8	Identify a variety of non-violent ways to respond to stress when angry or upset. 1d.7.7	
		Analyze techniques that are used to coerce or pressure someone to use violence. 1d.7.8	
		Describe how prejudice, discrimination, and bias can lead to violence and identify strategies for intervention. 1d.7.9	
Abuse and assault	Identify and describe healthy relationships between children and others (e.g., persons in authority, coaches, teachers, and clergy). 1d.6.9	Identify power differences in relationships between potential abusers and their victims. 1d.7.10	Identify situations including domestic violence where physical, emotional, verbal, or sexual abuse occurs in a person's family. 1d.8.11
	Identify verbal and/or non-verbal actions that constitute sexual mistreatment, grooming, harassment, abuse, assault, and exploitation. 1d.6.10	Identify a source of support that a student can go to if they or someone they know is being sexually mistreated, groomed, harassed, abused, assaulted, or exploited. 1d.7.11	Describe situations and behaviors that constitute sexual mistreatment grooming, harassment, abuse, assault, exploitation, and boundary violations. 1d.8.12

TOPIC	GRADE 6	GRADE 7	GRADE 8
Abuse and assault		Analyze laws, policies, and consequences related to sexual mistreatment, grooming, harassment, abuse, assault, exploitation, and human trafficking that are designed to protect young people. 1d.7.12	
Trusted adults and responding to safety threats		Identify the process of reporting incidents of harassment, stalking, and other intimidating behaviors. 1d.7.13	List qualities of an adult whom a student can rely upon for support. 1d.8.13
			Identify a source of support that a student can go to if they or someone they know is being abused or assaulted. 1d.8.14
			Demonstrate the ability to recognize and respond to situations that threaten sexual health safety. 1d.8.15
Bystander intervention and compassion for victims	Explain the role of bystanders in escalating, preventing or stopping bullying, fighting, discrimination, and violence. 1d.6.11	Demonstrate ways to be a positive bystander by responding or reporting if someone is being sexually mistreated, groomed, harassed, abused, assaulted, or exploited. 1d.7.14	Explain why a person who has been sexually mistreated, groomed, harassed, abused, assaulted, or exploited is not at fault. 1d.8.16

TOPIC	GRADE 6	GRADE 7	GRADE 8
Bystander intervention and compassion for victims	Explain that it is never the fault of a person if they are made to feel unsafe. 1d.6.12	Explain why a person who has been sexually mistreated, groomed, harassed, abused, assaulted, or exploited is not at fault. 1d.7.15	Defend the need to empower and support people who experience racism, harassment, or abuse. 1d.8.17
		Identify the need to empower and support people who experience racism, harassment, or abuse. 1d.7.16	

Standard 1d: Safety and Violence Prevention (HS)

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Responding to emergencies	Explain accepted procedures for basic first aid and emergency care. 1d.HS1.1	Examine the ways in which emergency response varies based on sociocultural and socio-political factors such as race, income, ethnicity, gender, community type (rural, urban & suburban). 1d.HS2.1
	Practice hands-only cardiopulmonary resuscitation and the use of automated external defibrillators. 1d.HS1.2	
Technology safety	Describe strategies to use social media and technology safely and respectfully. 1d.HS1.3	Analyze the impact of media influences on discrimination, implicit bias, racism, intimidating behaviors, and violence. 1d.HS2.2
	Describe examples of discrimination, implicit bias, intimidating behaviors, and harassment in media. 1d.HS1.4	
	Differentiate between healthy and unhealthy use of technology including social media, messaging and phones as it relates to harassment and intimidating behaviors. 1d.HS1.5	
Discrimination and violence	Assess ways to deter bullying, sexual harassment, and racism. 1d.HS1.6	Analyze the consequences of prejudice, discrimination, racism, sexism, and hate crimes. 1d.HS2.3
	Analyze how physical, social, cultural, and emotional environments may contribute to violence. 1d.HS1.7	Analyze how involvement in gangs and hate crimes contribute to violence. 1d.HS2.4
	Practice effective communication to request that bullying, sexual harassment, and racism stop. 1d.HS1.8	Advocate for safe environments that encourage dignified, respectful, and appropriate behavior. 1d.HS2.5

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Discrimination and violence	Examine the influence of peer groups as they relate to harassing and intimidating behaviors. 1d.HS1.9	Identify the influence of power and cultural differences on interpersonal relationships. 1d.HS2.6
Consent	Define and identify affirmative consent, sexual coercion, boundary violations, and situations when an individual can and cannot give consent. 1d.HS1.10	
Abuse and assault	Summarize situations and behaviors that constitute sexual mistreatment, grooming, harassment, abuse, assault, exploitation, and trafficking. 1d.HS1.11	Analyze laws, policies, and consequences related to sexual mistreatment, grooming, harassment, abuse, assault, exploitation, child sexual abuse images (child pornography), and human sex trafficking that are designed to protect young people. 1d.HS2.7
	Identify multiple ways to report bullying, sexual harassment, racism, and other violent behaviors. 1d.HS1.12	Examine multiple ways to report sexual mistreatment, grooming, harassment, abuse, assault, exploitation, and human sex trafficking. 1d.HS2.8
		Investigate community resources for victims of sexual violence. 1d.HS2.9
Bystander intervention and compassion for victims	Demonstrate ways in which a positive bystander could respond to a situation when they or someone else is being sexually mistreated, groomed, harassed, abused, assaulted and/or exploited. 1d.HS1.13	Advocate for the innocence of a person who has been sexually mistreated, groomed, harassed, abused, assaulted, or exploited. 1d.HS2.10
	Analyze group norms and shared understandings that impact the role of a bystander. 1d.HS1.14	Investigate the impact that group norms and the shared understandings related to bystander intervention have on health outcomes. 1d.HS2.11

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Bystander intervention and compassion for victims	Explain why a person who has been sexually mistreated, groomed, harassed, abused, assaulted, or exploited is not at fault. 1d.HS1.15	

Standard 1e: Healthy Eating (E1)

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Nutritious foods and beverages	Identify that water is important for the body. 1e.P.1	Identify the benefits of drinking water. 1e.K.1	Identify the benefits of drinking water. 1e.1.1	Describe the benefits of drinking water versus other beverages. 1e.2.1
	State the benefits of trying new foods. 1e.P.2	Identify the benefits of trying new foods. 1e.K.2	Describe the benefits of trying new foods and the importance of respecting the food choices of others. 1e.1.2	Explain the benefits of trying new foods and respecting the food choices of others. 1e.2.2
	Identify foods that contain helpful nutrients. 1e.P.3	Identify a variety of nutritious foods and beverages and recognize that foods are categorized into groups. 1e.K.3	Identify nutritious choices from each food group. 1e.1.3	Explain the importance of choosing nutritious foods and beverages from different food groups. 1e.2.3
Eating patterns	Identify body signals that tell a person when they are hungry and when they are full. 1e.P.4	Describe body signals that a person is hungry and full. 1e.K.4	Summarize signals that a person is hungry and full. 1e.1.4	Describe how different food groups work together to help us feel hungry or full. 1e.2.4
Moderation and “all foods fit.”	Describe why the body needs food. 1e.P.5	Explain how food affects the body. 1e.K.5	Identify eating patterns that provide energy and help the body grow, develop and perform different jobs. 1e.1.5	Describe eating patterns that provide energy and help the body grow and develop. 1e.2.5

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Moderation and “all foods fit.”		Recognize that eating in regular increments helps a person’s body. 1e.K.6	Describe the benefits of eating breakfast. 1e.1.6	Describe how eating breakfast helps a person think, work, and play. 1e.2.6
			Define the concept of moderation and the idea that “all foods fit.” 1e.1.7	Describe the concept of moderation and the idea that “all foods fit.” 1e.2.7

Standard 1e: Healthy Eating (E2)

TOPIC	GRADE 3	GRADE 4	GRADE 5
Nutritious foods and beverages	Identify the food groups and nutritious food choices from each. 1e.3.1	Explain the importance of eating a variety of nutritious foods. 1e.4.1	Identify nutrients that should be consumed daily. 1e.5.1
	Identify the roles that nutrients play in a person's body. 1e.3.2	Identify the benefits of eating a wide variety of foods as they relate to nutrient categories. 1e.4.2	Describe how different types of food work together to deliver nutrients to parts of the body. 1e.5.2
	Describe the benefits of eating a variety of nutritious foods. 1e.3.3	Summarize the benefits of eating a variety of nutritious foods. 1e.4.3	
Water	State the benefits of drinking water versus other beverages. 1e.3.4	Explain the benefits of drinking water versus other beverages. 1e.4.4	Summarize the benefits of drinking water versus other beverages. 1e.5.3
	Describe nutritious eating patterns and the importance of consistent meals and snacks. 1e.3.5	Explain nutritious eating patterns and the importance of consistent meals and snacks. 1e.4.5	Construct a nutritious eating plan utilizing school lunch and restaurant menus. 1e.5.4
Moderation and "all foods fit"	Explain the benefits of eating in moderation and in line with the idea that "all foods fit." 1e.3.6	Analyze the benefits of eating in moderation and in line with the idea that "all foods fit." 1e.4.6	Evaluate the benefits of eating in moderation and in line with the idea that "all foods fit." 1e.5.5

Standard 1e: Healthy Eating (MS)

TOPIC	GRADE 6	GRADE 7	GRADE 8
Nutritious foods and beverages	Describe the U.S. Dietary Guidelines for Americans. 1e.6.1	Explain why the recommended amount of food and food group portions vary by individual. 1e.7.1	Identify every individual has unique nutrition needs and identify strategies to maximize nutrition. 1e.8.1
	Summarize the benefits of eating plenty of fruits, vegetables, and whole grains. 1e.6.2	Summarize a variety of nutritious food choices for each food group. 1e.7.2	Summarize the benefits of consuming nutritious foods and the idea that “all foods fit.” 1e.8.2
	Summarize the benefits of drinking water. 1e.6.3	Explain the benefit of nutritious foods and the idea that “all foods fit.” 1e.7.3	
	Identify foods that are high in fiber, iron, and calcium. 1e.6.4		
	Describe the benefits of consuming foods high in fiber, iron and calcium. 1e.6.5		
	Describe the benefits of consuming an adequate amount of calcium and a variety of foods high in calcium. 1e.6.6		
Sugar Sweetened Beverages	Identify a variety of sugar-sweetened beverages. 1e.6.7	Examine <i>added</i> sugar content in beverages. 1e.7.4	Explain the importance of limiting the consumption of sugar-sweetened beverages. 1e.8.3

TOPIC	GRADE 6	GRADE 7	GRADE 8
Sugar Sweetened Beverages	Identify the importance of limiting the consumption of sugar-sweetened beverages. 1e.6.8		
Food choices		Explain the relationship between access to foods and personal food choices. 1e.7.5	Practice making balanced choices when choosing a meal. 1e.8.4
		Summarize the benefits of limiting the consumption of trans fat, saturated fat, added sugar, and sodium. 1e.7.6	Identify food preparation and production methods and their impact on nutrients in foods. 1e.8.5
Nutrition facts label	Identify the importance of a nutrition facts label. 1e.6.9	Analyze a nutrition facts label to identify foods that are high in sodium and added sugar. 1e.7.7	Compare and contrast fruits, vegetables, and whole grains using a nutrition facts label. 1e.8.6
	Identify the components of a nutrition facts label. 1e.6.10	Explain the significance of reading a nutrition facts label ingredient list. 1e.7.8	Summarize the significance of reading a nutrition facts label and the concept of balance or moderation. 1e.8.7
			Describe the benefits of limiting the consumption of added sugar, sodium, and processed food. 1e.8.8

Standard 1e: Healthy Eating (HS)

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Nutritious foods and beverages	Distinguish between foods and beverages that provide key nutrients versus those that contain few essential nutrients. 1e.HS1.1	Utilize the U.S. Dietary Guidelines for Americans to plan a balanced eating routine. 1e.HS2.1
Sugar sweetened beverages	Describe the benefits of limiting the consumption of sugar-sweetened beverages. 1e.HS1.2	
Food Choices	Describe the relationship between personal eating behaviors and overall personal health. 1e.HS1.3	Summarize the importance of balanced eating and physical activity in optimizing personal health. 1e.HS2.2
	Summarize how to make balanced food selections when dining out. 1e.HS1.4	Describe the impact of food production and preparation methods on food nutrient value. 1e.HS2.3
	Analyze various eating patterns and their impact on personal health. 1e.HS1.5	Explain how to incorporate eating a variety of nutrient-dense foods to meet daily nutrient requirements. 1e.HS2.4
	Examine the harmful effects of using certain weight-loss measures. 1e.HS1.6	
Nutrition facts labels	Demonstrate the ability to read and compare nutrition facts labels. 1e.HS1.7	Evaluate similar food choices using nutrition facts labels. 1e.HS2.5
Environmental literacy		Analyze how food choices impact the environment. 1e.HS2.6
Food Access	Investigate how food access impacts food choices and health outcomes 1e.HS1.8	Evaluate the role of community food access and determine community-level support or action. 1e.HS2.7
		Explain the impact of food access and targeted marketing on different communities including the psychological, personal, and economic effects. 1e.HS2.8

Standard 1f: Disease Prevention and Control (E1)

TOPIC	PREKINDERGARTE	KINDERGARTEN	GRADE 1	GRADE 2
Disease		Identify potential food and non-food triggers that are common causes of allergic reactions. 1f.K.1		Describe potential causes and symptoms of allergic reactions. 1f.2.1
Disease prevention	Identify the steps for proper handwashing. 1f.P.1	Identify the steps for proper handwashing. 1f.K.2	Describe the importance of handwashing and covering a cough or sneeze to prevent the spread of germs. 1f.1.1	Identify basic universal precautions. 1f.2.2
Hygiene	Identify personal health care practices. 1f.P.2	Identify personal health care practices. 1f.K.3	Identify why hygiene is important to health. 1f.1.2	Explain why hygiene is important to health. 1f.2.3
Food and illness		Identify food can contain germs that can cause illness. 1f.K.4	Identify food safety practices. 1f.1.3	Identify food safety strategies that can control germs that cause foodborne illness. 1f.2.4
Teeth	Recognize that brushing and flossing teeth is essential to do at least twice daily. 1f.P.3	Identify the proper steps for daily brushing and flossing teeth. 1f.K.5	Describe the proper steps for daily brushing and flossing teeth. 1f.1.4	
Sun			List ways to prevent harmful effects of the sun. 1f.1.5	Explain how to protect one's skin and other parts of the body from the sun. 1f.2.5

TOPIC	PREKINDERGARTE	KINDERGARTEN	GRADE 1	GRADE 2
Sleep	Identify why sleep and rest are important for proper growth and good health. 1f.P.4	Identify why sleep and rest are important for proper growth and good health. 1f.K.6		Describe why sleep and rest are important for proper growth and good health. 1f.2.6

Standard 1f: Disease Prevention and Control (E2)

TOPIC	GRADE 3	GRADE 4	GRADE 5
Disease Prevention	Describe ways to prevent the spread of germs that cause infectious diseases. 1f.3.1		Explain how universal precautions are effective ways to prevent many infectious diseases. 1f.5.1
Hygiene	Recognize the benefits of personal health care practices. 1f.3.2	Describe the benefits of personal health care practices. 1f.4.1	Summarize the benefits of personal health care practices. 1f.5.2
Food and illness		Describe how to keep food safe from harmful germs including how to avoid cross-contamination. 1f.4.2	
Sun	Describe ways to prevent harmful effects of the sun. 1f.3.3		
Sleep		Explain why sleep and rest are important for proper growth and good health. 1f.4.3	
Disease		Identify symptoms that are associated with common childhood chronic diseases or conditions such as asthma, allergies, diabetes, and others. 1f.4.4	Describe the difference between infectious and non-infectious diseases. 1f.5.3
			Describe ways that common infectious diseases are transmitted. 1f.5.4
			Describe the symptoms of someone who is seriously ill and needs immediate medical attention. 1f.5.5

TOPIC	GRADE 3	GRADE 4	GRADE 5
Disease			Describe the importance of seeking help and treatment for common infectious diseases. 1f.5.6

Standard 1f: Disease Prevention and Control (MS)

TOPIC	GRADE 6	GRADE 7	GRADE 8
Disease	Explain the difference between infectious and noninfectious diseases. 1f.6.1		Demonstrate how to seek help and treatment for common infectious diseases and chronic diseases. 1f.8.1
Chronic diseases		Explain the behavioral and environmental factors that contribute to chronic diseases including cancer, cardiovascular disease, and diabetes. 1f.7.1	
Disease Prevention	Summarize ways that common infectious diseases are transmitted. 1f.6.2	Explain the relationship between intravenous drug use and transmission of infections such as HIV and hepatitis. 1f.7.2	Summarize health practices to prevent the spread of infectious diseases that are transmitted by food, air, indirect contact, and person-to-person contact. 1f.8.2
	Explain ways to prevent the spread of germs that cause infectious diseases. 1f.6.3	Identify how the most common Sexually Transmitted Infections (STIs) are transmitted. 1f.7.3	Explain transmission methods of common sexually transmitted infections (STIs). 1f.8.3

TOPIC	GRADE 6	GRADE 7	GRADE 8
Disease Prevention		Describe ways to decrease the spread of STIs including HIV through abstinence, using condoms consistently and correctly when having sex, reducing one's number of sexual partners, and practicing universal precautions. 1f.7.4	Summarize ways to decrease the spread of STIs including HIV through abstinence, using condoms consistently and correctly when having sex, and practicing universal precautions. 1f.8.4
		Describe the typical signs, symptoms, consequences, and treatment of common STIs including HIV. 1f.7.5	Describe the typical signs, symptoms, consequences, and treatment of STIs including HIV. 1f.8.5
Hygiene	Identify the benefits of good hygiene practices for promoting health. 1f.6.4	Explain the benefits of good hygiene practices for promoting health. 1f.7.6	Summarize the benefits of good hygiene practices for promoting health. 1f.8.6
Sleep	Recognize the benefits of getting adequate rest and sleep. 1f.6.5		Summarize the benefits of getting adequate rest and sleep. 1f.8.7
Sun	Summarize actions to take to protect one's skin against potential damage from exposure to the sun. 1f.6.6	Explain why it is important to protect oneself against potential skin damage from exposure to the sun. 1f.7.7	

Standard 1f: Disease Prevention and Control (HS)

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Disease	Analyze the factors that contribute to the major chronic diseases such as heart disease, cancer, diabetes, hypertension, osteoporosis, and skin cancer. 1f.HS1.1	Evaluate factors that contribute to major chronic diseases including, race, economic status, and access to services. 1f.HS2.1
Disease Prevention	Summarize personal strategies for reducing diseases that affect the health of adolescents. 1f.HS1.2	Evaluate important health screenings and assessments, immunizations, checkups, and examinations to maintain good health. 1f.HS2.2
	Explain the importance of STI and HIV testing and counseling if one is sexually active. 1f.HS1.3	Explain why it is important to know the STI/HIV status of oneself and of a potential sexual partner. 1f.HS2.3
	Summarize common symptoms (or lack thereof) of STIs, including HIV, as well as treatments for these infections. 1f.HS1.4	Evaluate the roles of the individual and society in disease prevention. 1f.HS2.4
	Summarize how infectious diseases, including HIV, STIs, foodborne illnesses, and common illnesses, are transmitted and prevented. 1f.HS1.5	Examine society's historical impact on investigating the prevalence and treatment of disease in communities based on race, sexual orientation, and culture. 1f.HS2.5
Sleep	Analyze the personal physical, emotional, mental, social, educational, and vocational performance benefits of rest and sleep. 1f.HS1.6	Examine the potential causes for sleep disparities. 1f.HS2.6
Sun and fads	Summarize the symptoms and prevention of skin cancer. 1f.HS1.7	Summarize the potential health and social consequences of popular fads or trends such as tanning beds, body piercing, and tattooing. 1f.HS2.7

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Organ donation		Analyze choices related to organ donation. 1f.HS2.8
Environmental literacy	Examine the impact of human-induced environmental change on health and wellbeing. 1f.HS1.8	Analyze the disproportionate health impact of human-induced environmental change in communities.1f.HS2.9

Standard 2: Analyzing Influences

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Identify how the family influences personal health practices and behaviors. 2.E1.a	Describe how the family influences personal health practices and behaviors. 2.E2.a	Examine how the family influences the health of adolescents. 2.MS.a	Analyze how family influences the health of individuals. 2.HS.a
Identify what the school can do to support personal health practices and behaviors. 2.E1.b	Identify the influence of culture on health practices and behaviors. 2.E2.b	Describe the influence of culture on health beliefs, practices, and behaviors. 2.MS.b	Analyze how the culture supports and challenges health beliefs, practices, and behaviors. 2.HS.b
Describe how the media can influence health behaviors. 2.E1.c	Identify how peers can influence healthy and unhealthy behaviors. 2.E2.c	Describe how peers influence healthy and unhealthy behaviors. 2.MS.c	Analyze how peers influence healthy and unhealthy behaviors. 2.HS.c
	Describe how the school and community can support personal health practices and behaviors. 2.E2.d	Analyze how the school and community can affect personal health practices and behaviors. 2.MS.d	Evaluate how the school and community can impact personal health practices and behaviors. 2.HS.d
	Explain how media influences thoughts, feelings, and health behaviors. 2.E2.e	Analyze how messages from media influence health behaviors. 2.MS.e	Evaluate the effect of media on personal and family health. 2.HS.e
	Describe ways that technology can influence personal health. 2.E2.f	Analyze the influence of technology on personal and family health. 2.MS.f	Evaluate the impact of technology on personal, family and community health. 2.HS.f
		Explain how the perceptions of norms influence healthy and unhealthy behaviors. 2.MS.g	Analyze how the perceptions of norms influence healthy and unhealthy behaviors. 2.HS.g

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
		<p>Explain the influence of personal values and beliefs on individual health practices and behaviors. 2.MS.h</p>	<p>Analyze the influence of personal values and beliefs on individual health practices and behaviors. 2.HS.h</p>
		<p>Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. 2.MS.i</p>	<p>Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. 2.HS.i</p>
		<p>Explain how school and public health policies can influence health promotion and disease prevention. 2.MS.j</p>	<p>Analyze how public health policies and government regulations can influence health promotion and disease prevention. 2.HS.j</p>

Standard 3: Accessing Information

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Identify trusted adults and professionals who can help promote health. 3.E1.a	Identify characteristics of valid health information, products, and services. 3.E2.a	Analyze the validity of health information, products, and services. 3.MS.a	Evaluate the validity of health information, products, and services. 3.HS.a
Identify ways to locate school and community health helpers. 3.E1.b	Locate resources from home, school, and community that provide valid health information. 3.E2.b	Access valid health information from home, school, and community. 3.MS.b	Use resources from home, school, and community that provide valid health information. 3.HS.b
		Determine the accessibility of products that enhance health. 3.MS.c	Determine the accessibility of products and services that enhance health. 3.HS.c
		Describe situations that may require professional health services. 3.MS.d	Determine when professional health services may be required. 3.HS.d
		Locate valid and reliable health products and services. 3.MS.e	Access valid and reliable health products and services. 3.HS.e

Standard 4: Interpersonal Communication

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Demonstrate healthy ways to express needs, wants and feelings. 4.E1.a	Demonstrate effective verbal and non-verbal communication skills to enhance health. 4.E2.a	Apply effective verbal and nonverbal communication skills to enhance health. 4.MS.a	Utilize skills for communicating effectively with family, peers, and others to enhance health. 4.HS.a
Demonstrate listening skills to enhance health. 4.E1.b	Demonstrate refusal skills to avoid or reduce health risks. 4.E2.b	Demonstrate refusal and negotiation skills to avoid or reduce health risks. 4.MS.b	Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks. 4.HS.b
Demonstrate ways to respond when in an unwanted, threatening or dangerous situation. 4.E1.c	Demonstrate non-violent strategies to manage or resolve conflict. 4.E2.c	Demonstrate effective conflict management or resolution strategies. 4.MS.c	Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others. 4.HS.c
Demonstrate ways to tell a trusted adult if one is threatened or harmed. 4.E1.d	Demonstrate how to ask for assistance to enhance personal health. 4.E2.d	Demonstrate how to ask for assistance to enhance the health of self and others. 4.MS.d	Demonstrate how to ask for and offer assistance to enhance the health of self and others. 4.HS.d

Standard 5: Decision-Making

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Identify situations when a health-related decision is needed. 5.E1.a	Identify health-related situations that might require a thoughtful decision. 5.E2.a	Identify circumstances that can help or hinder healthy decision-making. 5.MS.a	Examine barriers that can hinder healthy decision-making. 5.HS.a
Differentiate between situations when a health-related decision can be made individually and when assistance is needed. 5.E1.b	Analyze when assistance is needed when making a health-related decision. 5.E2.b	Determine when health-related situations require the application of a thoughtful decision-making process. 5.MS.b	Determine the value of applying a thoughtful decision-making process in health-related situations. 5.HS.b
	List healthy options for health-related issues or problems. 5.E2.c	Distinguish when individual or collaborative decision-making is appropriate. 5.MS.c	Justify when individual or collaborative decision-making is appropriate. 5.HS.c
	Predict the potential outcomes of each option when making a health-related decision. 5.E2.d	Distinguish between healthy and unhealthy alternatives to health-related issues or problems. 5.MS.d	Generate alternatives to health-related issues or problems. 5.HS.d
	Choose a healthy option when making a decision. 5.E2.e	Predict the potential short-term impact of each alternative on self and others. 5.MS.e	Predict the potential short and long-term impact of each alternative on self and others. 5.HS.e
	Describe the outcomes of a health-related decision. 5.E2.f	Choose healthy alternatives over unhealthy alternatives when making a decision. 5.MS.f	Defend the healthy choice when making decisions. 5.HS.f
		Analyze the outcomes of a health-related decision. 5.MS.g	Evaluate the effectiveness of health-related decisions. 5.HS.g

Standard 6: Goal-Setting

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Identify a short-term personal health goal and take action toward achieving the goal. 6.E1.a	Set a personal health goal and track progress toward its achievement. 6.E2.a	Assess personal health practices. 6.MS.a	Assess personal health practices and overall health status. 6.HS.a
Identify who can help when assistance is needed to achieve a personal health goal. 6.E1.b	Identify resources to assist in achieving a personal health goal. 6.E2.b	Develop a goal to adopt, maintain, or improve a personal health practice. 6.MS.b	Develop a plan to attain a personal health goal that addresses strengths, needs, and risks. 6.HS.b
		Apply strategies and skills needed to attain a personal health goal. 6.MS.c	Implement strategies and monitor progress in achieving a personal health goal. 6.HS.c
		Describe how personal health goals can vary with changing abilities, priorities, and responsibilities. 6.MS.d	Formulate an effective long-term personal health plan. 6.HS.d

Standard 7: Self-Management

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Demonstrate healthy practices and behaviors to maintain or improve personal health. 7.E1.a	Identify responsible personal health behaviors. 7.E2.a	Explain the importance of assuming responsibility for personal health behaviors. 7.MS.a	Analyze the role of individual responsibility in enhancing health. 7.HS.a
Demonstrate behaviors that avoid or reduce health risks. 7.E1.b	Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health. 7.E2.b	Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others. 7.MS.b	Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others. 7.HS.b
	Demonstrate a variety of behaviors that avoid or reduce health risks. 7.E2.c	Demonstrate behaviors that avoid or reduce health risks to self and others. 7.MS.c	Demonstrate a variety of behaviors that avoid or reduce health risks to self and others. 7.HS.c

Standard 8: Advocacy

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Make requests to promote personal health. 8.E1.a	Express opinions and give accurate information about health issues. 8.E2.a	State a health-enhancing position on a topic and support it with accurate information. 8.MS.a	Utilize accurate peer and societal norms to formulate a health-enhancing message. 8.HS.a
Encourage peers to make positive health choices. 8.E1.b	Encourage others to make positive health choices. 8.E2.b	Demonstrate how to influence and support others to make positive health choices. 8.MS.b	Demonstrate how to influence and support others to make positive health choices. 8.HS.b
		Work cooperatively to advocate for healthy individuals, families, and schools. 8.MS.c	Work cooperatively as an advocate for improving personal, family, and community health. 8.HS.c
		Identify ways that health messages and communication techniques can be altered for different audiences. 8.MS.d	Adapt health messages and communication techniques to a specific target audience. 8.HS.d

Maryland State Department of Education

Division of Curriculum, Instructional Improvement, and Professional Learning

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Pink Blue Purple Lesson Plan (1).pdf

Uploaded by: Justin Kuk

Position: UNF

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
- Markers

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].

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

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 you’re a boy or a girl, but you’re a little bit of both. No matter how you feel, you’re perfectly normal!”** Explain that you’re going to do an activity to talk about this more.

(7 minutes)

STEP 2:

Break the class into pairs. As they are getting into pairs, draw a Venn diagram on one board like the one they are about to get. Once they are in their pairs, distribute the flipchart sheets with the Venn diagrams on them. Explain that they are going to each get an envelope with some

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

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.

Pink, Blue and Purple

*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.

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.



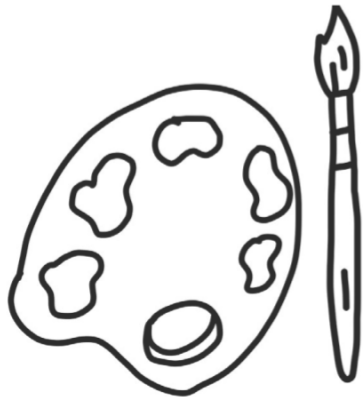
TEACHER'S RESOURCE: WHICH CARD SHOULD I SEND?

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.



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

Written Testimony HB119.pdf

Uploaded by: Justin Kuk

Position: UNF

To Education, Energy, and the Environment Committee Members,

I am writing to strongly urge you to give an unfavorable report on HB 119. This bill infringes upon long respected democratic processes by taking power from locally elected school boards and giving it to unelected and potentially ideologically motivated bureaucrats. It undermines the opportunity for Maryland's citizen to meaningfully affect change at the local level by working with their local school boards.

Even though the name of this bill has been changed to "County Boards of Education – Curriculum Guides and Courses of Study – Requirements", we all know what this bill is really trying to accomplish. You certainly should since you participated in the hearing for SB 199. The true purpose can be seen in all the items that have been crossed off in the bill. The purpose of HB 119 is to use the power of the state and economic coercion to force all Maryland counties to fully adopt a health curriculum framework that teaches ideological concepts related to sexuality and gender identity starting in pre-kindergarten.

As you know from the hearing for SB 199, many Marylanders opposed SB 199 and HB 119. During the HB 119 hearing, there were a total of 67 unfavorable testimonies to only 19 favorable testimonies. Since it is clear that the public does not support HB 119, it appears that Democratic members of the House of Delegates have decided to take a different approach. Yet, this cannot mask their true motive.

The goal of HB 119 is to financially coerce all Maryland school districts to adopt lessons similar to the following. The excerpt below is from a lesson titled "Pink, Blue, Purple", which is a **first grade** lesson developed by Advocates for Youth to align with the recently adopted state health curriculum framework. Advocates for Youth is one of the contributors and reviewers of the framework (see pg. 4 of the framework), so there is no doubt that these are the types of lessons that are envisioned by the authors of the framework. In this lesson, teachers are instructed to tell **first grade** students the following:

"Identify 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 you're a boy or a girl, but you're a little bit of both. No matter how you feel, you're perfectly normal!"

This is an ideological message rooted in radical gender theory that is completely inappropriate for first grade students, yet this is exactly the type of lesson the framework was created to promote. Forcing these lessons on all counties in Maryland through financial coercion is the true motive of HB 119.

As stewards of our state's educational system, you must reject this bill. From 2016 to 2021, enrollment in Maryland Public Schools dropped from 854,913 to 853,307 even though the overall population increased by 2.6% over the same time period. If this bill is passed into law, I believe that even more families will leave public schools in favor of homeschooling or private schools that better fit their values. Not only will this impact school funding but it will cause some of the most active and supportive parents to pull back from their involvement in public schools. This will be a detriment to the overall success of Maryland's public schools. My wife and I are currently reconsidering our educational plans for our children and the passage of HB 119 would certainly impact our decision. I am certain there are

thousands of other families who are also reconsidering whether public schools are the best fit for their families.

Finally, I would like to point out what the Democratic delegates voted to approve through HB 119. They have voted to take power away from locally elected school boards and hand unprecedented power to unelected bureaucrats. It doesn't matter whether these officials were appointed by Democrats or Republicans. I stand with whoever supports freedom and the right of local and self-governance. School board meetings and elections are one of the foundational levels at which citizens of Maryland have the opportunity to influence local decisions. Yet, they have voted to remove this as a meaningful opportunity and instead empowered the state to force an ideological agenda on everybody. This is disgraceful for anyone who has taken a solemn oath to represent the people. Not only that, I guarantee you that a majority of Marylanders do not want young children learning these concepts in public schools, but the Democratic delegates still chose to support the bill.

For the past few years, conservatives have faced an onslaught of gas-lighting from left-leaning politicians and media that we are threats to democracy, that we are domestic terrorists, and that we are fascists and authoritarians. Yet, it was Democratic delegates who used their publicly vested power to weaken the political agency of local communities at the grassroots school board level. It is Democratic delegates who cannot allow any divergence of thought in Maryland's diverse counties. If Montgomery County wants to teach their children about gender identity, then their school board can make that decision, but don't force that on Maryland's more conservative counties. It was Democratic delegates who have voted to use economic coercion to force an ideological agenda related to sexuality and gender upon all of Maryland's public school families. That is a threat to democracy. That is authoritarianism.

As senators, you have an opportunity and duty to resist this authoritarianism regardless of your political party. It does not matter whether you are a Democrat or a Republican. You were elected to represent the people, not special interest ideologies. The people do not want this bill. They want the opportunity to engage in meaningful action and discussion at the local school board level. You must protect this grassroots level of democracy. Your colleagues in the House of Delegates have failed to do so, to their own disgrace and shame. You have the opportunity to set things right. Please reject authoritarianism and protect grassroots, local democracy by giving an unfavorable review on HB 119.

Sincerely,

Justin Kuk

Baltimore City

Opposition Letter HB119:SB199.pdf

Uploaded by: Kara Clemson

Position: UNF

OPPOSE HB119/SB199

Dear Delegates,

As a lifelong resident of Maryland and mother of a daughter and a son, I strongly oppose HB119 and SB199. This bill develops a new curriculum outside of the standard education for which public schools were designed, that is reading, writing, science and mathematics.

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, not the state. 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.

This bill also is in favor of removing the "Opt Out" option for parents, which would remove their rights to parent their children. 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 their children would participate. With "opt out," children are automatically enrolled. The "opt out" forms are sent with 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.

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. There are many other topics you could focus on adding to the school programs, such as age-appropriate finances, invest in making all schools more secure, adding additional funding for school counselors at each school, or funding to each school to add more teachers and allow for smaller class sizes.

With the TN School Shooting that just occurred, this just further provides proof that additional gender and sex ideologies aren't needed in school, but rather need to be kept out of school. School is a place for learning school subjects only- Math, Science, Reading, Writing, PE. If you start including these ideologies, especially at such young ages, it will only further confuse our youth and add to the growing mental health crisis. Additionally, you remove religion more and more from the school systems yet you want to allow the state to control teaching our children about sexual and gender preferences, yet you aren't increasing staffing or counselors at each school, so these children that will be confused will have no one to talk through these issues with – and you think that isn't going to add to the mental health crisis as these kids grow up?

I ask that you support the family structure, parental rights and oppose HB119/SB199.

Kara Clemson

Frederick, MD

OPPOSE HB119/SB199

Oppose HB119 - Google Docs.pdf

Uploaded by: Kelly McMillen

Position: UNF

Written Testimony opposing HB119 / SB199

I am writing to oppose HB119 - County Boards of Education - Curriculum Guides and Courses of Study - Requirements

It is an egregious overreach of state government to broadly mandate curriculum in the schools. It is a breach of the constituents' rights to choose (vote) on locally elected officials to represent them and their values.

There are inevitably going to be "policy and guidelines" which directly violate religious liberty. For example, as a Christian family we believe that individuals are created male and female by God, and that gender is not a social construct or a matter of choice. We believe that sex is to be between a man and a woman inside the sacred covenant of marriage. And we believe that marriage is between one man and one woman. We object to any education framework which teaches material contrary to this. We would insist on the option to opt out of instruction such as this which violates our conscience, and this is not specified in the language of this bill.

This bill should not be allowed to proceed forward without being heard in committee and ultimately a decision should be made to allow for some local control on this issue - determining the curriculum at the local level and allowing parents to opt their students out.

Gratefully,
Kelly McMillen
Monrovia, MD

No to HB 119.pdf

Uploaded by: kevin connors

Position: UNF

March 28, 2023

My Dear Delegates:

I write in opposition of HB 119.

The Bill, as currently written, flies in the face of the federalism that has been such a strength of our society. The ability of local organizations, such as boards of education, to craft curriculums that serve the needs of diverse communities is a bedrock of our governing architecture.

The Bill, as currently written, is a classic case of a solution (and a terrible one at that) in search of a problem. There is no majority of parents crying out for central control of school curricula. This entire effort seems to have been manufactured in Annapolis.

Passage of this Bill will erode trust between parents and the State Board; And to what end? Local Board's are closer to the parents and children directly affected by decisions regarding their local schools. As such, they are likely to be more informed regarding the needs and desires of those parents and children.

No State Superintendent is able to ascertain the in-depth understanding of the various, diverse issues affecting the parents and children across the twenty-three counties in Maryland. The result will be "one-size-fits-all" edicts that are the very antithesis of a quality education.

I entreat you all to abandon this Bill.

Best regards,

Kevin Connors

Easton, MD

Ktc30@me.com

Dear Members of the General Assembly HB119.pdf

Uploaded by: Kim Pratta

Position: UNF

Dear Members of the General Assembly,

Along with MABE, MSDE and many local BOE's, I am writing in strong opposition to HB119. This bill would in essence dismantle all local control over the curriculum and instruction and the amendments as written would result in a total state takeover of local control over curriculum frameworks, standards and instructional materials.

Currently, the authority to establish curriculum based on research, investigation and evaluation of curriculum and assessments resides with the local BOE's based on the best interest of their jurisdiction. The constituents of the local BOE members support this local decision-making authority in collaboration with the State Board of Education.

HB119 is a radical and dangerous change to the MD education policy which has always been balanced between state and local control regarding state standards and local curriculum. This bill would mandate that all local school systems follow every element of the policy and guidelines for the program of instruction established by the State BOE or suffer the consequences of reduced funding which could ultimately bankrupt individual school systems by withholding millions of dollars in state funding.

Accordingly, I urge you to act in opposition to HB119 as amended.

Respectfully,

Kim Pratta

To the Senators of the Education, Energy, & Enviro

Uploaded by: Lindsey Smith

Position: UNF

To the Senators of the Education, Energy, & Environment Committee,

I am writing to urgent you to hold HB119 in committee and, if necessary, send it to interim study for some reasonable resolution to allow local elected boards of education to exercise some local flexibility to alter State curriculum guidelines to meet the needs and values of their school districts.

This bill would take away local board of education right to determine what is best for their counties and their communities and give it to the state. These decision should be made at a local level not a state level, as each county is created of different groups and the beauty of how our government was created to work.

I urge you to hold the bill or to dismiss it.

Sincerely,

Lindsey Smith
Montgomery County Parent

Loretta Brenner HB119.pdf

Uploaded by: loretta brenner

Position: UNF

Please vote NO on HB199/SB0119.

As a parent, I believe that topics regarding to gender transitioning and LGBT sexual matters are not appropriate for the elementary curriculum, and surely anybody could see the reason. Children at this age are not developmentally equipped to process this kind of information, and exposing them to any kind of sexual input at this age is damaging to their psychological health as they are not mentally mature enough to fully understand it. They are not meant to understand sex and complicated sexual matters related to transitioning genders/physical sex. Teaching these concepts to children too early will cause them psychological damage in the long run — this is hurting them much more than it is helping them. Let kids be kids like they always have been; they can become educated and make decisions about their gender and sexuality once they are old enough to properly process and understand these things when they are meant to. School is meant to teach children basic life skills that they will use in life, and LGBT/transgender topics are not basic life skills and in no way shape or form will help them in their daily lives at all whatsoever until they are adults. Gender and sexuality are big decisions that should not be taken lightly. If we're taking these things heavily and seriously as a society, why are we teaching it to kids who are obviously not ready to make those decisions yet? Why are we trying to make kids face such mature, adult decisions? Please rethink this decision, as it will have a very large impact on the education system and our country as a whole. Loretta Brenner



Please vote against bill HB0119.pdf

Uploaded by: Marco Colombini

Position: UNF

Please vote against bill HB0119. HB0119 forces each county board of education to follow policies and guidelines from the State Board of Education. It also prevents the local school boards from allowing students to opt-out of being indoctrinated with material that they and their parents find objectionable. It takes away both local and parental control of the education of children, especially with regard to objectionable material. The State Board of Education mandates sexual indoctrination of students that include obscene perversions, transgender issues, attitudes toward birth control and respect for life that are the prerogative of parents. Parents are robbed of their duty to pass on religious and moral values to their children. This bill imposes a tyrannical system akin to what existed in the USSR and what is practiced in communist China. This is the land of the free but it is becoming less free by "big brother" tactics such as those enforced in this bill.

Unfavorable comments regarding HB 119.pdf

Uploaded by: Mark Lombard

Position: UNF

Subject: Unfavorable comments regarding House Bill 119

The synopsis of House Bill 119 (HB 119) titled “County Boards of Education - Curriculum Guides and Courses of Study – Requirements” is:

Requiring each county board of education to follow the policy and guidelines for program instruction for public schools established by the State Board of Education; requiring the Superintendent to notify a county board if it is determined that the county board is not following every element of the policy and guidelines; authorizing the Superintendent to withhold 10% of the funds budgeted for the county board if the board fails to resolve any discrepancy identified by the Superintendent within 30 days; etc.

PLEASE NOTE the amended changes in the synopsis above: local school boards may not determine their own curricula, which would instead be dictated by the state superintendent. The state superintendent may withhold 20% of any county's funding if the curricula are determined to be non-compliant in any way. Parents may not opt out of any required material.

We fully and strongly oppose HB 119 for the following reasons:

- Transparency of the curricula given to the children of Maryland parents in public schools and the parents' right to know is an inherent part of their Constitutional right¹. The United States Supreme Court declared in 1972 “The history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children. This primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition.” *Wisconsin v. Yoder*, 406 U.S. 205 (1972), at 232.
- Parents have the fundamental right to know how and what their children are being taught in public schools and must be informed of any curricula that does not comport with their core beliefs with the option of opting out of such curricula prior to it being given in public schools. In addition, parents as tax-paying citizens 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 that the inclusion of new content based on new ideology and/or methodology is evidence-based and demonstrably leads to positive outcomes.
- HB119 seeks to remove control not only from parents but also from local school districts and boards of education.
- 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. HB119 includes open-ended language which does not adequately safeguard parents' vital and fundamental right to protect their children from exposure to curricula including content on ideology that is not evidence-based and demonstrably causes negative outcomes.

¹ From the 14th Amendment: “No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.”

For the reasons stated above, we strongly oppose HB 119. Please do not let this bill go forward.

Thank you for considering our comments.

Mark and Pamela Lombard
Gaithersburg, MD 20878

Oppose HB 119.pdf

Uploaded by: Mark Meyerovich

Position: UNF

Oppose HB 119

Dear Senator Feldman,

As your constituent I strongly urge you to oppose HB119 - County Boards of Education - Curriculum Guides and Courses of Study - Requirements.

As a concerned citizen and parent, I strongly believe that local school boards must be able to determine their own curricula without interference from the state superintendent. It is imperative that the decision-making process for what is taught in our schools is left to those who are closest to the students and the community, with parents being the first to know how and what their children are being taught in public schools.

It is important to acknowledge that children of the same age may be on different development levels. Some topics, such as sex education or controversial political issues, may be appropriate for some, but not all children of a particular grade. In most cases, only the parents or guardians know whether their children are ready for such topics and in what form. Thus, parents must be given the ability to opt out of such topics if they feel that the material goes against their family's beliefs or values.

Moreover, taxpayers are invested in the creation and implementation of school curricula and must be able to observe and participate in the process. We have a right to know how our tax dollars are being spent and what our children are learning in school. Transparency and accountability in this process is crucial to ensure that our children are receiving the best education possible.

Lastly, public school curricula must be factually sound and any inclusion of new ideology and/or methodology must be evidence-based, demonstrably lead to positive outcomes, and have sufficient time for discussion and review in advance. If the Maryland Department of Health develops an age-appropriate comprehensive health framework, it will be a welcome source and a reference for the school districts developing their curricula. Make the state curriculum a recommendation, not a requirement.

I sincerely hope you will reject this bill.

Mark Meyerovich
Gaithersburg, MD

HB 119 Crossover_ County Boards of Education - Cur

Uploaded by: Mary Pat Fannon

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: HB 119

TITLE: County Boards of Education - Curriculum Guides and Courses of Study - Requirements

DATE: March 29, 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, strongly **opposes** House Bill 119.

House Bill 119 requires each county board of education to follow the policies and guidelines for each program of instruction established by the Maryland State Board of Education (MSDE). Additionally, if the State Superintendent makes a determination that a county board is not following the State Board's policies and guidelines, the State Superintendent is then required to direct the State Comptroller to withhold up to 20% of State funding from a county board if the board does not resolve the discrepancy within a certain period of time. Under this bill, withheld funds could only be released by the State Comptroller if the State Superintendent determines that the county board has resolved the discrepancy.

PSSAM is a staunch advocate for local board governance authority on matters pertaining to curriculum, and Maryland's superintendents strongly advocate against all bills aiming to codify any curriculum standards, assessments, or graduation requirements via the Maryland Legislature. However, it is important to note that this bill significantly alters the current status quo regarding curriculum implementation that flies in the face of the long standing partnership between MSDE and the local school systems. While the State Superintendent currently has some authority to withhold funds from local education agencies for major infractions, this power has never been used to mandate standardized implementation of curriculum. Maryland's public school systems have historically implemented curriculum based on a number of local factors, including, budget, personnel, classroom space, community culture, and other localized needs. This bill threatens the

governance ability of local boards of education to best implement curriculum based on the sole discretion of the current State Superintendent.

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. 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..

For these reasons, PSSAM **opposes** House Bill 119 and requests an unfavorable committee report.

HB119-CarrollBOE-BoCCC-OPP.pdf

Uploaded by: Michael Fowler

Position: UNF



Board of Carroll County Commissioners

Carroll County Board of Education



March 28, 2023

Senator Brian J. Feldman, Chair
Education, Energy and the Environment Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

Re: HB119 - County Boards of Education – Curriculum Guides and Courses of Study – Requirements - OPPOSE

Dear Senator Feldman and Members of the Committee,

We are writing to share our mutual, strong opposition to House Bill 119. This bill was introduced to get local school systems to adopt the state health curriculum. The bill was amended in House Ways and Means Committee and has passed the House in a much worse format. We urge you to assign an unfavorable report to HB 119.

Specifically, this bill mandates that local school systems follow “every element of the policy and guidelines for the program of instruction” for public schools established by the State Board of Education. The bill would also mandate that “all curriculum guides, courses of study, resource materials and other teaching aids” shall be in accordance with the state policy and program of instruction adopted by the State Board.

In these alarming and unprecedented ways, HB 119 reaches into the boardroom and the classroom, severely limiting decision making of local boards, superintendents, department chairs, and teachers in the classroom.

Moreover, the amended HB 119 would empower the State Superintendent of Schools to enforce local compliance by withholding massive amounts of state funding. HB 119 grants absolute authority to the State Superintendent to decide if a local school system is not following every detail of the state guidance and then withhold millions of dollars in state funding. Based on the revised preliminary FY24 State aid figures, that penalty may be up to \$35 million for Carroll County.

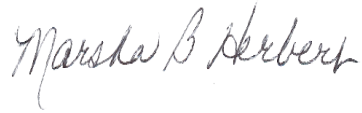
We are hopeful you support local decision-making by locally elected officials in developing curriculum, assessments, grading policies, and instructional programs and the adoption of statewide laws and regulations that reflect a commitment to local governance, professional judgment of local educators, and community engagement.

For these reasons, we respectfully ask for an unfavorable report on HB119.

Sincerely,

Handwritten signature of Edward C. Rothstein in blue ink.

Edward C. Rothstein (COL., Ret)
President
Board of County Commissioners

Handwritten signature of Marsha B. Herbert in blue ink.

Marsha B. Herbert
President
Board of Education

Opposition to HB119_SB199.pdf

Uploaded by: Michelle Wenstrup

Position: UNF

Opposition to HB119/SB199

Michelle Wenstrup <mdo117@hotmail.com>

Tue 3/28/2023 2:55 PM

To: Michelle Opiela <mdo117@hotmail.com>

Dear Education, Energy, and the Environment Committee Members:

I understand that HB119 has been amended such that it would result in a total state takeover of local control over all curriculum frameworks, standards, and instructional materials. This is a downright anti-American approach to governance. Federalism ensures that counties have a certain amount of autonomy to run themselves as they see fit. Please hold this bill in committee and work toward a resolution to allow local boards of education to exercise flexibility to alter state curriculum guidelines to meet the needs and values of their school districts.

Additionally, giving the State Superintendent of Schools total authority to enforce local compliance by withholding massive amounts of state funding should a county school system not be in complete accordance with "every element of the policy and guidelines for the program of instruction" established by the State Board of Education fosters abuse of power and renders county school systems subject to the possibly capricious decisions of one person.

Apart from the aforementioned concerns, this bill presents moral concerns. It is common sense that it is a parent's right to direct the upbringing, education, and care of their child. Moreover, it is a parent's duty to raise their child as they see fit. Decent people should be able to agree that under the umbrella of acceptable parenting people have different religious and philosophical worldviews and are entitled to impart such views on their children. Neglectful and/or abusive parents are a different matter entirely, of course.

Legislators and their constituents must resist the urge to give into authoritarian impulses and proudly mandate that their worldviews reign when it comes to educating other people's children. It is because of the aforementioned varying worldviews that public schools are supposed to teach just academic disciplines and not teach morality beyond the basic moral lessons needed to manage the classroom such as being kind, not lying, and not cheating.

Religious values have stood the test of time, and many people of varying faiths who subscribe to such values as well as many who are nonreligious but who subscribe to traditional values have valid reason to be highly concerned with this legislation. As you know, it mandates teaching gender identity to kids as young as Pre-K, sexual orientation to fourth graders, and different types of sexual acts to seventh graders. Parents have the right to impart their own moral views on gender identity, sexual orientation, and different types of sexual acts to their children; public schools do not have this right.

Finally, it is very confusing to teach children as young as Pre-K about a concept as nonsensical as gender identity when they are just starting to figure out what gender means. Gender is biologically based; not defined by how a person identifies. It is impossible to feel that you are the opposite gender because it is impossible to experience that which you are not. The very small percentage of people who legitimately have gender dysphoria think they were born in the wrong body, but that doesn't mean they feel as though they are the opposite sex from what they are. They can merely assume what it must feel like to be the opposite sex based on an observed and imagined experience of it.

Please uphold common sense and morality by opposing HB119/SB199.

Thank you,
Michelle Wenstrup

134 Federal Ann Ln.
Westminster, MD 21157
(240) 418-3823

I am opposed to HB119.pdf

Uploaded by: Oswaldo Castro

Position: UNF

I am opposed to HB119.

HB119 forces each county board of education to follow all policies and guidelines from the State Board of Education. It also prevents the local school boards from allowing students to opt-out of being indoctrinated with material that they and their parents find objectionable. It takes away both local and parental responsibility for the education of children, especially with regard to objectionable material. The State Board of Education mandates sexual instruction of students that includes deviant sexual practices, transgender issues, and attitudes toward birth control, and protection of life. Instruction on these topics is primarily the prerogative of parents, and HB119 deprives parents of their right and duty to pass on religious and moral values to their children.

Oswaldo Castro
12500 Park Potomac Ave., #604S
Potomac, MD, 20854

HB0119T EXTREMELY UNFAVORBLE.pdf

Uploaded by: Paul Jarosinski

Position: UNF

HB0119T **EXTREMELY UNFAVORBLE**

This bill has undergone an Orwellian rewrite adding draconian punishment for any school system that doesn't rubber stamp the will of the 14 APPOINTED members of the State Board of Education. It is a my way or the highway bill with the autonomy of all 23 Counties and Baltimore City erased and controlled by just 14 unelected bureaucrats on the State Board of Education. At the same time, this bill also usurps any parental involvement in their child's education by removing the opt out option so that parents will no longer have the option to teach their own children in a manner more suited to their development and appropriate according to their faith.

The way this bill is written, the State Board of Education can continue to demand that each student in a public school be thoroughly indoctrinated to perverted sexual practices perhaps even requiring students to demonstrate proficiency in these matters in order to pass the course. Local School Boards and parents would have no recourse but to follow the direction of Big Brother or have their school system crippled through the withholding of funds by a minority of unelected bureaucrats inflicting their personal beliefs on every public school child in Maryland. More likely than not, this bill will drive many children and good teachers out of the public school system. The less financially endowed will be further burdened by a failing school system losing their better teachers and students to private school.

It is no wonder Baltimore City has 23 schools that have ZERO students able to do math at grade level. Proficiency in math similarly plummeted in Montgomery County where math proficiency dropped below 10% for students in "underrepresented" (Black and Hispanic) communities. The State and many counties continue to dedicate excess resources toward indoctrination (CRT/DEI) and sexualization of our youth while their basic education continues to plummet. Places like Montgomery County cover up the problem by passing and graduating these students anyway often without even making them attend class, but this just deprives these children of the educational foundation required to build upon to be self-sufficient later in life especially when it comes to acquiring a job based on their mental ability instead of their physical ability. We are not doing children favors by failing to educate them in reading, writing, and arithmetic and passing them to the next grade without the skills to succeed. The school system has become a bottomless money pit concentrating its funds on new administrators and indoctrinators rather than classroom teachers and tutors.

In summary, rewritten HB 0119 is a terrible bill that usurps 24 local Boards of Education (most of those ELECTED positions) and millions of parents from having a critical role in the education of their children. Instead, 14 UNELECTED bureaucrats will make all the decisions for your children based on their beliefs alone. I urge the committee to reject HB 0119.

Paul Jarosinski, Pharm.D.
17328 Blossom View Drive
Olney, Maryland 20832

Sallie Taylor Testimony HB 119 .pdf

Uploaded by: Sallie Taylor

Position: UNF

March 28, 2023

RE: HB 119 County Boards of Education - Curriculum Guides and Courses of Study – Requirements

Dear Chair Feldman, Vice Chair Kagan, Senator Augutine, Senator Brooks, Senator Carozza, Senator Gallion, Senator Fry-Hester, Senator Lewis-Young, Senator Simonaire, Senator Washington and Senator Watson:

After HB 119 was amended from giving the State Board of Education the power to mandate how local systems teach the Maryland Health and Sex Education framework to full power over all curriculums, bad just became worse.

Not too long-ago Marylanders in many counties across the state lobbied for and won the right to have an elected local school board. Now the General Assembly is contemplating taking what local control has been granted to these local boards away and imposing what is called a framework but in reality, it is a state mandated curriculum—complete with hefty fines for non-compliance.

If HB 119 passes, what will be the role of the General Assembly? I am leaving the debate on the horrendous mandates to teach gender differences to our kindergartens to others. The General Assembly will become the arbiters of everything that is taught. Get ready to have 100s of bill ideas flooding your offices by liberals, conservatives, Democrats and Republicans, teachers' unions, and those just with a “good” idea. And of course, the number of local bills supported by county governments asking for small adjustments to the “framework” will certainly increase. The hours of the 90 days session spent on the curriculum bills will be mind-numbing. Then add the hours you will spend handling the disputes on the fines imposed... these fines will not be limited to those counties that were targeted because of the way they chose to implement the health curriculum now we are adding all curriculums.

HB 119/SB 199 as originally introduced was a bad idea. HB 119 as amended is worse. Taking away local decision capability and replacing the process by state mandate will not create a stronger Maryland school system. Please vote for an unfavorable report on HB 119.

Sincerely,
Sallie Taylor
1260 Guilford Road
Eldersburg, Maryland 21784

HB0119 Howard Co BOE Testimony 032923 for EEE - Cu

Uploaded by: Staff Howard County

Position: UNF



**Board of Education of Howard County
Testimony Submitted to the Maryland Senate,
Education, Energy, and the Environment Committee
March 29, 2023**

**Board of Education
of Howard County**

Antonia Watts, *Chair*

Yun Lu, Ph.D., *Vice Chair*

Linfeng Chen, Ph.D.

Jennifer Swickard Mallo

Jacky McCoy

Jolene Mosley

Abisola Ayoola
Student Member

Michael J. Martirano, Ed.D.
*Superintendent
Secretary/Treasurer*

**HB0119: UNFAVORABLE
Primary and Secondary Education - Comprehensive Health Education
Framework – Established**

The Board of Education of Howard County (the Board) opposes **HB0119 Primary and Secondary Education - Comprehensive Health Education Framework - Established** as a legislative mandate that has the potential to erode local decision-making authority for developing the program of studies – the foundational role of local school systems.

As originally introduced, HB0119 required the Maryland State Department of Education (MSDE), in consultation with the Maryland Department of Health (MDH), to develop a comprehensive health education framework that included topics currently found in the Maryland Comprehensive Health Education Framework, which was last adopted by the Maryland State Board of Education (MSBE) in December 2019. The bill additionally called on local boards of education to adopt policies, guidelines, and procedures for a parent or guardian to opt out of the family life and human sexuality (already allowable under state regulations) or the gender identity and sexual orientation topics. A local board could not authorize a parent or guardian to opt a student out of education related to HIV or AIDs prevention. Annually, local boards of education were required to report to MSDE on the actions taken to comply with the requirements of the bill.

Since introduction on the House side, HB0119 has been amended and passed with significant changes from the above provisions. Applying now to all curriculum subject areas, the amended bill strikes the original language and instead indicates when establishing curriculum guides and courses of study under existing Education Article § 4-111, each county board shall follow the policy and guidelines for the program of instruction established by MSBE.

The bill goes on to require that if the State Superintendent determines a county board is not “following every element of the policy and guidelines established by the State Board or is authorizing a student to opt out of a course of instruction in a manner that is not approved by the State Board,” the county board has 30 days to resolve the discrepancy. If the discrepancy is not resolved, the State Superintendent must withhold 10 percent of the state funds budgeted for the county board for the current fiscal year. An additional 10 percent must be withheld if the discrepancy is not

resolved within 90 days. Funds would be released when the State Superintendent determines the local board has resolved the discrepancy.

These amendments have the effect of tipping the traditional balance between state oversight and local control over the delivery of education in Maryland to a one-sided authority under the State Superintendent. Moreover, there are no provisions within the bill for appealing decisions of the State Superintendent, including disagreements between a local board and the State Superintendent over what meets the threshold for a discrepancy.

The last section of the bill references “resource materials” and “teaching aids,” which is new territory for state involvement beyond the curriculum guides and courses of study traditionally reviewed for compliance with state frameworks.

As a legislative platform the Board supports local decision making in the development of curriculum that accounts for a balance of educational practices, available resources, public input, and accountability that is informed and guided by State Board established standards and models, rather than legislative mandates to strictly follow every element of the guidelines established by the MSBE. Legislation which limits local board decision-making authority may weaken the Board’s bond with the local community and adversely impact the community’s participation in the governance and operation of the school system.

For these reasons, we urge an UNFAVORABLE report of HB0119 from this Committee.

Bill HB119.pdf

Uploaded by: Stephanie Dellamura

Position: UNF

Bill HB119/ SB199

County Boards of Education Curriculum Guides & Courses of Study

Education, Energy, Environmental Committee

Written testimony by:

Stephanie Dellamura
9404 Highlander Blvd
Walkersville, MD 21793

Oppose this bill for the following reasons:

Parents have the ultimate authority over their children...not the school system. Parents must have the right to have their children "opt out" of units of instruction. Opinion, political ideology, and highly inappropriate sexual content is being taught in the classrooms under the guise of education. EVERY child should be accommodated if "equity" and "equality" is truly the ideal promoted in the school. Parents must have the right to demand alternative assignments when curriculum and assignments do not align with their family's values. This would not be an issue if the school system would stop the political activism which is only creating distrust, resentment, division and hate. Parents send their children to school to gain the tools needed so that one day they can get a good job and be a functioning member of society, can communicate and critically think for themselves.

Local BOE must have some level of autonomy and flexibility to alter state curriculum guidelines to meet the needs and values of their school district.

A small select group of people in the school administration do not have the right to have supreme authority over one's children. We do not live in an authoritarian country where that is common practice. The rights of parents must be respected and upheld.

Why would you shove this bill down the throats of local BOE and parents if it weren't for a politically motivated agenda? The state BOE should stay in their lane by only recommending not dictating specific instructional guidelines and providing material from which to choose.

Written testimony SB199:HB119.pdf

Uploaded by: Suzie Scott

Position: UNF

HB 0119/SB 0199
UNFAVORABLE
Suzie Scott
Chapter Chair
Moms for Liberty Harford County

Dear Senators,

I write to you today to urge you to hold HB119/SB199 in Committee.

Where are the limits for state intervention over parent's fundamental rights to direct the education, moral formation and medical care of their children? What are the limits of the State Superintendent of Schools to impose his will on the locally elected Boards of Education?

This bill goes too far in mandating curriculum and courses and what must be taught in all Maryland public schools. This bill is not reasonable as it overrides the authority of local Boards of Education to tailor curriculum and courses to respond to local needs and values. One size does not fit all when it comes to our children's education.

This legislation gives limitless powers to the State Superintendent of Schools. The President of the Maryland State Board of Education has come out in opposition to this legislation. The Maryland Association of School Boards opposes this legislation. Every Board of Education in the State of Maryland opposes this legislation.

HB 119/SB 199 violates the rights and responsibilities of parents and our local boards of educations' authority. This proposed legislation will cause harm to our children, our schools and our local communities.

I urge you to **oppose HB199/SB199**.

Sincerely,

Suzie Scott
Chapter Chair
Moms for Liberty Harford County

AmendedHB119_SB566.pdf

Uploaded by: Tara Thompson

Position: UNF



Witness: Tara Thompson
Jurisdiction: Baltimore County
Bill: SB566 Family Law - Fundamental Parental Rights
Committee: Senate - Education, Energy and Environment
Position: UNFAVORABLE

My name is Tara Thompson. I am the mother of 3 and the Chair for Moms for Liberty Baltimore County, where I have promised to be a voice for parents and children, while standing up for parental rights.

HB119/SB199 continues to be at the forefront of every parent and legislator conversation since it was first heard back on 2/1/23. It continues to be talked about with criticism and concern locally and in the news nearly 2 months later. During the hearings for HB119 and SB199 there were multiple groups (none of which represented parents) who testified favorable with amendment and the amendment that they requested was that NO OPT-OUT option provided. There are many groups that clearly want to infringe on parental rights and the proof is in the HB 119 and SB 199 testimonies. We are now at the point that sole interest groups have gotten their wish and if this passes you will have completely cut the parents out of the picture and the local school boards out of the picture. This is Tyranny and an absolute overreach of the legislative committee and the Maryland superintendent. Voices will be loud when this goes through. This bill has been the most controversial bill in Annapolis this session, for due reason.

I ask you to:

1. Vote UNFAVORABLE on this bill
2. HOLD HB 119 in committee
3. IF necessary, send it to interim study for some reasonable resolution to allow local elected boards of education to exercise some local flexibility to alter State curriculum guidelines to meet the needs and values of their school districts

We DO NOT want this bill. It's a bill that DOES NOT include Maryland parents in any form in curriculum that is taught to our children. It does not provide an opt out. It does not include ANY local input. If this passes in this form with these extremely restrictive amendments, I assure you Maryland will lose residents, taxpayers, supporters of the public education system, students, and all citizen trust in both the Democrat and Republican parties in Maryland who are making these awful decisions. There is NO reason to pass this legislation.

Regards,
Tara Thompson
Chair
Moms For Liberty - Baltimore County, MD

Hold in Committee HB119-SB199.pdf

Uploaded by: Theresa Myers

Position: UNF

March 28, 2023

Ref: HOLD in COMMITTEE HB119/SB199

Dear Education, Energy and Environment Committee:

I am writing to ask you to hold HB119/SB199 in the Committee. This bill does the following things that HURT children:

 OVERRIDES the authority of local elected Boards of Education to mold curriculum and courses to respond to local needs and values

 MANDATES adoption of State Board of Education policy and guidelines for every element of instruction and will prohibit any student from opting out of instruction

 The State Superintendent will be able to IMPOSE heavy financial penalties for any deviation, by a local board, not resolved within 30 days by withholding 10% of state education funding. If compliance is not met in 60 days an additional 10% would be withheld in a manner not approved by the State Board.

I am urging the Senate to hold BH 119 in committee and if necessary, send it to interim study for some reasonable resolution to allow local elected boards of education to exercises some local flexibility to alter State curriculum guidelines to mee the needs and values of their school districts.

Sincerely,

Theresa Myers

HB0119_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 House Bill HB0119 - Primary and Secondary Education - Comprehensive Health Education Framework - Established

March 28, 2023

As citizens of the state of Maryland, we oppose Maryland **House Bill HB0119** as currently drafted. This testimony seeks to express our concerns around **HB0119** 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.

Respectfully,

Thomas P. and Tina M. Wilson
Long-time residents of MD District 17

Written Testimony for HB119_ SB199_ Re-Titled.pdf

Uploaded by: Trudy Tibbals

Position: UNF

Written Testimony for HB119/ SB199: County Boards of Education - Curriculum Guides and Courses of Study - Requirements, Re-Titled From “Primary and Secondary Education - Comprehensive Health Education Framework - Established” - Please HOLD in Committee & oppose this bill

I am writing today to urge you to vote against HB119/SB199. There is no defensible argument in support of this Bill. The onus is upon you to defend HB 119/SB199, and not upon your constituents to defend their positions against it.

Please review these main points:

- Parents have the fundamental right to know how and what their children are being taught in public schools.
- HB119 seeks to remove control from 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.
- HB119 includes open-ended language which does not adequately safeguard parents' vital and fundamental right to protect their children from exposure to curricula including content on ideology that is not evidence-based and demonstrably causes negative outcomes.
- The recent Amendments added to HB 119/ SB 199 OVERRIDE the authority of local Boards of Education to mold curriculums and courses to respond to local needs and values, and they MANDATE adoption of the

State Board of Education policy and guidelines for every element of instruction, and they will PROHIBIT any student from opting out of instruction.

I have several questions related to these Amendments:

- WHY, then, did we elect local Boards of Education if the MSDE was going to dictate exactly what must be taught, come up with the curriculum that local Boards of Education cannot adapt to fit their districts' needs and values.
- WHY, then, since this is very sensitive and sexual information, are we as a state NOT ALLOWING for an OPT-OUT for any student?
- WHY, then, are we FORCING every child, ESPECIALLY SPECIAL EDUCATION STUDENTS, TO HAVE TO PARTAKE IN THIS COMPLETELY SEXUALIZED CURRICULUM?

As a parent who lives in Frederick County, I'm sure you all are aware of the Department of Justice's investigation and audit into Frederick County Public Schools' "mistreatment" of their Special Education population by SECLUSION and RESTRAINT. (If not, please Google it. I'm sure you will have no trouble finding it!). This horrible legislation, and especially the Amendments, make it IMPOSSIBLE for the parents of any Special Education students to OPT-OUT of this curriculum for their already traumatized and vulnerable children!! Since the Department of Justice is already making recommendations for Frederick County Public School teachers, aides and other specialists, as well as supervisors, to teach this special population of students in a way more reasonable, less-traumatizing manner, which is the way they should have been taught all along, I cannot believe that our very own Maryland representatives are going to NOW FORCE THIS CURRICULUM DOWN THE THROATS OF OUR MOST SENSITIVE AND MOST VULNERABLE POPULATION OF STUDENTS, WITHOUT ANY CHOICE FOR OPT-OUT BY THE PARENTS OF THESE AMAZING STUDENTS!! (This may undoubtedly lead to lawsuits, or possibly further lawsuits, if there are already lawsuits from the "mistreatment" of these Special Education students to begin with).

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 or supported 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 to be 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. My position against HB 119/SB199 is supported by multitudes of quality publicly-available objective evidence, and not based on subjective experiences or notions.

Furthermore, my position is consistent with the rules of logic with no contradiction. And while I consider most of this bill morally reprehensible and an unnecessary waste of your time and our tax dollars, legislating untruths into the Maryland code should frighten all of us no matter how we stand 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 link for the position of The American College of Pediatrics in its entirety is here: <https://acpeds.org/position-statements/gender-dysphoria-in-children>

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 provides a child with some temporary relief, there are numerous post-treatment cases that have ended in traumatic mental and physical damage, deep regrets, and suicide. Have you been provided with proper long-term safety data of the mental and physical health effects on 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.

I would also like to remind you that MABE (the Maryland Association of Boards of Education) OPPOSES this bill as well. The link for their full statement is here: https://www.mabe.org/wp-content/uploads/2023/03/HB119_MABEStatement_2023_03_08.pdf?fbclid=IwAR0Ds6A9NKSJogJhmh3x5gtRe0PPLw3ALBhiryYniINT676QAIL6hSE3C5M

As a member you have one intrinsic duty and that is to DO NO HARM and serve the common good. I ask that you reject this bill and any other legislation associated with it for the sake of our children and families. I remind you to uphold the Constitution and the unalienable rights of parents. And It's crucial that all education guidelines be based on reality, even if that means not being palatable for all individuals. I will not live by lies. I will not accept the lies that support this bill. I will not accept the lies that this Bill, or any associated curricula, is good for any child or any family. Please do the right thing and vote against HB 119/SB199!

Thank you!!

Respectfully,

Trudy Tibbals

A very concerned mother and Maryland resident

Walters HB118.pdf

Uploaded by: Valerie Walters

Position: UNF

Good afternoon.

My name is Valerie Walters. My husband and I, natives to Kent county, have 4 children. Two are finishing out their high school years, One is a junior in college and one is currently entering a career in law enforcement with the prestigious MSP.

SB199 will put the Maryland comprehensive health education framework into law. This would mandate the teaching of inappropriate sexual content and non scientific ideology to public school children at all grade levels, but in particular kindergarten, grade 4, and grade 7. In grade 7, children will be taught solo, vaginal, anal and oral sex practices. Therefore I strongly oppose this bill, however, given the political nature that has invaded our public school systems and current global initiatives, I'm pretty sure that this is going to pass by all of you and unfortunately so. With that being said, I would be willing to meet you in the middle with favorable if only there was an amendment for every parent to opt in ...not opt out, but a very clear opt in with transparency of the curriculum to the parents and care providers of the children.

Notice I said children... plural for child.

According to Webster, a child is

: a young person especially between infancy and puberty

: one strongly influenced by another

: a minor not yet of the age of majority

Which leads me to the definition of a minor.

A Minor is a person under the age of full legal responsibility.

Parental obligations typically end when a child reaches the age of majority, which is 18 years old in Maryland.

These are our children. Our choice.

We are legally responsible for our children until they are of the majority age of 18. Therefore we demand full transparency in our children's education and informed consent of such education.

While children need to know the biological aspects of sex and gender, teaching explicit lessons in

sexual practices and preferences are NOT the responsibility of the schools. Sex education, yes. Sexualization. No!

Recent scores show that our children need to focus on reading, math, science and social studies. Which makes me wonder. Is that the end game? Keep them dumb and unintelligent so you can control?

Furthermore studies clearly show the damming effects of the early sexualization of youth. It's unfathomable that the state of Md with participation of our public schools are willing to take on a role to destroy the minds of innocent children.

At the very least, should this bill pass through your failing, parents and caregivers must have the choice to OPT their children IN to these lessons. Again, OPT IN not opt out.

So to reiterate, the state government should not be imposing this extreme agenda on children. It will create a generation of psychological warfare on these precious moldable brains..

We will continue to battle this misguided overreach and protect the well-being of our children. So please do not fail these children, they are our future...vote with your heads. Please vote against this bill or at the very least amend it with an OPT in option. Our children...our choice.

I'm going to leave you with this quote from Michael Badnarik.

"When the state or federal government control the education of all of our children, they have the dangerous and illegitimate monopoly to control and influence the thought process of our citizens"

HB0119.pdf

Uploaded by: Victoria Harvey

Position: UNF

Dear Senate members:

As a parent of 7-year-old I am appalled at HB0119. I urge the Senate to hold HB0119 in committee and, if necessary, send it for interim study for a reasonable resolution to allow local elected boards of education to exercise local flexibility to alter State curriculum guidelines to meet the needs and values of their school districts.

Individual counties must not have their autonomy revoked. This type of overreach is unacceptable to parents. Parents have an elected school board to avoid this type of State overreach.

“Requiring each county board of education to follow the policy and guidelines for program instruction for public schools established by the State Board of Education; requiring the Superintendent to notify a county board if it is determined that the county board is not following every element of the policy and guidelines; authorizing the Superintendent to withhold 10% of the funds budgeted for the county board if the board fails to resolve any discrepancy identified by the Superintendent within 30 days; etc.” This bill appears to be written with an agenda to subvert parent input at the county level. Withholding 10% of funds to non-compliant counties is nothing but extortion.

I strongly oppose SB0199.

Sincerely,

Victoria Harvey

UNFavorable HB119- E3.pdf

Uploaded by: vince mcavoy

Position: UNF

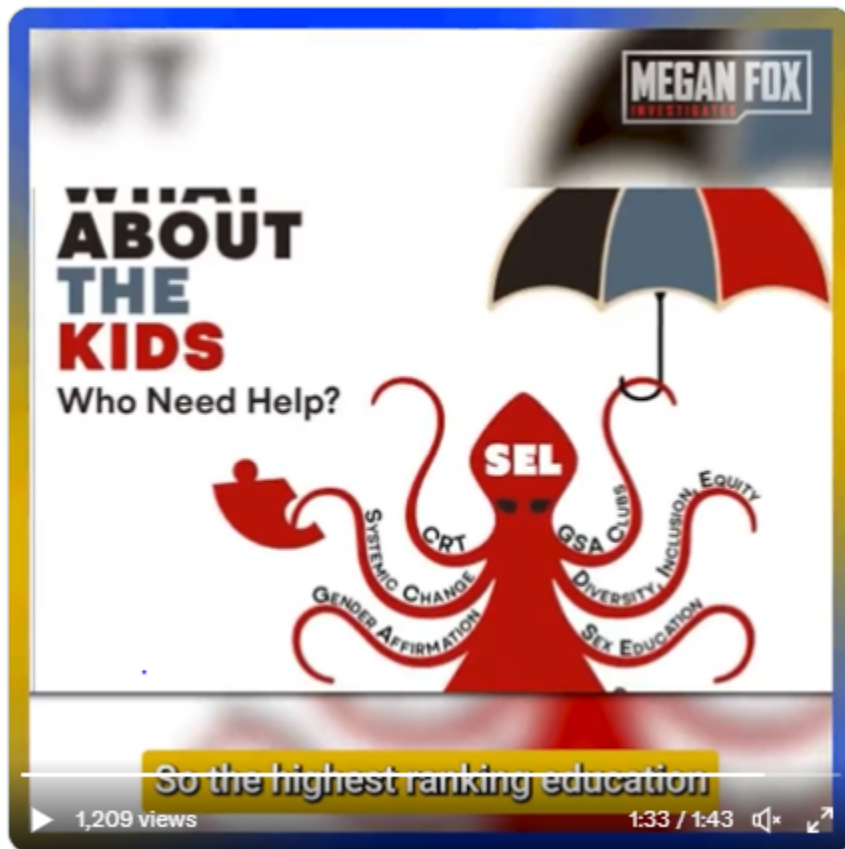
Dear Senators of E3~

Understand that this is an overt attack, something done to fight and censor and oppress Carroll County and anyone who goes against their perverted union of deviants. <https://www.mdmuckraker.com/p/this-gender-identity-bill-was-written>

Clarence Lam, Vanessa Atterbeary and Mohamed Choudhury are perpetuating political violence, censorship and usurpation of local school superintendents' autonomy as well as an overt attack on Parental Rights. They were apparently unhappy, not gay, about Carroll County's rightful motion to eliminate flags promoting radical political and deviant sexual practices.

<https://www.youtube.com/watch?v=wEDOSH-VLCY>

Carroll County parents (and Baltimore area parents and others) are fighting back. Truth over ideology. 3R's over sexualization of children.



12:02 PM · Mar 22, 2023 · 4,545 Views

<https://twitter.com/TheMaineWire/status/1638571745455087621>

See my and other testimonials on SB199 where parents speak up.

<https://mgahouse.maryland.gov/mga/Play/5d9d81c485914ea3833a33ade7af42101d?playFrom=16189355&popout=true>

There's good reason to think that Maryland will "get this" perverted battle soon. Vote this bill down Senators.

Thanks !
Humbly
~vince



To: Vincent McAvoy

Cc: charles.otto@house.state.md.us, william.wivell@house.state.md.us, robin.grammer@house.state.md.us, christopher.adams@house.state.md.us, april.rose@house.state.md.us, jay.jacobs@house.state.md.us, lauren.arikan@house.state.md.us, steven.arentz@house.state.md.us, april.miller@house.state.md.us, christopher.bouchat@house.state.md.us, barrie.ciliberti@house.state.md.us, kevin.hornberger@house.state.md.us, bob.long@house.state.md.us, brian.chisholm@house.state.md.us, terry.baker@house.state.md.us, chris.tomlinson@house.state.md.us, jesse.pippy@house.state.md.us, matt.morgan@house.state.md.us, nino.mangione@house.state.md.us, wayne.hartman@house.state.md.us, teresa.reilly@house.state.md.us, mike.griffith@house.state.md.us, ric.metzgar@house.state.md.us, stuart.schmidt@house.state.md.us, william.valentine@house.state.md.us, rachel.munoz@house.state.md.us, joshua.stonko@house.state.md.us, seth.howard@house.state.md.us, susan.mccomas@house.state.md.us, kathy.szefiga@house.state.md.us, mark.fisher@house.state.md.us, jeff.ghrist@house.state.md.us, tom.hutchinson@house.state.md.us, todd.morgan@house.state.md.us, jim.hinebaugh@house.state.md.us, nicholaus.kipke@house.state.md.us, ryan.nawrocki@house.state.md.us Hide

Dear Delegates + ~200 activists ::

State Superintendent of Schools Mohammed Choudhury must GO!!

[Statewide Petition: Protect Local Education, Remove MD State Superintendent Choudhury from Office - Concerned Parents of Carroll County](#)



Protect Local
Education
IMPEACH

HB119.CurrGuidesReq.23.pdf

Uploaded by: Virginia Crespo

Position: UNF



Maryland Retired School Personnel Association

8379 Piney Orchard Parkway, Suite A • Odenton, Maryland 21113
Phone: 410.551.1517 • Email: mrspa@mrspa.org
www.mrspa.org

House Bill 0119
In Opposition Of
County Boards of Education – Curriculum Guides and
Courses of Study Requirements
Senate Education, Energy, and the Environment Committee

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 strongly opposes HB 0119.

The Mission Statement of the Maryland State Department of Education states that it is a “dedicated team of educators, specialists, and administrators joined together by a single vision: to be a system of world-class schools where students acquire the knowledge and skills necessary for success in college, career, and life”. The department works collaboratively with local boards of education to achieve this mission.

This bill assumes that this cooperation does not currently exist. It assumes that the State Superintendent does not currently work with local superintendents and local boards of education to achieve the goals as stated in the mission statement. It is and has been the position of MRSPA that this is the responsibility of the Maryland Department of Education and not the responsibility of State government to make decisions concerning how the State Superintendent will carry out these responsibilities.

This bill also assumes that local boards of education do not have certain responsibilities in determining how curriculum may need to be adjusted to better fit the needs of their students. This collaboration between state and local school boards is essential to meet the needs of all students.

Finally, local boards of education and the Maryland State Department of Education share the responsibility of funding for education. This bill evolved into a measure that would give the state superintendent unprecedented power to take funds away from school systems if they do not comply with Maryland’s curriculum guidance. This funding should never be dependent on the controversies related to curriculum decisions. These decisions are made collaboratively in curriculum writing committees which include various groups of decisions makers.

On behalf of the over 12,000 members of MRSPA, we strongly urge an unfavorable report on HB 0119.

Sincerely,

Carla J. Duls
President

Virginia G. Crespo
Legislative Aide

HB 119 - State Board of Education - OPPOSE 3.29.23

Uploaded by: Zachary Hands

Position: UNF

March 29, 2023

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

Re: House Bill (HB) 119 – County Boards of Education – Curriculum Guides and Course of Study – Requirements

Dear Chair Feldman,

The State Board of Education (State Board) respectfully submits this letter to the committee regarding **House Bill (HB) 119, County Boards of Education – Curriculum Guides and Course of Study – Requirements**. While the State Board appreciates the interest and support in authorizing additional authority over curriculum throughout the State, the State Board **opposes** this bill because we believe it is unnecessary.

HB 119 would significantly alter the process for the development of curriculum in the State of Maryland and would potentially have the unintended consequence of upending the longstanding and collaborative relationship between the Maryland State Board of Education, the Maryland State Department of Education, local school systems, and local superintendents.

The State Board has significant concerns about provisions in HB 119 requiring the State Superintendent to withhold 10% of State funding budgeted for the current fiscal year from local school systems if it is determined by the State Superintendent that “every element of the policy and guidelines established by the State Board” is not followed.

The State Superintendent of Schools, Maryland State Department of Education (MSDE), and the State Board have established processes and relationships for the development and adoption of regulations, curricular frameworks and guidelines with our local education agencies and stakeholders in the State. The bill does not allow for necessary flexibility to address complex situations and circumstances that may arise because of policies and guidelines adopted by the State Board.

Additionally, the State Board holds that the appropriate withholding authority is already provided by statute in section §2–303 of the Education Article of the Annotated Code of Maryland, which states that:

“If an educational institution, a county board, or a nonpublic prekindergarten program, or nonpublic school subject to the requirements of § 26–704 of this article violates any of these provisions, the State Superintendent, by written notice, may require the State Comptroller to withhold from that institution, board, program, or school:

- (i) All or any part of an appropriation made by the General Assembly; and
- (ii) All or any part of any other payment from funds budgeted by the State.”

The withholding language in the bill could create unnecessary and duplicative statutory processes.

The State Board remains laser focused on working towards successful implementation of the Blueprint for Maryland’s Future and our Strategic Plan to deliver dramatic transformative change to Maryland’s educational system and improve educational opportunities and outcomes for all of Maryland’s nearly 900,000 students.

Educational transformation is a people process that requires maximum collaboration and cooperation among the key stakeholders in order to be successful. The State Board remains committed to working with all partners to carry out necessary transformational changes to our State’s educational system.

As a result of these considerations, the State Board asks the committee to deliver an unfavorable report on **House Bill 119**. The State Board is always open to collaboration with the committee to address critical issues facing our State’s school system, and welcomes further conversations. If you have any questions, please contact Zach Hands, Executive Director of the State Board, at Zachary.hands1@maryland.gov or at 443-915-6094.

Sincerely,



Clarence C. Crawford
President, Maryland State Board of Education

MPA Senate Testimony 2023 - House Bill 119 - Count

Uploaded by: Pat Savage

Position: INFO



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House 119 - County Boards of Education - Curriculum Guides and Courses of Study – Requirements

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Andrea Chisolm, Ph.D.

Position: Withdrawal of Support

Representative to APA Council

Peter Smith, PsyD

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

COMMITTEE CHAIRS

Communications

Robyn Waxman, PhD

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, is writing to **WITHDRAW ITS SUPPORT** for the amended version of **House Bill 119 - County Boards of Education - Curriculum Guides and Courses of Study – Requirements**. This bill was substantially amended since its introduction in the House; MPA can no longer support this bill.

Diversity

Whitney Hobson, PsyD

Thank you for considering our comments on HB 119. If we can be of any further assistance as the House – 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.

Early Career Psychologist

Meghan Mattos, PsyD

Educational Affairs

Laurie Friedman Donze, PhD

Ethics

Colleen Byrne, PhD

Respectfully submitted,

Legislative

Pat Savage, PhD

Rebecca Resnick, Psy.D.

Rebecca Resnick, Psy.D.

President

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

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

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