



Opposition Statement SB419

Nonpublic Schools – Adequate Health Services – Eligibility for Reimbursement

Laura Bogley, JD

Executive Director, Maryland Right to Life

On behalf of our Board of Directors and members across the state we oppose this bill and ask for your unfavorable report. This bill authorizes the Maryland Department of Health to commit taxpayer dollars to implement radical health and sexuality programs within private schools. The bill would further undermine parental rights to make medical decisions for their children and subject minor school children to sexuality indoctrination and abortion coercion at the hands of those who stand to gain financially from unplanned pregnancies.

In its current form, the bill offers an inducement to private schools to allow the state to impose school health standards defined by the Maryland Department of Health and the Maryland Department of Education. This would necessarily include reproductive health standards that are strongly biased by the influence of the National Abortion Rights Action League (NARAL), Planned Parenthood and abortion advocates who seek to expand abortion access among youth.

No Religious Exemption - By accepting this inducement, private schools will become subject to state and federal anti-discrimination laws from which they otherwise may be exempted as religious organizations.

The bill removes the religious exemption and conscience clause protections contained in the original bill text. Instead, the current text has an “all or nothing” approach, once a private school enrolls in the program, the school may not use religious exemptions to decline participation in any portion of the state programming, including coordination of abortion and gender reassignment services.

Sexuality Education - MSDE allows third party providers like Planned Parenthood to create and implement “Reproductive Health” curriculum, policies and services in public schools. The state contracts with questionable third party providers including Planned Parenthood, Advocates for Youth and Healthy Teen Network, who stand to profit from unplanned pregnancy and other procedures. These providers are paid to train teachers and coaches to promote sexuality and evade parental notice and consent. Together they have established the existing **Maryland Comprehensive Health Education Framework** and the **Maryland Standards for School-Based Health Centers**. They are pushing a radical sexuality agenda beginning in kindergarten that includes morally bankrupt and medically inaccurate curriculum that is not healthful or appropriate at any age.

Reproductive Health Services - Through the *Maryland Standards for School-Based Health Centers*, MSDE has authorized school clinics to perform “reproductive health” services, including filling prescriptions for birth control, implanting long-acting reproductive control devices (LARCs), providing “comprehensive reproductive health” education and pregnancy options counseling, and providing referrals to additional off-site “reproductive health care” services, without parental knowledge or consent. The state is attempting to reduce standards to implement telehealth in school-based health centers, which would expose school children to great risk through the potential distribution of chemical abortion pills, which are 4 times more dangerous than surgical abortion. Pregnancy is not a disease and abortion is not health care. The fact that 85% of OB-GYNs in a representative national survey do not commit abortions is glaring evidence that abortion is not an essential part of women’s healthcare.

Parental Notice and Consent Provides Better Outcomes for Minor Children – State and Federal law recognize the natural and legal right of parents to provide consent to their minor child’s medical care. The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. The state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health. The influence of the abortion industry in developing school policy and curriculum has degraded the role of parents in their children’s healthcare decisions. Parents no longer have the opportunity to “opt in” to sex education for our children, but may only “opt out” if we are made aware at all. Minor girls can give consent to abortion at the age of 16. Children may consent to behavioral health services, which may include referral to abortion providers or puberty blocking drugs and counseling, as young as 12. The lack of parental notification puts children at greater risk of undiagnosed and untreated medical complications and enables predatory providers to evade liability for failure to report child abuse, sexual assault and sex trafficking.

No Taxpayer Funding to Abortion Network - As a result of the state authorizing and subsidizing the abortion industry to have direct access to our school children, the number of abortions has INCREASED not decreased. In their 2020 annual report Planned Parenthood reports committing an all-time high number of abortions, while their family planning and prenatal services have dramatically declined. Taxpayers should not be forced to expand the access of the abortion industry to private school students.

For these reasons, we respectfully urge your unfavorable report on this bill and we recommend that the State of Maryland revise the standards for School-Based Health Centers to eliminate abortion activism in our schools and to prioritize funding for programs that support the health and lives of both mothers and children.

MARYLAND SCHOOL-BASED HEALTH CENTER STANDARDS

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

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

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

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

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



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Framework includes medically inaccurate instruction that reproduction requires implantation, allows them to miseducate children that abortifacients like IUD's prevent conception. 95% of biologists agree that reproduction occurs at fertilization, when sperm and egg join. Abortifacients create a hostile environment in the uterus either preventing implantation or killing a growing human being who already has implanted.

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

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Advocates for Youth fact sheets reject sexual risk avoidance programs stating these programs "continue to educate young people only about abstinence, use fear and shame to control young people's behavior, often include medically inaccurate information, perpetuate harmful gender stereotypes, and stigmatize LGBQ+ youth."



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

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Schools hand out flyers with Planned Parenthood contact information and Advocates for Youth provides direct links to Planned Parenthood clinic locator tool.



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