



**Support Statement HB1202
Public Schools – Curriculum and Instructional Materials**

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On behalf of our Board of Directors and members across the state we gladly support this bill and ask for your favorable report. We thank Delegate Miller for this excellent bill that will protect parental rights to review curriculum and related learning materials that will be presented to their minor children in Maryland public schools.

The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. But 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. This bill will help to restore that balance and improve educational outcomes for Maryland children.

Maryland Law Does Not Require Sex Education to be Medically Accurate nor Age Appropriate

Maryland law does not require sex education curriculum to be medically accurate nor age appropriate. Instead, the state contracts out curriculum development and teacher training to questionable third-party organizations that profit from unplanned pregnancy, including Planned Parenthood, Advocates for Youth and Health Teen Network. As a result, school children are being groomed at young ages, to engage in risky sexual behavior without the benefit of medically accurate instruction. Students are being intentionally misinformed about human reproduction, contraception and abortion. The current health education framework recommends curriculum that instructs that human reproduction does not occur at fertilization, or the moment that male and female sex gametes combine, but that “pregnancy begins at implantation”. Therefore they falsely instruct that abortifacients that destroy an embryonic human being are merely “contraception” or prevent conception. This is despite the fact that 95% of biologists agree that a new human life begins at the moment of fertilization.

Parental Consent Improves Outcomes for Children

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 and sexual assault.

For these reasons, we respectfully urge your favorable report on this bill and we recommend that the State of Maryland restore parental rights in Maryland schools.

Standard 1c: Family Life and Human Sexuality

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 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 including medically inaccurate instruction that human 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
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

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PP trains school personnel to teach children how to evade parental notice and consent, and to obtain abortions during the school day with excused absences.

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
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	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

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