

# Questions & Answers for School Districts

## CALIFORNIA HEALTHY YOUTH ACT SEXUAL HEALTH EDUCATION TOOLKIT

EDUCATION CODE  
§§ 51930-51939

The California Healthy Youth Act (Education Code §§ 51930 – 51939),<sup>1</sup> which took effect January 1, 2016, requires school districts to provide students with comprehensive, accurate, accessible, and inclusive comprehensive sexual health education and HIV prevention education, at least once in high school and once in middle school. The California Healthy Youth Act made other significant changes to previous Education Code requirements for both HIV prevention education and comprehensive sexual health education.

### WHAT IS THE PURPOSE OF THE CALIFORNIA HEALTHY YOUTH ACT?

The California Healthy Youth Act has several purposes:<sup>2</sup>

- To provide students with the knowledge and skills necessary to:
  - Protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy;
  - Develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family;
  - Have healthy, positive, and safe relationships and behaviors;
- To promote understanding of sexuality as a normal part of human development; and
- To ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end.

### ARE SCHOOLS REQUIRED TO TEACH COMPREHENSIVE SEXUAL HEALTH EDUCATION AND HIV PREVENTION EDUCATION?

Yes. The California Healthy Youth Act requires that public school students in grades 7-12 receive comprehensive sexual health education and HIV prevention education at least once in middle school and once in high school. The Education Code defines comprehensive sexual health education as “education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections”<sup>3</sup> and HIV prevention education as “instruction on the nature of human immunodeficiency virus (HIV) and AIDS, methods of transmission, strategies to reduce the risk of HIV infection, and social and public health issues related to HIV and AIDS.”<sup>4</sup> HIV prevention education has been mandated since 1992.

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<sup>1</sup> For full legislative text of the California Healthy Youth Act, visit: [http://leginfo.legislature.ca.gov/faces/codes\\_displayexpandedbranch.xhtml?lawCode=EDC&division=4.&title=2.&part=28.&chapter=5.6.&article=1.&goUp=Y](http://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?lawCode=EDC&division=4.&title=2.&part=28.&chapter=5.6.&article=1.&goUp=Y).

<sup>2</sup> EC § 51930(b).

<sup>3</sup> EC § 51931(b).

<sup>4</sup> EC § 51931(d).

## **DOES THE LAW APPLY TO CHARTER SCHOOLS?**

Yes. With the passage of AB 2601 in 2018, the law's definition of school district was expanded to include charter schools. Starting in the 2019-2020 school year, all charter schools, including virtual charter schools and independent study programs administered by charter schools, must comply with the California Healthy Youth Act.

## **ARE CONTINUATION SCHOOLS AND INDEPENDENT STUDY PROGRAMS ALSO REQUIRED TO TEACH COMPREHENSIVE SEXUAL HEALTH AND HIV PREVENTION EDUCATION?**

Yes. School districts must ensure that all students, including those enrolled in continuation school or independent study, receive comprehensive sexual health and HIV prevention education at least once in middle school and once in high school. There is nothing in the Education Code that provides an exemption for these programs.

## **DOES THE LAW PERMIT SCHOOLS TO TEACH COMPREHENSIVE SEXUAL HEALTH AND HIV PREVENTION EDUCATION IN ELEMENTARY SCHOOL?**

Yes. Comprehensive sexual health and HIV prevention education may be taught in grades K-6, inclusive. All instruction and materials in grades K-6 must meet the baseline requirements listed below. Content that is required in grades 7-12 may be also be included in an age-appropriate way in earlier grades.<sup>5</sup>

*For more information and resources, please read our factsheet about teaching sexual health and HIV prevention education in grades K-6.<sup>6</sup>*

## **WHAT ARE THE BASELINE REQUIREMENTS FOR ALL COMPREHENSIVE SEXUAL HEALTH EDUCATION AND HIV PREVENTION EDUCATION?**

According to the Education Code, all instruction and materials in all grades (including elementary) must:<sup>7</sup>

- Be age-appropriate;
- Be medically accurate and objective;
- Align with and support the purposes of the California Healthy Youth Act, as described above;
- Be appropriate for use with pupils of all races, genders, sexual orientations, ethnic and cultural backgrounds;
- Be appropriate for and equally available to English language learners;
- Be appropriate for and accessible to pupils with disabilities;
- Affirmatively recognize different sexual orientations and be inclusive of same-sex relationships in discussions and examples;
- Teach about gender, gender expression, gender identity, and the harm of negative gender stereotypes;
- Encourage students to communicate with their parents/guardians and other trusted adults about human sexuality, and provide skills for doing so;

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<sup>5</sup> EC §§ 51933, 51934(b).

<sup>6</sup> Available at <https://www.aclunc.org/our-work/know-your-rights/sex-education>.

<sup>7</sup> EC § 51933.

- Teach respect and skills for committed relationships such as marriage;
- Provide knowledge and skills for forming healthy relationships that are free from violence; and
- Provide knowledge and skills for making and implementing healthy decisions about sexuality.

In addition, the Education Code specifies that instruction and materials in all grades may not:<sup>8</sup>

- Teach or promote religious doctrine; or
- Reflect or promote bias against any person on the basis of actual or perceived disability, gender, gender identity, gender expression, race or ethnicity, nationality, religion, or sexual orientation, or any other category protected by the non-discrimination policy codified in Education Code § 220.

### **WHAT ADDITIONAL CONTENT IS REQUIRED IN GRADES 7-12?**

Instruction provided in grades 7-12, in addition to meeting the baseline requirements above, must include all of the following content:<sup>9</sup>

- Information on the nature and transmission of HIV and other sexually transmitted infections (STIs);
- Information about all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of transmission of HIV and other STIs, including antiretroviral treatment, and information about treatment of HIV and STIs;
- Information about reducing the risk of HIV transmission as a result of injection drug use by decreasing needle use and needle sharing;
- Discussion about social views of HIV and AIDS, emphasizing that all people are at some risk of contracting HIV and that the only way to know one's HIV status is by being tested;
- Information about accessing resources for sexual and reproductive health care and assistance with sexual assault and intimate partner violence, as well as students' legal rights to access these resources;
- Information about the effectiveness and safety of all federal FDA-approved contraceptive methods in preventing pregnancy (including emergency contraception);
- Information that abstinence is the only certain way to prevent unintended pregnancy and HIV and other STIs; information about value of delaying sexual activity must be included and must be accompanied by information about other methods for preventing pregnancy and STIs;
- Information about pregnancy, including 1) the importance of prenatal care; 2) all legally available pregnancy outcomes, including parenting, adoption, and abortion; and 3) California's newborn safe surrender law; and
- Information about sexual harassment, sexual abuse, sexual assault, adolescent relationship abuse, intimate partner violence, and human trafficking.

Any of these content areas may also be covered in an age-appropriate way prior to grade 7.

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<sup>8</sup> EC § 51933.

<sup>9</sup> See EC § 51934 for the exact language of these requirements.

## **DOES THE LAW ALLOW ABSTINENCE-ONLY EDUCATION?**

No. “Abstinence-only” sex education, which offers abstinence as the only option for preventing STIs and unintended pregnancy, is not permitted in California public schools.

Comprehensive sexual health education in grades 7-12 must include medically accurate, up-to-date information about the effectiveness and safety of all federal FDA-approved methods for preventing HIV, other STIs, and pregnancy.<sup>10</sup>

In addition, abstinence may not be discussed in isolation from other methods of preventing HIV, other STIs, and pregnancy. The Education Code requires that instruction and materials include information that abstinence is the only certain way to prevent HIV, other STIs, and unintended pregnancy. However, it also states: “Instruction shall provide information about the value of delaying sexual activity while also providing medically accurate information on other methods of preventing HIV and other sexually transmitted infections and pregnancy.”<sup>11</sup>

## **WHY IS THERE A REQUIREMENT FOR INTEGRATED INSTRUCTION, AND WHAT DOES IT MEAN?**

The requirement for integrated instruction means that there must be internal consistency within sexual health education and HIV prevention instruction and materials. The goal of this provision is to ensure that students receive instruction that best supports their need for accurate, comprehensive information.

To that end, all instruction and materials must support and align with the purposes of the California Healthy Youth Act and with each other; they may not be in conflict with or undermine each other or any of the purposes of the law. For example, schools may not use materials that, in promoting abstinence, focus exclusively on the failure rates or perceived disadvantages of condoms or contraception, even if schools attempt to balance these materials with other, objective information.<sup>12</sup>

## **WHAT DETERMINES WHETHER THE FACTS TAUGHT ARE MEDICALLY ACCURATE?**

Instruction is medically accurate if it is verified or supported by proper scientific research, published in peer-reviewed journals as appropriate, and recognized as accurate and objective by agencies with expertise in the field, such as the federal Centers for Disease Control and Prevention (CDC), the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.<sup>13</sup>

## **HOW DOES THE LAW PROMOTE HEALTHY RELATIONSHIPS FOR YOUTH?**

The California Healthy Youth Act has a strong emphasis on healthy relationships, in both the purposes and the required content. Students must be taught knowledge and skills related to recognizing, building, and maintaining healthy relationships that are based on mutual affection and are free from violence, coercion and intimidation. This includes teaching decision-making and

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<sup>10</sup> EC § 51934(a)(9).

<sup>11</sup> EC § 51934(a)(3).

<sup>12</sup> EC §§ 51930(b)(4), 51933(c).

<sup>13</sup> EC § 51931(f).

communication skills and helping students to understand the value of and prepare for committed relationships, such as marriage. It also includes information about unhealthy behaviors and risks to their health, such as sexual harassment, sexual assault, sexual abuse, intimate partner violence, and human trafficking.<sup>14</sup>

### **DOES THE LAW REQUIRE INSTRUCTION ABOUT LOCAL HEALTH RESOURCES?**

Yes. The California Healthy Youth Act requires that students learn about local resources for sexual and reproductive health care, sexual assault and intimate partner violence. The law also requires instruction about how students can access those resources and their rights to access them. For example, under California law, young people have the right to confidentially access and make their own decisions regarding reproductive health care, including birth control, prenatal care, and abortion; and youth aged 12 and above are similarly able to access prevention of and treatment for HIV and STIs, as well as mental health services.<sup>15</sup> Students also have the right to obtain sensitive services, including sexual and reproductive health care, during school hours, and must be allowed to leave campus for the purpose of obtaining these services.<sup>16</sup> In these instances, schools are not allowed to notify parents or require parent/guardian consent, and must mark the student's absence as excused and allow the student to make up full credit for assignments or class time missed.

### **DOES THE LAW REQUIRE INSTRUCTION ON CALIFORNIA'S AFFIRMATIVE CONSENT STANDARD?**

Another law, distinct from the California Healthy Youth Act, also took effect in 2016. This law, Education Code § 51225.36, requires that all school districts that have health education as a graduation requirement must include instruction on California's affirmative consent standard. This standard, which is intended to promote healthy relationships and reduce sexual violence, is defined as follows: "Affirmative consent' means affirmative, conscious, and voluntary agreement to engage in sexual activity. It is the responsibility of each person involved in the sexual activity to ensure that he or she has the affirmative consent of the other or others to engage in the sexual activity. Lack of protest or resistance does not mean consent, nor does silence mean consent. Affirmative consent must be ongoing throughout a sexual activity and can be revoked at any time. The existence of a dating relationship between the persons involved, or the fact of past sexual relations between them, should never by itself be assumed to be an indicator of consent."<sup>17</sup>

Instruction on the affirmative consent standard is not mandatory for districts that do not require a health education course for graduation. The law also does not require that this instruction be provided within comprehensive sexual health and HIV prevention education. However, the California Healthy Youth Act does require that comprehensive sexual health education and HIV prevention education address healthy relationships and communication, and consent for sexual activity is an important component of this instruction. Therefore, there is natural overlap between the law relating to the affirmative consent standard and the California Healthy Youth Act.

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<sup>14</sup> EC §§ 51930(b); 51933(f), (g), (h); 51934(a)(10), (11).

<sup>15</sup> Family Code §§ 6924, 6925, 6926; *American Academy of Pediatrics v. Lungren*, 16 Cal.4th 307 (1997)

<sup>16</sup> EC §§ 48205, 46010.1; 87 Ops. Cal. Atty. Gen. 168, 172 (2004).

<sup>17</sup> EC § 67386.

## **DOES THE LAW REQUIRE INSTRUCTION ON HUMAN TRAFFICKING AND SEXUAL ABUSE?**

Yes. The California Healthy Youth Act, as originally enacted, required comprehensive sexual health and HIV prevention education to include instruction on healthy relationships. In 2017, the law was amended by AB 1277 and again in 2018 by AB 1861, to provide clearer guidance on how these topics should be covered. Instruction must now specifically include information about:

- Sexual abuse;
- The prevalence and nature of human trafficking;
- Strategies to reduce the risk of human trafficking;
- How social media and mobile devices are used for human trafficking;
- Techniques to set healthy boundaries;
- How to safely seek assistance; and
- The early warning signs of adolescent relationship abuse and intimate partner violence.

## **WHAT DOES THE LAW SAY ABOUT LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) STUDENTS, SEXUAL ORIENTATION, AND GENDER/GENDER IDENTITY?**

All instruction and materials in grades K-12 must be inclusive of LGBTQ students. Instruction shall affirmatively recognize that people have varying sexual orientations and, when discussing or providing examples of relationships and couples, must be inclusive of same-sex relationships.<sup>18</sup> It must also teach students about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes.<sup>19</sup> This means that schools must teach about sexual orientation and transgender, cisgender, and nonbinary gender identities.

The California Healthy Youth Act requires that sexual health education be appropriate for use with students of all genders and sexual orientations and clearly states that part of the intent of the law is “to encourage a pupil to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family.”<sup>20</sup>

The California Healthy Youth Act also prohibits sexual health education classes from promoting bias against anyone on the basis of any category protected by Education Code § 220, which includes actual or perceived gender and sexual orientation.

*For more information about implementing inclusive comprehensive sexual health and HIV prevention education, see our LGBTQ and gender-inclusivity checklist.<sup>21</sup>*

## **WHAT DOES THE LAW SAY ABOUT STUDENTS WITH DISABILITIES?**

Instruction and materials must be appropriate for and accessible to students with physical, developmental, or intellectual disabilities. This includes but is not limited to providing a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.<sup>22</sup>

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<sup>18</sup> EC § 51933(d)(5).

<sup>19</sup> EC § 51933(d)(6).

<sup>20</sup> EC § 51930.

<sup>21</sup> Available at <https://www.aclunc.org/our-work/know-your-rights/sex-education>.

<sup>22</sup> EC § 51933(d)(3).

## **WHAT DOES THE LAW SAY ABOUT STUDENTS WHO ARE ENGLISH LEARNERS?**

The California Healthy Youth Act requires that instruction be made available on an equal basis to pupils who are English learners, whether they are placed in English immersion classes or alternative bilingual education classes, and must be consistent with the existing sex education curriculum.<sup>23</sup> In addition, the law requires that instruction be appropriate for use with students of all races and ethnic and cultural backgrounds.<sup>24</sup>

## **WHAT DOES THE LAW SAY ABOUT YOUTH IN FOSTER CARE?**

The California Healthy Youth Act does not contain any provisions specific to youth in foster care, however, other parts of California law apply to ensure that these young people receive comprehensive sexual health and HIV prevention education no matter where they are placed. Beginning July 1, 2017, all county child welfare agencies are required to ensure that youth in foster care, age 10 and older, receive CHYA-compliant comprehensive sexual health and HIV prevention education at least once in middle school and once in high school.<sup>25</sup>

School districts should be prepared to respond to inquiries from county agencies about instructional plans for comprehensive sexual health and HIV prevention education.

## **DOES THE LAW PERMIT THE USE OF OUTSIDE SPEAKERS?**

School districts may contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with physical, developmental, or intellectual disabilities, to deliver comprehensive sexual health education and HIV prevention education or to provide training for school district personnel. All outside consultants and guest speakers must have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.<sup>26</sup>

Instruction provided by outside consultants or guest speakers must fulfill the same requirements as instruction provided by employees of the school district. This instruction must be integrated into and may not conflict with other instruction or with the purposes of the law. If schools use outside consultants or guest speakers, they must provide parents/guardians with the name of the provider's organization and the date of instruction at the beginning of the school year or no fewer than 14 days prior to the date of instruction.

## **DOES THE LAW REQUIRE TEACHERS TO BE TRAINED?**

Comprehensive sexual health and HIV prevention education must be taught by instructors trained in the appropriate courses.<sup>27</sup> This means that instructors must have knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections.<sup>28</sup>

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<sup>23</sup> EC § 51933(d)(2).

<sup>24</sup> EC § 51933(d)(1).

<sup>25</sup> Welfare & Institutions Code § 16501.1(g)(2).

<sup>26</sup> EC § 51936.

<sup>27</sup> EC §§ 51934(a), (b).

<sup>28</sup> EC § 51931(e).

In addition, school districts must provide periodic training to all district personnel who provide HIV prevention education to enable them to learn new developments in the scientific understanding of HIV. Teachers with a demonstrated expertise in the field or who have received training from the California Department of Education, their affiliates or Centers for Disease Control and Prevention need not be additionally trained by the district. School districts may expand the training to include the topic of comprehensive sexual health education.

### **HOW DOES THE LAW SUPPORT FAMILY COMMUNICATION ABOUT COMPREHENSIVE SEXUAL HEALTH?**

Instruction and materials shall encourage a student “to communicate with his or her parents, guardians, and other trusted adults about human sexuality and provide the knowledge and skills necessary to do so.”<sup>29</sup>

### **WHAT DOES THE LAW SAY ABOUT PARENT/GUARDIAN NOTIFICATION AND CONSENT FOR INSTRUCTION?**

Parents or guardians must be notified by the school or district at the beginning of the school year (or at the time of enrollment) about planned comprehensive sexual health and HIV prevention education, and must be given an opportunity to review any materials used in instruction, including textbooks, handouts, and teachers guides. The school district must also inform parents/guardians about whether the instruction will be provided by district personnel or outside consultants. If instruction will be provided by outside consultants, the notice must include the name and organizational affiliation of the outside consultant and the date of the instruction. The notice must also inform parents/guardians of their right to request copies of Education Code §§ 51933, 51934, and 51938. If arrangements for guest speakers or outside consultants are made after the initial notification is sent out at the beginning of the year, districts must notify parents at least 14 days prior to the instruction via mail or another commonly used method.

The law allows parents or guardians to remove their child from comprehensive sexual health and HIV prevention education, as defined in the statute,<sup>30</sup> using a passive consent or “opt-out” process. *Schools may not require active consent (“opt-in”) for participation in comprehensive sexual health and HIV prevention education in any grade, including elementary school.*<sup>31</sup> The notice sent to parents/guardians informing them about planned instruction must additionally inform them that they may remove their child from the instruction and that in order to do so they must state their request in writing to the school district.<sup>32</sup> If the parent/guardian does not request in writing that the child be withheld, the child will attend the instruction. Schools may not require parents/guardians to return a signed acknowledgment that they have received the notice in order for their child to participate in the instruction; this serves as de facto active consent and is prohibited under the law.

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<sup>29</sup> EC § 51933(e).

<sup>30</sup> EC §§ 51931(b) (d); 51932.

<sup>31</sup> EC § 51938(a).

<sup>32</sup> EC § 51938(b)(4).

Schools may not facilitate selective opt-out of the LGBTQ related content in sexual health education. *For more information, see our factsheet about how California requirements for LGBTQ inclusivity interact with CHYA's parental opt-out provision.*<sup>33</sup>

### **ARE SCHOOLS REQUIRED TO ALLOW PARENTS/GUARDIANS TO MAKE COPIES FOR REVIEW OF MATERIALS USED IN COMPREHENSIVE SEXUAL HEALTH AND HIV PREVENTION EDUCATION?**

In most cases, yes. An exception to federal copyright law allows individuals to make copies of copyrighted materials in certain circumstances when the intended use is for a nonprofit educational purpose (for example, when a parent copies materials to facilitate their personal understanding of what their student will be learning in school); the copyrighted work is factual; and the use would not impact value of the copyrighted work.<sup>34</sup> This applies to both physical and electronic copies.

Schools should consult with legal counsel to develop policies and procedures to ensure that parents/guardians are able to access, copy, and review instructional materials in compliance with both the California Healthy Youth Act and federal copyright laws.

### **WHAT DOES THE LAW SAY ABOUT PARENTAL/GUARDIAN CONSENT FOR SURVEYS?**

In order to facilitate the collection of data needed by researchers to evaluate the effectiveness of comprehensive sexual health education and other unintended pregnancy prevention efforts, the law permits schools to administer anonymous, voluntary, confidential, age-appropriate surveys or questionnaires in which students are asked about their sexual activities and attitudes in order to measure their health behaviors and risks. Parents/guardian must be notified of any planned surveys or questionnaires, be given the opportunity to review these surveys or questionnaires and, in grades 7-12, be given the opportunity to request in writing that their child not participate. Schools may not adopt an active consent or “opt-in” policy for these surveys or questionnaires for students in grades 7 to 12. Prior to grade 7, parents/guardians must give active consent in order for their child to participate.<sup>35</sup>

### **WHAT DOES THE LAW SAY ABOUT INVOLVING PARENTS AND TEACHERS IN SELECTING CURRICULA?**

The California Healthy Youth Act does not address the involvement of teachers or parents in selecting curricula. Another Education Code section, which is not specific to comprehensive sexual health and HIV prevention education, states that each district, “shall provide for substantial teacher involvement in the selection of instructional materials and shall promote the involvement of parents and other members of the community in the selection of instructional materials.”<sup>36</sup> This means that districts must involve teachers in the selection of instructional materials. They must also encourage parents and other community members to be engaged in this process, but their involvement is not required. Many districts establish curriculum advisory committees for comprehensive sexual health and HIV prevention education that include teachers and other members of the school community such as parents and students. However, the school board and district administrators are ultimately responsible for ensuring that curricula comply with the law

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<sup>33</sup> Available at <https://www.aclunc.org/our-work/know-your-rights/sex-education>.

<sup>34</sup> See 17 U.S.C. § 107.

<sup>35</sup> EC § 51938(c).

<sup>36</sup> EC § 60002

and meet the needs of all students. California courts have ruled that parents do not have a right to override a school district's choice of curriculum.<sup>37</sup> As discussed elsewhere in this document, the California Healthy Youth Act does grant parents the right to review comprehensive sexual health and HIV prevention education materials adopted by their school district and to opt their children out of instruction for any reason.

### **WHAT DOES THE LAW SAY ABOUT ANTI-HARASSMENT, BULLYING PREVENTION OR SAFE SCHOOLS PROGRAMS?**

School districts have an affirmative legal obligation to prevent bias-based bullying, harassment and discrimination and to create a safe and welcoming environment for all students.<sup>38</sup> The California Healthy Youth Act supports these efforts by requiring inclusive instruction and prohibiting biased instruction. The law does not permit parents/guardians to remove their children from anti-harassment programs or other instruction that discusses gender, gender identity, gender expression, sexual orientation, discrimination, harassment, bullying, intimidation, relationships, or family but does not discuss human reproductive organs and their functions.<sup>39</sup> This is to ensure that all students feel safe on and off campus knowing that all their peers received the same messages on acceptable and unacceptable behaviors, resulting in a positive school climate.

### **ARE THE HEALTH FRAMEWORK FOR CALIFORNIA PUBLIC SCHOOLS AND THE CALIFORNIA HEALTH EDUCATION CONTENT STANDARDS CURRENT WITH RESPECT TO LEGAL REQUIREMENTS FOR COMPREHENSIVE SEXUAL HEALTH AND HIV PREVENTION EDUCATION?**

No. The Health Framework is extremely outdated and is inconsistent with the California Healthy Youth Act; it should not be used. The California Health Education Content Standards, adopted in 2008, do not in most respects directly conflict with the California Healthy Youth Act but also do not include all required content. Therefore, the health standards should not be independently relied upon for developing or evaluating sexual health curriculum.

The California Department of Education is currently revising the Health Framework, with an estimated adoption date of May 2019. *Schools are not legally permitted to wait until adoption of the revised Health Framework to update their comprehensive sexual health and HIV prevention education.*



For more information, go to [http://www.aclunc.org/sex\\_ed](http://www.aclunc.org/sex_ed).

If you are concerned that your school is not following the law, contact the ACLU for help.

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<sup>37</sup> *Fields v. Palmdale Sch. Dist.*, 427 F.3d 1197, 1205 (9th Cir. 2005), *aff'd*, 447 F.3d 1187 (9th Cir. 2006) (en banc).

<sup>38</sup> EC §§ 201, 220.

<sup>39</sup> EC § 51932(b).