



**Karen B. Salmon, Ph.D.**  
State Superintendent of Schools

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**TO:** Members of the State Board of Education

**FROM:** Karen B. Salmon, Ph.D.

**DATE:** June 25, 2019

**SUBJECT:** COMAR 13A.04.18  
*Comprehensive Health Education Instructional Programs for Grades Prekindergarten – Grade 12*

**PERMISSION TO PUBLISH – REPEAL**

COMAR 13A.04.18

*Comprehensive Health Education Instructional Programs for Grades Prekindergarten – Grade 12*

**PERMISSION TO PUBLISH – REPLACE**

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**PURPOSE:**

The purpose of this item is to request permission to publish the repeal of COMAR 13A.04.18 *Comprehensive Health Education Instructional Programs for Grades Prekindergarten – Grade 12*, and replace with new COMAR 13A.04.18 *Comprehensive Health Education Instructional Programs for Grades Prekindergarten – Grade 12*.

**REGULATION PROMULGATION PROCESS:**

Under Maryland law, a state agency, such as the State Board, may propose a new or amended regulation whenever the circumstances arise to do so. After the State Board votes to propose such a regulation, the proposed regulation is sent to the Administrative, Executive, and Legislative Review (AELR) Committee for a 15-day review period. If the AELR Committee does not hold up the proposed regulation for further review, it is published in the Maryland Register for a 30-day public comment period. At the end of the comment period, Maryland State Department of Education (MSDE) staff reviews and summarizes the public comments. Thereafter, MSDE staff will present a recommendation to the State Board to either: (1) adopt the regulation in the form it was proposed; or (2) revise the regulation and adopt it as final because the suggested revision is not a substantive change; or (3) revise the regulation and re-propose it because the suggested revision is a substantive change. At any time during this process, the AELR Committee may stop the promulgation process and hold a hearing. Thereafter, it may recommend to the Governor that the regulation not be adopted as a final regulation or the AELR Committee may release the regulation for final adoption.

**BACKGROUND:**

Over the last two years, the Maryland State Department of Education has engaged local school systems, parents, school staff, and other state agencies in the development of revised regulations to meet the changing needs of students and local school systems (LSSs) in the State.

The proposed changes to the regulations are summarized as follows:

1. **Adoption of National Standards:** A survey of Maryland stakeholders confirmed that the State should change the health education standards to align with National Health Education standards which are skills-based standards rather than knowledge-based standards. However, Maryland stakeholders indicated that the State should include the core concepts identified by the Center for Disease Control and Prevention (CDC). Therefore, Maryland has customized the National Standards by adding the core concept topics and embedding them into Standard 1.
2. **New Special Requirements Section:** Legislative mandates are grouped into this section, including requirements for abuse and assault prevention, heroin and opioid prevention, and consent education lessons.
3. **Inclusive Language:** Family Life and Human Sexuality education is representative of all students and aligns with the new Educational Equity regulations.
4. **Contraceptives:** This instruction will now begin in grade 7 instead of grade 8 with the goal of addressing the rise of sexually transmitted infections (STIs) in Maryland youth. Additionally, this shift has the potential of delaying the onset of sexual activity and/or increasing the likelihood of safer sexual activity.
5. **Approval of Family Life and Human Sexuality Instructional Materials:** The regulation continues to require stakeholder involvement and approval; however, the State does not require local board of education approval unless mandated by LSS approval policies.
6. **Disease Prevention:** The parent/student opt-out is removed as a safety issue. This instruction includes medically accurate information about contact with bodily fluids as a method of transmitting infections.
7. **Sexually Transmitted Infections and HIV:** After extensive consultation with the Maryland Department of Health, outdated language regarding HIV and AIDS has been revised.

**EXECUTIVE SUMMARY:**

The recommended changes to Maryland's Health Education regulations are the result of consultation with the Maryland Department of Health regarding sexually transmitted infections in Maryland's youth and data regarding the sexual behavior of young people in the state. The proposed amendments resulted from stakeholder and LSS input and require skills-based health education with an emphasis on student safety, including mandates in Maryland statute.

**ACTION:**

Request permission to publish the repeal of COMAR 13A.04.18 *Comprehensive Health Education instructional Programs for Grades Prekindergarten – 12* and replace with new COMAR 13A.04.18 *Comprehensive Health Education instructional Programs for Grades Prekindergarten – 12*.

**Attachments:**

NEW: COMAR 13A.04.18.01 Comprehensive Health Education Instructional Program for Grades Prekindergarten-12

REPEAL: COMAR 13A.04.18.01 Comprehensive Health Education Instructional Program for Grades Prekindergarten-12

# Maryland Health Education Standards and Regulations



**STATE BOARD MEETING**

June 25, 2019

# Overview

## Why?

- ✓ Legislation
- ✓ Updated National Standards
- ✓ Current data and trends related to youth health behaviors.

## Timeline

### Health Education 13A.04.18

- ✓ Last revised in 2011
- ✓ Amended in 2016 to add CPR/First Aid

### Standards and regulation revision

- ✓ July 2017-Present
- ✓ Survey: December 2018 – February 2019

### Legislation

- ✓ Erin's Law 2016
- ✓ Start Talking Maryland 2017
- ✓ Boundaries and Consent 2018

## Stakeholder Input

### LSS Workgroup Members

Anne Arundel

Baltimore Co.

Carroll

Charles

Frederick

Harford

Howard

Montgomery

Prince George's

Wicomico

### MSDE Stakeholders

Office of School and  
Community Nutrition  
Programs

Student Services and  
School Counseling

Family and Community  
Engagement Team

### External Stakeholders

Maryland Department of  
Health

- Center for STI Prevention
- State Adolescent Health Coordinator
- Rape and Sexual Assault Prevention Coordinator

Maryland State School  
Health Council

University of Maryland  
School of Medicine

- Department of Pediatrics,  
Growth and Nutrition Division

## Stakeholder Survey

### Key Results:

- ✓ COMAR needs updating
- ✓ Adoption of the Health Education National Standards
- ✓ Core Concepts from the Center for Disease Control and Prevention should be incorporated into the Standards and the Health Education Framework for each grade level and topic.

## Significant Change #1 C.(1)-(8)

### Change:

- ✓ Adoption of the National Health Education Standards.
- ✓ Standard 1: Core Concepts – Customized to include:
  - Mental and Emotional Health
  - Substance Abuse Prevention
  - Family Life and Human Sexuality
  - Safety and Violence Prevention
  - Healthy Eating
  - Disease Prevention and Control

### Rationale:

Shift from knowledge-based standards to skills-based standards.

Skills Include: analyzing influences, accessing information, interpersonal communication skills, decision making, goal setting, self management, and advocacy.

## Skills-Based Health Education

Reinforces protective factors by developing related skills.

Protective factors include:

High Self Esteem	Positive Peer Engagement	Coping Skills and Problem Solving	Conflict Resolution Skills	School and Community Engagement	Positive Self-Esteem
Emotional Self Regulation	Physical and Psychological Safety	Positive Peer Norms	Clear Expectations for Behavior	Mentors and Trusted Adults	Academic Achievement

Protective Factors Crosscut Topics/Concepts:

- ✓ **Feelings of Isolation and Suicide**
- ✓ **Opioid and Substance Use**
- ✓ **Early Engagement in Sexual Activity**
- ✓ **Violent and/or Reckless Behaviors**

## Significant Change #2 *D. (1)-(4)*

### Change:

#### New Special Requirements Section

- ✓ Abuse and Assault Prevention
- ✓ Opioid Prevention Education
- ✓ Boundaries and Consent

### Rationale:

Required by legislation

## Significant Change #3 *D(2)(a)*

Change:

Inclusive language

*Maryland Family Life and Human Sexuality education shall represent all students regardless of ability, sexual orientation, gender identity, and gender expression.*

Rationale:

- ✓ This statement mirrors language in the new equity COMAR

## Significant Change #4 D.(2)(b)

### Change:

Moved information about contraceptives from grade 8 to grade 7.  
Included language about refraining from sexual activity.

### Rationale:

- ✓ Input from our partners at the Maryland Department of Health
- ✓ Rates of sexually transmitted infections in young people are on the rise.
- ✓ Maryland's Teen Pregnancy Rate per 1,000 Females Aged 15-19 was 14% in 2017 (Maryland Vital Statistics Administration, National Center for Health Statistics).

## Significant Change #5 D.(2)(c)

### Change:

Maintain advisory committee approval for family life and human sexuality instructional materials. Remove requirement for local board of education approval.

### Rationale:

- ✓ MSDE does not mandate local board approval for instructional materials in any other subject.
- ✓ LSS curriculum process remains.
- ✓ LSSs report significant delay in current approval process.

## Significant Change #6 D.(4)

### Change:

Removed opt out from disease prevention.

### Rationale:

- ✓ Components of Disease Prevention and Control are mandated by legislation.
- ✓ Maryland Department of Health input: knowledge of contact with bodily fluids as a method of disease transmission is critical information for all Maryland students.

## Significant Change #7 D.(4)(a)

### Change:

Updated language regarding sexually transmitted infections and HIV.

### Rationale:

- ✓ Maryland Department of Health input.
- ✓ Extensive and outdated language referencing HIV/AIDS.
- ✓ No mention of other sexually transmitted infections.

REPEAL

**Title 13A STATE BOARD OF EDUCATION**

**Subtitle 04 SPECIFIC SUBJECTS**

**Chapter 18 Program in Comprehensive Health Education**

**Authority: Education Article, §§2-205(c) and (h), 7-205.2, 7-401, 7-410, 7-411, 7-411.1, and 7-413,  
Annotated Code of Maryland**

**.01 Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12.**

[A. Each local school system shall:

(1) Provide in public schools an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the State curriculum for all students in grades prekindergarten—8;

(2) Offer in public schools a comprehensive health education program in grades 9—12 which enables students to meet graduation requirements and to select health education electives; and

(3) Provide access to the curriculum for non-diploma-bound students.

B. Maryland Comprehensive Health Education Program.

(1) The comprehensive instructional program shall help students adopt and maintain healthy behaviors and contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.

(2) The instructional program shall provide for the diversity of student needs, abilities, and interests at the early, middle, and high school learning years, and shall include the Maryland Health Education Content Standards with related indicators and objectives as set forth in §§C—I of this regulation.

(3) The instructional program, as it applies to grades 9—12, shall provide instruction in cardiopulmonary resuscitation that includes hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator if not otherwise offered in the physical education program.

C. Mental and Emotional Health. Students will demonstrate the ability to use mental and emotional health knowledge, skills, and strategies to enhance wellness.

D. Alcohol, Tobacco, and Other Drugs. Students will demonstrate the ability to use drug knowledge, decision-making skills, and health enhancing strategies to address, the non-use, use, and abuse of medications, alcohol, tobacco, and other drugs.

E. Personal and Consumer Health. Students will demonstrate the ability to use consumer knowledge, skills, and strategies to develop sound personal health practices involving the use of health care products, services, and community resources.

F. Family Life and Human Sexuality.

(1) Students will demonstrate the ability to use human development knowledge, social skills, and health enhancing strategies to promote positive relationships and healthy growth and development throughout the lifecycle.

(2) The local school system shall establish a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on instructional material to be submitted to the superintendent for consideration when recommending instructional material to be approved by the local Board of Education.

(3) Materials and Instruction.

- (a) Material being presented will be in identifiable unit(s) within the total health education program.
- (b) Instruction shall be introduced as shortly in advance of puberty as is practical.
- (c) Direct teaching of the indicators and objectives will begin in or prior to the fifth grade.

(4) Written notification is made to parents/guardians announcing this unit of study.

(5) Exceptions.

- (a) Students may be excused from this unit of the program upon written request from their parent/guardian.
- (b) For students excused, the local school shall provide appropriate learning activities in health education.
- (c) When practical, curricular materials may be made available for home instruction use by parent/guardian of students excused from the Family Life and Human Sexuality instructional unit.
- (d) The local school shall make arrangements to permit those girls not participating in this unit of the program to receive instruction concerning menstruation.

(6) The school shall provide special opportunities for parents/guardians to view all instructional materials to be used in the program before the materials are used in the classroom.

(7) Each local school system shall publish at regular intervals a list of its approved instructional materials.

(8) When teaching a unit in Family Life and Human Sexuality, in addition to general teacher preparation, teachers are required to have additional preparation in content and teaching methods of such depth and duration as to be appropriate for the material taught. The additional preparation may be provided by college courses, local in-service programs, and/or State workshops.

G. Safety and Injury Prevention.

(1) Students shall demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living in the home, school, and community.

(2) Students shall complete instruction in cardiopulmonary resuscitation that includes hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.

H. Nutrition and Fitness. Students will demonstrate the ability to use nutrition and fitness knowledge, skills, and strategies to promote a healthy lifestyle.

I. Disease Prevention and Control.

(1) Students will demonstrate the ability to apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage disease.

(2) HIV/AIDS Instruction.

- (a) Students may be excused from the HIV/AIDS instructional unit upon written request from their parent/guardian.
  - (b) For students excused, the local school shall provide appropriate learning activities in health education.
  - (c) When practical, curricular materials may be made available for home instruction use by parent/guardian of students excused from the HIV/AIDS instructional unit.
- (3) Local school systems shall provide annual instruction in AIDS to all students at least once in grades 3—5, 6—8, and 9—12.

(4) The local board of education shall determine the three grades between 3 and 12 at which all students are to receive instruction.

(5) School staff selected to teach HIV/AIDS prevention in the classroom shall receive in-service education before initiating instruction and annually after that.

(6) Personnel employed by the local school system shall be provided annually with information or an awareness program about HIV/AIDS and its prevention.

J. Curriculum Documents. Consistent with Education Article, §§2-205(h), 7-401, 7-410, 7-411, 7-411.1, and 7-413, Annotated Code of Maryland, each local school system shall provide comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that:

(1) Include the content standards set forth in §§C—I of this regulation; and

(2) Are aligned with the State Curriculum, as developed by the Maryland State Department of Education in collaboration with the local school systems.

K. The local school system shall develop guidelines and procedures for the selection of qualified teachers, and, because the teacher is a vital factor in the program, qualifications such as the following shall be considered:

(1) Health Education certification; and

(2) Appropriate specialized training.

L. The local school system shall develop guidelines and procedures for the support of qualified teachers. Each local school system shall establish planned and continuous programs as required to adequately train its personnel (teachers, administrators, and supervisors) in order to update knowledge, instructional materials, and methodology in health education.

M. Student Participation. Each student shall have the opportunity to participate in the comprehensive health education program required by this chapter.

## **.02 Certification Procedures.**

By September 2016 and each 5 years after that, each local superintendent of schools shall certify to the State Superintendent of Schools that the instructional programming within grades prekindergarten—12 meets, at a minimum, the requirements set forth in Regulation .01 of this chapter.]

# Title 13A State Board of Education

## Subtitle 04 Specific Subjects

### 18 Programs in Comprehensive Health Education

Authority: Education Article, §§2-205 (c) and (h), 4111.2, 7-205.2, 7-401, 7-410, 7-411, 7-411.1, 7-413, 7-439, and 7-445, Annotated Code of Maryland

#### **.01 Comprehensive Health Education Instructional Programs for Grades Prekindergarten - 12.**

A. Each local school system shall:

(1) Provide in public schools an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the State framework for all students in grades prekindergarten—8;

(2) Offer in public schools a comprehensive health education program in grades 9—12 which enables students to meet graduation requirements and to select health education electives; and

(3) Provide access to the curriculum for non-diploma-bound students.

B. Maryland Comprehensive Health Education Program.

(1) The comprehensive instructional program shall help students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.

(2) The instructional program shall provide for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and shall include the Maryland Health Education Standards with related indicators and objectives as set forth in §C of this regulation.

C. Comprehensive Health Education Standards

(1) Students will comprehend concepts related to health promotion and disease prevention to enhance health.

(a). Mental and Emotional Health

(b). Substance Abuse Prevention

(c). Family Life and Human Sexuality

(d). Safety and Violence Prevention

(e). Healthy Eating

(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.

D. Special Requirements

(1) Substance Abuse Prevention.

(a) Students shall complete instruction on drug addiction and prevention that includes instruction related to the heroin and opioid addiction and prevention and information relating to lethal effects of fentanyl.

(b) This instruction is to be delivered, at a minimum, once in grade bands 3-5, 6-8, and 9-12 as a stand-alone program.

(c) Instruction must be delivered by teachers trained in the field of drug addiction and prevention education.

(2) Family Life and Human Sexuality.

(a) Maryland family life and human sexuality instruction shall represent all students regardless of ability, sexual orientation, gender identity, and gender expression.

(b) Beginning no later than grade seven, teaching shall emphasize that refraining from sexual activity is the best method to avoid sexually transmitted infections, including HIV, and unintended pregnancy. To address the serious health risks of sexually transmitted infections, and the consequences of unplanned pregnancy, family life and human sexuality education shall include medically accurate information about contraception and condoms.

(c) The local school system shall establish a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on instructional materials. If approval of instructional materials is necessary, it shall occur pursuant to local policy.

(d) Direct teaching of the family life and human sexuality indicators and objectives will begin in or prior to the fifth grade.

(e) 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.

(i.) For students opting out of family life and human sexuality instruction, each school shall establish a procedure for providing a student with appropriate alternative learning activities and/or assessments in health education.

(ii) Each school shall make arrangements to permit students opting out of the objectives related to family life and human sexuality to receive instruction concerning menstruation.

(iii) The local school system shall provide an opportunity for parents/guardians to view instructional materials to be used in the teaching of family life and human sexuality objectives.

(f) The local school system shall provide age-appropriate instruction on the meaning of “consent” and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.

(g) When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers are required to have additional preparation in content and teaching methods of such depth and duration as to be appropriate for the material taught. The additional preparation may be provided by college courses, local in-service programs, and/or State workshops.

(3) Safety and Violence Prevention

(a) High school students shall complete instruction in cardiopulmonary resuscitation that includes hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.

(b) Students shall participate in age-appropriate instruction on the awareness and prevention of sexual abuse and assault. Teachers who are trained to provide instruction on the awareness and prevention of sexual abuse and assault must deliver this instruction. This will include age-appropriate instruction on the meaning of “consent” and respect for personal boundaries.

(4) Disease Prevention and Control.

(a) Students will demonstrate the ability to apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.

(b) Students shall complete instruction in oral health that includes oral disease prevention and dental health promotion.

(c) The local school system shall include age-appropriate lessons on diabetes, treatment, and prevention.

E. Curriculum Documents. Consistent with Education Article, §§2-205(h), 4111.2, 7-205.2, 7-401, 7-410, 7-411, 7-411.1, 7-413, 7-439, and 7-445, Annotated Code of Maryland, each local school system shall provide comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that:

(1) Include the standards set forth in §C of this regulation; and

(2) Are aligned with the State Framework, as developed by the Maryland State Department of Education in collaboration with the local school systems.

F. The local school system shall develop guidelines and procedures for the selection of qualified health education teachers. Qualifications shall include:

(1) Health Education certification; and

(2) Appropriate specialized training including skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.

G. The local school system shall develop guidelines and procedures for the support of qualified teachers. Each local school system shall establish planned and continuous programs as required to adequately train its personnel (teachers, administrators, and supervisors) in order to update knowledge, instructional materials, and methodology in health education.

H. Student Participation. Each student shall have the opportunity to participate in the comprehensive health education program required by this chapter.

**.02 Certification Procedures.**

By September 2020 and each 5 years after that, each local superintendent of schools shall certify to the State Superintendent of Schools that the instructional programming within grades prekindergarten – 12 meets, at a minimum, the requirements set forth in Regulation .01 of this chapter.