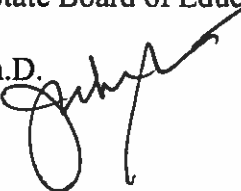




Jack R. Smith, Ph.D.
Interim State Superintendent of Schools

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TO: Members of the State Board of Education
FROM: Jack R. Smith, Ph.D. 
DATE: January 26, 2016
SUBJECT: Code of Maryland Regulations (COMAR) 13A.04.18 Program in Comprehensive Health Education (AMEND)
PERMISSION TO PUBLISH

PURPOSE:

The purpose of this action is to request that the State Board grant permission to publish the amended regulation that governs the Program in Comprehensive Health Education (Attachment I).

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 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, MSDE staff reviews and summarizes the public comments. Thereafter, MSDE staff will present a recommendation to the State Board of Education to either: (1) adopt the regulation in the form it was proposed; or (2) revise the regulation and adopt it as final because 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/HISTORICAL PERSPECTIVE:

In response to public health concerns and in an effort to educate more Marylanders about hands free Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) use, House Bill 1366/Senate Bill 503 (Breanna's Law) was passed in the 2014 Maryland Legislative Session requiring that "Beginning in the 2015-2016 school year each county board shall provide, as part of the health or physical education curriculum, instruction in cardiopulmonary resuscitation that includes hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator and the use of an automated external defibrillator in every public school." This requirement has been included in the proposed amended regulation.

EXECUTIVE SUMMARY:

The adoption of these changes will bring COMAR in compliance with the legislation regarding instruction in Hands Free CPR and AED use. Local education agencies have been briefed on this requirement through the MSDE Comprehensive Health Education briefings. Local Superintendents have certified that all 24 local districts are in compliance for the 2015-16 school year.

ACTION:

I request permission to publish amendments to COMAR 13A.04.18 with the following TENTATIVE timeline:

Maryland Register Issue Date	March 18, 2016
Hearing	N/A
30-Day Open Comment Period	March 18 - April 18, 2016
Adoption	May 24, 2016

Title 13A STATE BOARD OF EDUCATION

Subtitle 04 SPECIFIC SUBJECTS

Chapter 18 Program in Comprehensive Health Education

Authority: Education Article, 2-205(h), 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. **[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. 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.]**

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

(1) A Student 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 2015 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.