

**H B**

**325**

## FISCAL NOTE

**REQUEST:**

Revision Date: 3/6/90  
 Title: Public School health and personal safety education  
 Sponsor: Rover  
 Requestor: House Finance

Agency Affected: Education  
 BRU: Education Program Support  
 Components: Basic Education & Instructional Improvement

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	58.0	60.0				
TRAVEL	5.6	11.7				
CONTRACTUAL	70.4	70.4				
SUPPLIES	5	5				
EQUIPMENT	5.1					
LAND & STRUCTURES						
GRANTS, CLAIMS	100.0	100.0				
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>240.6</b>	<b>242.6</b>				

CAPITAL						
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REVENUE						
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**FUNDING:** (Thousands of Dollars)

GENERAL FUND	240.6	242.6				
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>						

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

**ANALYSIS :** (Attach a separate page if necessary)

SEE ATTACHED ANALYSIS , and note last paragraph on page 2. for information regarding FY 93, 94, 95 & 96.

Prepared by: Mary Hakala Phone: 465-2800  
 Division: Commissioner's Office Date: 3/6/90  
 Approved by Commissioner: William G. Jemert Date: 3/6/90  
 Agency: Education

Distribution (by preparer):  
 Legislative Finance  
 Legislative Sponsor  
 Requestor  
 Office of Management and Budget  
 Impacted Agency(ies)

Narrative Outline - Fiscal Note for H.B.325  
 Revised 3/6/90

Personal Services	\$58.0	Funding for PCN 1165, a currently unfunded PCN within the Division, to be reclassified from an Education Administrator I to an Education Specialist II. Note: Fiscal note assumes merit increase for position
Travel	\$6.6	10 trips for technical assistance & coordination  Year 2: additional travel for other educators to provide on-site assistance and regional exchange of ideas, successes and approaches (5.1)
Contractual	\$70.4	phone/postage/photocopying costs (3.9) clerical support materials purchase to support training outlined below contracts: <ul style="list-style-type: none"> <li>• Summer Institutes of 3 weeks for 20 practicing elementary teachers who would serve as building level "teacher leaders" - covers instructor fees and expenses, materials and partial scholarships for participants (17.0)</li> <li>• Local school inservices - training fees and expenses for experts to provide local assistance in comprehensive health and wellness teaching/learning strategies through Talent Bank (4.0)</li> <li>• Audioconferencing line fees (1.0)</li> <li>• Develop and produce materials for parents and community members to encourage participation in health education (10.0)</li> </ul> Year 1 only • Develop and produce three Health Fair learning centers to encourage parents and other community members to participate in comprehensive school health education (20.0)  Year 2 • Same as above plus additional Training Institutes at regional locations (20.0)
Commodities	.5	Supplies
Equipment	5.1	Year 1 only: One computer workstation (1.8); equipment and supplies for training programs, above.
Grants	100.0	Incentive mini-grants to local school sites for implementing comprehensive health promotion activities
Total =	\$240.6	

Funding for comprehensive health education function in years three through six contingent upon legislative authorization and school district needs.

Amended: 3/30/90  
Offered: 2/5/90  
Referred: Finance

6-1375E

Original sponsor(s): REP. BOYER, M.Davis, Ellis, Finkelstein, Goll, Jacko,  
Koponen, Brown, Ulmer, Hudson

1 IN THE HOUSE BY THE HESS COMMITTEE  
2 CS FOR HOUSE BILL NO. 325 (HESS) am  
3 IN THE LEGISLATURE OF THE STATE OF ALASKA  
4 SIXTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to public school health and personal  
7 safety education."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 \* Section 1. PURPOSE. The purpose of this Act is to foster the devel-  
10 opment and dissemination of educational activities and materials that will  
11 assist students, teachers, administrators, and parents in the perception,  
12 appreciation, and understanding of health principles and problems, and  
13 responsible personal behavior.

14 \* Sec. 2. AS 14.08.115 is amended to read:

15 Sec. 14.08.115. ADVISORY SCHOOL BOARDS AND COMMITTEES IN REGION-  
16 AL EDUCATIONAL ATTENDANCE AREAS. A regional school board shall estab-  
17 lish a health education curriculum advisory committee and may estab-  
18 lish other advisory school boards or committees, and by regulation  
19 shall prescribe their manner of selection and organization, and their  
20 powers and duties.

21 \* Sec. 3. AS 14.12.035 is amended to read:

22 Sec. 14.12.035. ADVISORY SCHOOL BOARDS AND COMMITTEES IN BOROUGH  
23 SCHOOL DISTRICTS. A borough school district board shall establish a  
24 health education curriculum advisory committee and may establish other  
25 advisory school boards or committees, and by regulation shall pre-  
26 scribe their manner of selection, organization, powers, and duties.

27 \* Sec. 4. AS 14.30.360 is amended to read:

28 Sec. 14.30.360. CURRICULUM. (a) Each district in the state  
29 public school system shall [BE ENCOURAGED TO] initiate and conduct a

*May*

1 program in comprehensive health education for kindergarten through  
2 grade 12. The program must [SHOULD] include

3 (1) age appropriate instruction in physical health and  
4 personal safety including

5 (A) alcohol and substance [DRUG] abuse and fetal  
6 alcohol syndrome education;

7 (B) first aid, including cardiopulmonary resuscitation  
8 (CPR);

9 (C) human growth and development, including human  
10 sexuality, reproductive health, pregnancy prevention, prevention  
11 and control of diseases, including acquired immune deficiency  
12 syndrome and other sexually transmitted diseases;

13 (D) mental and emotional health, including suicide  
14 prevention;

15 (E) [,] early cancer prevention and detection, nutri-  
16 tion, dental health, family health, environmental health;

17 (F) [,] the identification and prevention of child  
18 abuse, child abduction, neglect, and sexual abuse, and domestic  
19 violence; [,] and

20 (G) appropriate use of health services;

21 (2) training, support groups, and pertinent literature  
22 designed to assist parents and other members of the community to  
23 participate in health and personal safety education;

24 (3) a district curriculum and curriculum materials devel-  
25 oped in conjunction with the district health education curriculum  
26 advisory committee; and

27 (4) a method of notifying parents of students of the con-  
28 tent of instructional materials used in the human growth and develop-  
29 ment program and of the parents' option to ~~exempt their child from~~

1 human growth and development instruction; a district shall use proce-  
2 dures to provide that students ~~exempted from~~ the program are not  
3 embarrassed by the exemption.

4 (b) The state board shall establish guidelines for a comprehen-  
5 sive health and personal safety education program. Personal safety  
6 guidelines shall be developed in consultation with the Council on  
7 Domestic Violence and Sexual Assault. Upon request, the Department of  
8 Education, the Department of Public Safety, the Department of Health  
9 and Social Services, and the Council on Domestic Violence and Sexual  
10 Assault shall provide technical assistance to school districts in the  
11 development of personal safety curricula. A school health and person-  
12 al safety education specialist position shall be established and  
13 funded in the department to coordinate the program statewide. Ade-  
14 quate funds to enable curriculum and resource development, adequate  
15 consultation to school districts, and a program of [TEACHER] training  
16 and periodic staff development for administrators and teachers in  
17 health and personal safety education shall be provided.

18 \* Sec. 5. AS 14.30.360 is amended by adding a new subsection to read:

19 (c) In this section,

20 (1) "family health" includes

21 (A) an understanding of the physical, mental, emotion-  
22 al, social, economic, and psychological aspects of close personal  
23 relationships and an understanding of the physiological, psycho-  
24 logical, and cultural foundations of human development;

25 (B) the development of responsible personal values and  
26 behavior and the establishing of a strong family life for stu-  
27 dents in the future, with emphasis on the responsibilities of  
28 parenting;

29 (C) knowledge of the law relating to the sexual

1           conduct of minors and sexual abuse of minors, including criminal  
2           sexual conduct;

3           (2) "health and personal safety education" includes health  
4           education in a school setting that is planned and carried out with the  
5           purpose of maintaining, reinforcing, or enhancing the health, health-  
6           related skills, and health attitudes and practices of children and  
7           youth that are conducive to their good health and that promote well-  
8           ness, health maintenance, and disease prevention; it includes age-  
9           appropriate, sequential instruction in health either as part of an  
10          existing course or as a special course;

11          (3) "pregnancy prevention" includes

12                   (A) abstaining from sexual activity until marriage;

13                   (B) skills to enable students to resist peer pressure  
14                   and abstain from sexual activity;

15                   (C) methods of contraception, and the risks and bene-  
16                   fits of each method;

17          (4) "reproductive health" includes human physiology, con-  
18          ception, prenatal care and development, fetal alcohol syndrome,  
19          childbirth, and postnatal care.

20          \* Sec. 6. TRANSITION. Each district shall begin development of the  
21          comprehensive health education curriculum required by this Act by July 1,  
22          1990, and shall have in place a program of comprehensive health education  
23          required by this Act by August 1, 1992.

# Alaska State Legislature

REPRESENTATIVE  
MARK BOYER

VICE-CHAIRMAN, HOUSE  
HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

MEMBER, HOUSE LABOR AND  
COMMERCE COMMITTEE

CHAIR, CHILDREN'S CAUCUS



## House of Representatives

FAIRBANKS

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### M E M O R A N D U M

April 30, 1990

TO: All Members  
Senate Health, Education and Social Services  
Committee

FROM: Representative Mark Boyer *MB*

RE: CSHB 325 (HESS) am, "An Act relating to public  
school health and personal safety education."

I am asking for your support of CSHB 325 (HESS), "The Healthy Student Bill", which requires each school district to initiate and conduct an age appropriate program in comprehensive health and personal safety education for kindergarten through grade 12. Under the HESS committee substitute, the curriculum shall include instruction in the general areas of alcohol and substance abuse and fetal alcohol syndrome; first aide, including CPR; human growth and development to include specifically human sexuality, reproductive health, pregnancy prevention; prevention and control of diseases to include AIDS and other sexually transmitted diseases; mental and emotional health including suicide prevention; early cancer prevention and detection, nutrition, dental health, family health, environmental health; the identification and prevention of child abuse, child abduction, neglect, and sexual abuse; domestic violence and appropriate use of health services.

CSHB 325 (HESS) was amended on the House floor to include language that emphasizes the importance of understanding the various aspects of close personal relationships, responsible personal values and the merits of a strong family life with emphasis on the responsibilities of parenting. When presenting information in the health and personal safety education section which relates to pregnancy prevention, students will be instructed on methods of contraception, skills to resist peer pressure and abstain from sexual activity and the concept of abstaining from sexual activity until marriage.

FAIRBANKS 20B

*500,000 / 1/2*

If we begin teaching children about the dangers of drugs and potential hazards of alcohol misuse and abuse at an early age, if we can delay experimentation, the rate of abusive or addictive behavior decreases significantly. The statistics are very clear, we have all seen them. We all know that Alaska's teen pregnancy rate is 13 percent higher than the national average; the suicide rate of adolescent parents is seven times that of non-parenting teens; 50% of teenage mothers don't complete high school; sixty percent of AFDC recipients were teen parents; 33 percent of drug arrests were youth under the age of 18; to call attention to a few. Withholding information only increases the risk of teen pregnancy, sexually transmitted diseases, failure to cope, low self esteem and exploitation. All of these problems make learning math, English and science even tougher.

I am committed to community ownership of the curriculum and the HESS committee substitute establishes local advisory committees to work with school boards in the planning and development of curriculum materials. Clearly, without family and community ownership and commitment, the curriculum will not be successful in dealing with a particular district's demographics. The fiscal note reflects our commitment to community involvement by providing for \$100,000 in grants to districts for consensus building in developing and implementing comprehensive health promotion and activities.

CSHB 325 (HESS) has the support of the Department of Education; the State Board of Education; and the support of the following organizations:

Church Women United in Alaska  
Resource Center for Parents and Children  
Department of Public Safety  
Alaska Council of School Administrators  
Alaska Health Education Consortium  
Medical Advisory Committee of the Anchorage School District  
Action for Alaska's Children  
ACCESS Alaska  
Arctic Alliance for People  
American Lung Association of Alaska  
North and Northwest Alaska Mayors' Conference  
National Education Association - Alaska  
Bristol Bay Area Health Corporation  
Alaska Youth and Parent Foundation  
American Association of University Women  
Alaska Women's Lobby  
A.W.A.R.E., Inc.  
Planned Parenthood of Alaska  
Alaska Native Health Board  
Fairbanks Native Association, Inc.  
Volunteers of America  
Central Council, Tlingit and Haida Indian Tribes of Alaska  
Sitka Teen Resource Center  
Bearing Sea Women's Group

Governor's Health Care Commission

I encourage you to join in the support of this important legislation. Health and personal safety need to be an educational priority. We have too much to lose; Alaska's future is our youth.

April 17, 1990  
P.O. Box 020658  
Juneau, Ak 99802

APR 18 1990

Sen. Paul Fischer, Chairman  
Senate HESS Committee  
Alaska State Legislature  
Pouch V  
Juneau, Ak 99811

Dear Sen. Fischer:

Reference is made to CSHB 325 relating to public school health education.

I am opposed to mandatory development of a sex education program with contraceptive instruction in our schools. Our children must be taught that we expect them to abstain from pre-marital sex. There are good moral, social and public health reasons for doing so. Sex education which includes contraceptive instruction and is presented as "value free" will only increase the problem. It simply tells the student that the moral aspect is not important or that sex is morally neutral. Missing from this approach is the strong moral imperative that is so important to influence behavior. Knowledge isn't enough. Does anyone believe, for example, that our children do not know about drugs and smoking? Yet that information, by itself, is not enough to have them say "No"! Society and peer pressure must reinforce that decision.

Evidence is mounting that sex education does not reduce teen pregnancy. For years throughout our country we have seen more and more emphasis put on sex education at younger and younger ages and yet the problem continues to increase. When are we going to recognize that much of what we call sex education contributes to the problem not the solution? Sex requires maturity and responsibility for its natural outcome which is the procreation of children. Outside of marriage its use can be a disruptive force, the results of which we see in our society today.

Telling our children about contraceptives clearly lets them know that we expect them to have sex. That is the wrong message. Sex education programs should teach respect for sex in the context of marriage. Period. Teaching about contraceptives only undermines the message of abstinence. It's like telling our children to say "no" to drugs and then offer them "clean" hyperdermic needles. Our children should know that we expect them to abstain from pre-marital sex.

We seem to have forgotten that self control and self denial are the proper avenues to avoid teen pregnancy as well as sexually transmitted diseases. It is hard to find a more offensive concept than the idea of "safe sex" which has become

the craze now with the AIDS scare. It is typical of our approach to problems stemming from the misuse of sex. We don't demand that the misuse stop, we simply develop protective measures which we hope will allow us to continue the perverted behavior safely. Our society appears to be willing to pay the price of human heartbreak and misery.

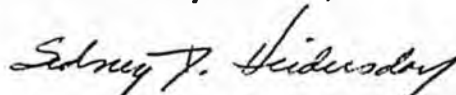
Our educational approach is designed to respond to the lowest common denominator of behavior and the program is applied across the board when it is made mandatory. Rather than uplifting children on the margins of acceptable behavior by demanding that they rise to higher standards of behavior they are drawn in the opposite direction by programs which address the improper behavior of other students which is then considered the norm. As the problem gets worse we react with yet another round of programs which in turn makes things worse in a never ending spiral. Placement of adolescent "health" clinics in our schools, the primary purpose of which is to stem the tide of teen pregnancy, is the latest venture sweeping the country. These are basically sex clinics which provide contraceptive education and distribution as well as abortion counseling. The legacy of these clinics is clear. They don't work. Proponents speak of a reduction in the teen birth rates, but follow-up studies have shown an increase in teen abortions but not a reduction in pregnancy.

Conventional wisdom argues that we cannot teach morality and besides teens are going to have sex anyway. If so, teen sexual promiscuity and the associated teen pregnancy problem will continue unchecked.

I hope for something better for our children. Our schools are becoming more and more like social welfare agencies rather than academic institutions. Social problems are discussed in our schools at younger and younger ages. This makes life styles that cause problems sound natural and normal. In addition, to such subjects as divorce, venereal disease, child sexual abuse, teen pregnancy, and abortion we now talk about mandatory courses in death, suicide and mental health. Our schools cannot nor should we expect them to solve these problems.

We need our legislature to say "no" to requests for more money and legislation which will enshrine the notion that more sex education and contraceptives will solve our problems. Our children deserve more than condoms and talk about death and suicide. It's going to be difficult to turn this whole business around but parents must take primary responsibility for their children, not the schools. As a first step I ask that you not contribute to the problem by making these programs mandatory for schools.

Sincerely Yours,

  
Sidney D. Heidersdorf

April 9, 1990

Senator Fischer:

I am writing to urge your full support of a mandatory statewide comprehensive health curriculum. The KPBSD has instated a School Board approved and mandated districtwide comprehensive health curriculum. The School Board vote was 5-2 in favor of our locally mandated curriculum. This vote in favor was primarily influenced by a very vocal community desire to require such a curriculum.

Three years ago the district convened a community driven Community Health Advisory Committee and conducted a series of community hearings throughout the peninsula regarding this issue. The current curriculum was based on input developed from the community and its committee. Subsequent hearings have continued to show strong support from the majority of the community. Of course there is a minority voice expressing opposition to certain elements of any health curriculum. However, I feel confident in saying that the Kenai Peninsula communities recognize the need for this type of curriculum and would like to see it required throughout the grades and throughout the state.

Again, I urge you to support this measure.

Sincerely,



Mo Scott

District Parent Advisory Committee Coordinator  
Grants Administration  
Kenai Peninsula Borough School District

APR 19 1990

MEMORANDUM

TO: ALL ALASKA SENATORS

FROM: VIVIAN ECHAVARRIA  
P.O. BOX 441  
DILLINGHAM, AK 99576

DATE: APRIL 16, 1990

RE: HB 325

*Echavarría*

PLEASE CONSIDER THE PASSAGE OF HB 325 UNAMENDED. I AM AN ADVOCATE FOR ANY HEALTH EDUCATION TAUGHT IN SCHOOLS. IT IS A KNOWN FACT THAT BEHAVIOR CHANGE OCCURS WITH REPEATED, COMPREHENSIVE EXPOSURE TO A PARTICULAR SUBJECT. CURRENTLY, OUR YOUTH ARE RECEIVING "HIT AND MISS" HEALTH EDUCATION.

I HAVE SPOKEN WITH NUMEROUS RURAL EDUCATORS AND ALASKA NATIVE RESIDENTS WHO ARE ALSO IN FAVOR OF THIS BILL. ONE WOMAN IN TOGIAK, ALASKA CONVEYED TO ME HER APPRECIATION TO DILLINGHAM CITY SCHOOL DISTRICT'S COMPREHENSIVE HEALTH EDUCATION CURRICULUM. IT TAUGHT HER SUBJECT MATTER SHE HAD NEVER BEEN EXPOSED TO LIKE: PERSONAL HYGIENE, MENSTRUATION-MENOPAUSE, AND SAFETY TO NAME A FEW.

I APPLAUD OUR LEGISLATURE FOR THEIR COMMITMENT TO HEALTH. I'VE HEARD ABOUT THE SUCCESS OF THE LEGISLATIVE HEALTH FAIR, AND THE NUMEROUS HEALTH-RELATED BILLS THAT HAVE BEEN PASSED AND BILLS THAT ARE CURRENTLY IN THE LEGISLATIVE PROCESS. NOW, CONSIDER THE CONSUMERS OF THIS STATE WHO ARE CONTINUALLY BOMBARDED WITH ADVERTISEMENTS REGARDING CHOLESTEROL AND ALSO CONSIDER THOSE YOUNGER INDIVIDUALS WHO HAVE NEVER BEEN TOLD ABOUT GOOD TOUCH AND BAD TOUCH (SEXUAL ABUSE), OR CONSIDER THOSE YOUNG ADOLESCENTS WHO DO NOT FULLY UNDERSTAND PUBERTY AND THE CHANGES OF THE BODY. LEARNING ABOUT HEALTH IS FUN AND A LOT OF APPLICATION IS HANDS ON, EXPERIENTIAL. I AM AN ATHABASCAN INDIAN AND I LEARN BEST WHEN I HAVE TO DO HANDS ON ACTIVITIES.

TO CONTINUE TO DENY OUR FUTURE GENERATIONS A SOUND KNOWLEDGE BASE FROM BASIC NUTRITION PRINCIPLES TO HOW TO PREVENT HYPOTHERMIA IS UNCONSCIONABLE.

PLEASE CONSIDER THIS LETTER IN YOUR DECISION-MAKING. I THANK YOU FOR THIS OPPORTUNITY TO EXPRESS WHAT I CONSIDER A VERY IMPORTANT ISSUE.

APR 17 1990

Shirley Moss  
2705 David Street  
Juneau, AK 99801

April 14, 1990

Honorable Paul A. Fischer  
Rm. 508, Capitol Building  
P. O. Box V  
Juneau, AK 99811

Dear Senator Fischer,

This letter is to express my fervent support for HB325, an act relating to required comprehensive school health education, and to urge you to schedule it for a hearing in the HESS Committee.

I am a public health professional with nearly five years experience teaching health in schools and communities throughout Alaska. I regularly observe first-hand many of the causes and consequences of poor health. A lack of adequate comprehensive, skills-based health education by trained teachers and other adults is an important contributing factor to the health and social problems in Alaska. If youth were assured of a quality health education, one that is comprehensive, age-appropriate, and sequential, throughout their childhood, I am sure society would not be paying the tremendous costs of health and social problems that we pay today. We cannot afford to let this opportunity for prevention pass by a failure to act on HB325 this legislative session!

In my estimation, HB325 is necessary: youth must have a comprehensive health education, and school districts must have health a required part of the curriculum. Without it, health education will continue to be a hit-or-miss smattering of (mostly) poorly taught classes by (mostly) untrained staff. It would be nice if school districts could be counted on to implement a quality health education program without the requirement (indeed, a few have), but my conversations with teaching and administrative staff and school board members indicate this will not happen. While a few are not convinced health education is valuable, the majority indicate to me that they would *like* to have such a program but cannot fit it into the curriculum. HB325 would establish health as a priority subject area so that school district staff would fit it into the curriculum. It would also provide the essential teacher training.

The Alaska Association of School Administrators, Alaska Education Association, and the Alaska Association of School Board Presidents all endorse HB325, which to me is an amazing indicator of support. Parents and students I have discussed this with also support the bill. Please don't let this important piece of legislation die!

I know you are very concerned that parents' rights and responsibilities of child rearing are not usurped by school instruction, and I appreciate this position. I would like to suggest, however, that a comprehensive school health education is an opportunity to enhance parents' involvement and skills in child rearing rather than diminish it. I have taught a number of family life education classes for students and parents, and have been rewarded by the number of times I see parent-child communication increase. And for the students who unfortunately live in dysfunctional families with little or no nurturing, school health classes may be the only way they can explore important issues in a safe, supportive, and informative environment. The requirement in HB325 that local districts establish a health education advisory committee is a good requirement, as it should promote parents and other community members to become involved.

AIDS, teenage pregnancy, drug and alcohol abuse, FAS/FAE, suicide, violence and abuse... these are the realities facing youth -- and indeed us all -- without providing youth with adequate information and skills related to health. Coping skills, self-respect, positive relationships, ambition, self-confidence, physical health, and life free of addictions is what a comprehensive school health education program can foster. For the individual, social, and economic wellbeing of youth and adults throughout this state, please schedule HB325 to be heard, and please support this bill without amendments!

Respectfully yours,

  
Shirley Moss, MHA