COMMITTEE ON
EDUCATION AND LABOR
U.S. HOUSE OF REPRESENTATIVES
2176 RAYBURN HOUSE OFFICE BUILDING
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December 21, 2022

The Honorable Gene L. Dodaro
U.S. Comptroller General
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Comptroller Dodaro:

Young people in this country often lack access to comprehensive sex education, and thus they may not have the information necessary to make informed decisions about their sexual health and how it impacts their lives.[1] Studies have shown that comprehensive sex education programs—programs that teach young people about abstinence while also providing accurate, complete, and age-appropriate information about how to use contraceptives effectively—reduce the rates of sexual activity, sexual risk behaviors, sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), and adolescent pregnancy.[2] Yet, federal dollars continue to support abstinence-only-until-marriage (AOUM) education through Sexual Risk Avoidance Education (SRAE)-funded programs that exclusively teach youth how to voluntarily refrain from non-marital sexual

[1] *See* Am. Coll. of Obstetricians and Gynecologists Comm. Op. No. 678, *Comprehensive Sexuality Education*, Am. Coll. of Obstetricians and Gynecologists (Nov. 2016 [reaffirmed 2020]), https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/11/comprehensive-sexuality-education. Comprehensive sex education is defined as being, among other things, "medically accurate, evidence-based, and age-appropriate, and should include the benefits of delaying sexual intercourse, while also providing information about normal reproductive development, contraception (including long-acting reversible contraception methods) to prevent unintended pregnancies, as well as barrier protection to prevent STIs [sexually transmitted infections]." Programs should focus also focus on forms of sexual expression, healthy sexual and nonsexual relationships, gender identity and sexual orientation and questioning, communication, recognizing and preventing sexual violence, consent, and decision making. Additionally, the U.S. Centers for Disease Control and Prevention's (CDC) definition of quality sexual health education (SHE) aligns with Am. Coll. Of Obstetricians and Gynecologists' definition of a comprehensive sex education, noting that SHE "provides students with the knowledge and skills to help them be healthy and avoid human immunodeficiency virus (HIV), sexually transmitted diseases (STD), and unintended pregnancy." *See* CDC Resources for Adolescent Health, *What Works: Sexual Health Education*, CDC (2020), https://www.cdc.gov/healthyyouth/whatworks/what-works-sexual-health-education.htm.

[2] *See* Am. Coll. of Obstetricians and Gynecologists Comm. Op. No. 678*, supra* note 1.

activity.[3] Continued support for these programs may have negative long-term implications. This is especially so in the wake of the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*,[4] as many of the states that have banned or severely restricted abortion are those same states that do not require comprehensive sex education in schools.[5]

There is a wealth of research on the effectiveness of comprehensive sex education. In a review that spanned three decades of peer-reviewed research, the *Journal of Adolescent Health* found that comprehensive sex education reduced dating and intimate partner violence prevention, aided in the development of healthy relationships, aided in the prevention of child sex abuse by increasing the skills to identify and report such offenses, and improved social and emotional learning.[6] Comprehensive sex education also reduced homophobic bullying and harassment, and increased knowledge, awareness, and appreciation of gender equity and sexual rights.[7] Comprehensive sex education has also been found to reduce teen pregnancy.[8] As teens of color are disproportionately affected by high teen pregnancy rates, and Latina teens have the highest rates of teen pregnancy of any racial or ethnic group, more comprehensive sex education would help to achieve health equity and eliminate these disparities.[9]

On the other hand, there is ample evidence to show that AOUM programs fail to achieve the desired long-term outcomes at which they purportedly aim, such as reductions in teen pregnancy.[10] Indeed, studies show that "[AOUM] education in the U.S. does not cause abstinence behavior. To the contrary, teens in states that prescribe more abstinence education are

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[3] Jessica Tollestrup, Teen Pregnancy: Federal Prevention Programs (CRS Report No. R4518), U.S. Congressional Research Service (Sept. 1, 2022), https://crsreports.congress.gov/product/pdf/R/R45183. Currently, there are two different SRAE programs, the Title V SRAE program, and the General Departmental (GD) SRAE program. The Title V SRAE program is authorized at Section 510 of the *Social Security Act* (SSA) and was formerly known as the Title V Abstinence Education Grant program. As per CRS, "[t]he program focuses on implementing sexual risk avoidance, meaning voluntarily refraining from sex before marriage," and, if any program includes information about contraception, it "may not include demonstration, simulations, or distribution of such contraceptive devices." The GD SRAE program is authorized on an annual basis under appropriations, with grantees required to use the funding for education on refraining from sex before marriage.

[4] 597 U.S. 13 (2022).

[5] Fionna M. D. Samuels, *Graphic: Many States That Restrict or Ban Abortion Don't Teach Kids about Sex and Pregnancy*, Sci. Am. (Jul. 26, 2022), https://www.scientificamerican.com/article/graphic-many-states-that-restrict-or-ban-abortion-dont-teach-kids-about-sex-and-pregnancy/.

[6] *See* Drs. Eva Goldfarb and Lisa Lieberman, *After Roe, Sex Ed Is Even More Vital*, N.Y. Times (Jul. 20, 2022), https://www.nytimes.com/2022/07/20/opinion/after-roe-sex-ed-is-even-more-vital.html.

[7] *Id.*

[8] Maureen Rabbitte and Maithe Enriquez, *The Role of Policy on Sexual Health Education in Schools: Review*, 35(1) Journal of Sch. Nursing 27 (2019), https://journals.sagepub.com/doi/pdf/10.1177/1059840518789240.

[9] *See* Kathleen E. Keogh, Teen Pregnancy Among Latinas: *Teen Pregnancy Among Latinas: A Literature Review*, 3(1) 21st Century Social Justice (2016), https://fordham.bepress.com/swjournal/vol3/iss1/5.

[10] Goldfarb, *supra* note 6; Ankur Banerjee, *Spending on abstinence-only education not tied to fewer teen births*, Reuters (Mar. 5, 2019), https://www.reuters.com/article/us-health-teens-pregnancy/spending-on-abstinence-only-education-not-tied-to-fewer-teen-births-idUSKCN1QM2A6; Patrick Malone and Monica Rodriguez, C*omprehensive Sex Education vs. Abstinence-Only-Until-Marriage Programs*, Am. Bar Ass'n (Apr. 1, 2011), https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/human_rights_vol38_2011/human_rights_spring2011/comprehensive_sex_education_vs_abstinence_only_until_marriage_programs/.

actually more likely to become pregnant."[11] Additionally, "[w]hile abstinence is theoretically effective, in actual practice, intentions to abstain from sexual activity often fail. These programs simply do not prepare young people to avoid unwanted pregnancies or sexually transmitted diseases."[12] Moreover, advocacy groups have found that SRAE-funded programs contain misleading and inaccurate information.[13] More should be done to understand how SRAE-funded programs serve—or fail to serve—young people in this county.

Comprehensive sex education is also broadly popular and has been for decades.[14] A 2022 report found that less than a quarter of parents support AOUM programs,[15] and a 2017 study found that, "[m]ore than 89 percent of parents that identified as Republicans or Democrats support including a wide range of topics in sex education including puberty, healthy relationships, abstinence, sexually transmitted diseases and birth control in high school."[16] But, despite the fact that a majority of parents—regardless of political affiliation—support comprehensive sex education, only five states have laws requiring comprehensive sex education,[17] and many schools outside of those states continue to provide AOUM education with SRAE funding. Moreover, federal funding for SRAE has only increased in recent years.[18] The disconnect between the increase in federal SRAE funding and the popularity of comprehensive sex education is something that requires further examination.

There are also concerning reports that SRAE-funded programs are exclusionary and harmful to certain historically marginalized groups. Indeed, many of "these programs often feature misinformation based in fear, gender stereotypes, and shaming tactics that negatively impact students including: LGBTQ[I+]-identifying students, those who've already engaged in

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[11] Kathrin F. Stanger-Hall and David W. Hall, *Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S*[.], PloS one, *6*(10), e24658 (2011), https://doi.org/10.1371/journal.pone.0024658.

[12] *Abstinence-Only Education Is a Failure*, Columbia Mailman Sch. of Pub. Health (Aug. 22, 2017), https://www.publichealth.columbia.edu/public-health-now/news/abstinence-only-until-marriage-programs-and-policies-are-failure-research-shows.

[13] Advocates for Youth, *We Are Not Chewed Gum*, https://www.advocatesforyouth.org/page/sraisabstinenceonly/ (last visited Dec. 13, 2022).

[14] *See* Jessica Grose, *Most Parents Don't Favor Abstinence-Only Sex Ed. Why Is the Government Still Funding It?*, N.Y. Times (Oct. 26, 2022), https://www.nytimes.com/2022/10/26/opinion/abstinence-only.html; *see also* Sarah Smith Kuehnel, *Abstinence-Only Education Fails African American Youth*, 86 Wash. U. L. Rev. 1241, 1264 (2009), Abstinence-Only Education Fails African American Youth (wustl.edu). Additionally, if AOUM programs increase the likelihood of, for example, teen pregnancy, this may have implications beyond health outcomes. The evidence is clear, for example, that teenage mothers are far less likely to complete high school. As per the CDC, "only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school." CDC, *About Teen Pregnancy* (Nov. 15, 2021), https://www.cdc.gov/teenpregnancy/about/index.htm#print.

[15] Grose, *supra* note 14.

[16] *See id.*

[17] *Sex Ed State Law and Policy Chart, SIECUS State Profiles: July 2022*, SIECUS (July 2022), https://siecus.org/wp-content/uploads/2021/09/2022-Sex-Ed-State-Law-and-Policy-Chart.pdf ("Of these states, 3 states require comprehensive sex education to be taught in all schools. 2 states require sex education curriculum to be comprehensive, if it is taught in schools.").

[18] Grose, *supra* note 14.

sexual activity, and students who've experienced sexual violence."[19] Accordingly, the link between SRAE-funded programs and the exclusion of historically marginalized groups should be analyzed to ensure that sex education programs meet the needs of all young people, not simply a select few.

As per the Centers for Disease Control and Prevention (CDC), LGBTQI+ young people, for example, face higher rates of sexual health risks and this is in part due to a lack of comprehensive sex education policies.[20] LGBTQI+ young people also face higher rates of sexual violence, at more than double the rate of their heterosexual peers.[21] Sex education that is not comprehensive both prevents LGBTQI+ students from learning the information and skills they need to stay safe and adds to a dangerous climate of exclusion in schools.[22] Advocates note that comprehensive sex education, however, can play a role in changing this, as "[i]nclusive sex education…will reduce the risk of violence and health issues for LGBTQ[I+] young people" and "help their straight, cisgender peers accept them."[23]

Comprehensive sex education is also critical for Black young people, as they are disproportionately affected by STDs and STIs, including HIV/AIDS, and teenage pregnancy.[24] AOUM programs "stigmatize[ ] the millions of children born to unwed parents" by portraying single-parent families negatively.[25] Further, when students are not given basic information about sexuality and contraceptives, this has a disproportionate impact on girls and young women—"[f]emales disproportionately suffer the consequences of unprotected sexual activity, including STIs and unplanned pregnancies [and] [t]hese programs also often contain harmful and outdated gender stereotypes that cast women as the gatekeepers of aggressive male sexuality."[26]

Lastly, the Department of Health and Human Services' (HHS) efforts to conduct oversight, as well as any limitations on its ability to conduct effective oversight, of SRAE-funded programs

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[19] Zach Einstein, *Why we need to avoid 'Sexual Risk Avoidance,'* SIECUS, https://siecus.org/why-we-need-to-avoid-sexual-risk-avoidance/ (last visited Dec. 13, 2022); *see* Zach Einstein, *New name, same shame: #SRAisAbstinenceOnly*, SIECUS, https://siecus.org/new-name-same-shame-sra-is-abstinence-only/ (last visited Dec. 13, 2022); *see also* Advocates for Youth, *We Are Not Chewed Gum*, https://www.advocatesforyouth.org/page/sraisabstinenceonly/ (last visited Dec. 13, 2022).

[20] Jo Yurcaba, *Sex Ed That Excludes LGBTQ+ People Is Tied To Worse Health Outcomes*, Forbes (Oct. 14, 2020), https://www.forbes.com/sites/joyurcaba/2020/10/14/sex-ed-that-excludes-lgbtq-people-is-tied-to-worse-health-outcomes/?sh=21c8cc5013cb.

[21] *Id.*

[22] Hannah Slater, *LGBT-Inclusive Sex Education Means Healthier Youth and Safer Schools*, Ctr. for Am. Progress (Jun. 21, 2013), https://www.americanprogress.org/article/lgbt-inclusive-sex-education-means-healthier-youth-and-safer-schools/.

[23] Yurcaba, *supra* note 20.

[24] *See* Kuehnel at 1252-1253, *supra* note 12, and further noting that, as of 2008, Black young people were more likely to receive AOUM education than white young people.

[25] Julie F. Kay with Ashley Jackson, Sex, Lies & Stereotypes: How Abstinence-Only Programs Harm Women and Girls, Legal Momentum (2008), https://hrp.law.harvard.edu/wp-content/uploads/2013/03/sexlies_stereotypes2008.pdf (noting that "the extent of the harm to children's respect for themselves and their parents from this condemnation and shame is unknown"). Additionally, this stigmatization may disproportionately affect Black youth. *See* Dr. Christina Cross, *The Myth of the Two-Parent Home,* N.Y. Times (Dec. 9, 2019), https://www.nytimes.com/2019/12/09/opinion/two-parent-family.html.

[26] Kay, *supra* note 25.

must be considered. Proper oversight is necessary to ensure that SRAE-funded programs are not only accurate, but effective as well. Notably, in 2008, the U.S. Government Accountability Office (GAO) provided Congressional testimony that raised concerns that HHS' efforts to assess the scientific accuracy of materials used in AOUM education programs were limited, and that efforts to evaluate the effectiveness of AOUM programs "did not meet certain minimum criteria—such as random assignment of participants and sufficient follow-up periods and sample sizes—that experts have concluded are necessary in order for assessments of program effectiveness to be scientifically valid."[27] Sufficient oversight to confirm that federal dollars are not wasted on inaccurate or ineffective SRAE-funded programs is tantamount to ensuring that America's young people have the education they need to make informed decisions about their health and lives.

As sex education is a critically important public health matter, gaining a better understanding of how SRAE-funded programs are taught and overseen is crucial. This is especially the case now, as the Supreme Court's decision in *Dobbs* has significantly curtailed the rights that individuals, including young people, once had to make their own health care decisions. Accordingly, I write to respectfully request that the U.S. Government Accountability Office (GAO) assess SRAE-funded programs, including their effectiveness, quality, medical accuracy, and compliance with federal anti-discrimination laws,[28] as well as whether they provide equitable access to information about sexual health and improve health outcomes. I further request that this study act as a supplement to GAO's 2006 report[29] on AOUM education, considering the ways that the public health landscape has changed in the intervening years. Specifically, I ask that GAO undertake an investigation to address the following questions, and, if applicable, make recommendations:

1. What is known about the medical accuracy and comprehensiveness of SRAE-funded programs, and do these programs limit or expand information related to sexual health?

2. How effective are HHS oversight mechanisms in ensuring that SRAE-funded programs are medically accurate, provide equitable access to comprehensive information about sexual health, and improve health outcomes?

3. How successful are SRAE-funded programs in reducing health inequities and preventing social determinants from causing adverse health outcomes (*e.g.*, STDs, STIs, and intimate partner violence)?

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[27] *Domestic Abstinence-Only Programs: Assessing the Evidence, Hearing Before the H. Comm. on Oversight and Reform*, 110th Cong. (2008) (Statement of Marcia Crosse, Dir., Health Care, U.S. Gov't Accountability Off., at 5), https://www.gao.gov/assets/gao-08-664t.pdf.

[28] *See also* Dep't of Health and Hum. Services, Admin. for Child. & Families, *2022 Grant Announcement* (June 28, 2022), https://www.grants.gov/web/grants/view-opportunity.html?oppId=335505 (noting that, by an applicant's submission of budget information, that applicant is "making the appropriate certification of their compliance with all federal statutes relating to nondiscrimination"). The FY 2022 Grant Announcement for General Departmental SRAE funding is not yet available online.

[29] U.S. Gov't Accountability Off., GAO-07-87, *Abstinence Education: Efforts to Assess the Accuracy and Effectiveness of Federally Funded Programs* (Oct. 2006), https://www.gao.gov/assets/gao-07-87.pdf.

4. What is known about the health outcomes for those who participate in SRAE-funded programs? With respect to long term outcomes, how successful are SRAE-funded programs in: delaying the onset of sexual activity; reducing rates of unprotected intercourse; reducing rates of STD, STI, and HIV transmission; improving sexual communication and negotiation skills; teaching about access to sexual health services; reducing sexual violence; and reducing unintended pregnancy among teens?

5. What is known about the academic outcomes for those who participate in SRAE-funded programs?

6. To what extent are SRAE-funded programs inclusive of:
    a. historically marginalized groups, such as LGBTQI+ youth and people of color?
    b. groups that have been disproportionately impacted by health inequities and/or disparities?
    c. people who have experienced sexual violence?

7. What is known about the evidence of the effectiveness of SRAE-funded programs? What evidence has been published in peer-reviewed scientific journals?

8. To what extent, if at all, does HHS review SRAE-funded programs to ensure such programs are consistent with and do not conflict with federal law regarding protections for historically marginalized groups, such as LGBTQI+ youth and people of color? Do SRAE-funded programs conflict with these federal laws?

9. Do SRAE-funded programs deliver a quality sexual health education (SHE) curriculum as defined by the CDC's Division of Adolescent and School Health (DASH)? Are there restrictions that prevent SRAE-funded programs from aligning with CDC DASH's SHE standards?

If you have any questions or wish to discuss this request further, please contact Carrie Hughes, Director of Health and Human Services, U.S. House of Representatives Committee on Education and Labor, at Carrie.Hughes@mail.house.gov. Please direct all official correspondence to the Committee's Chief Clerk, Rasheedah Hasan, at Rasheedah.Hasan@mail.house.gov. Please also keep Committee staff, as appropriate, informed of work on this engagement. Thank you for your attention to this matter.

Sincerely,

ROBERT C. "BOBBY" SCOTT
Chairman