

119TH CONGRESS  
1ST SESSION

# S. 1910

To provide for the overall health and well-being of young people, including the promotion and attainment of lifelong sexual health and healthy relationships, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MAY 22, 2025

Mr. BOOKER (for himself, Ms. HIRONO, Mr. PADILLA, Mr. MARKEY, Mr. MERKLEY, Mr. BLUMENTHAL, and Ms. WARREN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To provide for the overall health and well-being of young people, including the promotion and attainment of lifelong sexual health and healthy relationships, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Real Education and  
5 Access for Healthy Youth Act of 2025”.

1 **SEC. 2. PURPOSE AND FINDINGS.**

2 (a) PURPOSE.—The purpose of this Act is to provide  
3 young people with sex education and sexual health services  
4 that—

5 (1) promote and uphold the rights of young  
6 people to information and services that empower  
7 them to make decisions about their bodies, health,  
8 sexuality, families, and communities in all areas of  
9 life;

10 (2) are evidence-informed, comprehensive in  
11 scope, confidential, equitable, accessible, medically  
12 accurate and complete, age and developmentally ap-  
13 propriate, culturally responsive, trauma-informed  
14 and resilience-oriented, and align with the National  
15 Sex Education Standards of the Future of Sex Ed  
16 Initiative;

17 (3) provide information about the prevention,  
18 treatment, and care of pregnancy, sexually trans-  
19 mitted infections, and interpersonal violence;

20 (4) provide information about the importance of  
21 consent as a basis for healthy relationships and for  
22 autonomy in health care;

23 (5) provide information on gender identity and  
24 gender expression;

25 (6) provide information on the historical and  
26 current condition in which education and health sys-

1       tems, policies, programs, services, and practices have  
2       uniquely and adversely impacted Black, Indigenous,  
3       Latine, Asian American, Native Hawaiian, Pacific  
4       Islander, and other People of Color; and

5               (7) redress inequities in the delivery of sex edu-  
6       cation and sexual health services to underserved  
7       young people.

8       (b) FINDINGS.—Congress finds the following:

9               (1) Young people need and have the right to sex  
10      education and sexual health services that are evi-  
11      dence-informed, comprehensive in scope, confiden-  
12      tial, equitable, accessible, medically accurate and  
13      complete, age and developmentally appropriate, cul-  
14      turally responsive, and trauma-informed and resil-  
15      ience-oriented.

16              (2) Currently, there is a gap between the sex  
17      education that young people should be receiving  
18      based on expert standards and the sex education  
19      many actually receive.

20              (3) Only 36 States and the District of Colum-  
21      bia mandate sex education or human immuno-  
22      deficiency virus (HIV) education in schools.

23              (4) When there is sex education or instruction  
24      regarding HIV or sexually transmitted infections  
25      (STI), 13 States do not require the content to be

1 evidence-informed, medically accurate and complete,  
2 age and developmentally appropriate, or culturally  
3 responsive.

4 (5) Many sex education programs and sexual  
5 health services currently available were not designed  
6 to and do not currently meet the needs of under-  
7 served young people. Some such programs and serv-  
8 ices actually harm underserved young people.

9 (6) For underserved young people, a lack of  
10 comprehensive in scope, confidential, equitable, and  
11 accessible sex education and sexual health services is  
12 not unfamiliar, but rather a longstanding manifesta-  
13 tion of white supremacy, which has touched every  
14 aspect of our history, culture, and institutions, in-  
15 cluding the education and health care systems.

16 (7) The development and delivery of sexual  
17 health education and sexual health services in the  
18 United States historically has been rooted in the op-  
19 pression of Black, Indigenous, Latine, Asian Amer-  
20 ican, Native Hawaiian, Pacific Islander, and other  
21 People of Color.

22 (8) The United States has a long history of eu-  
23 genics and forced sterilization. The sexual and re-  
24 productive rights and bodily autonomy of specific  
25 communities deemed “undesirable” or “defective”

1 were targeted by our governments resulting in state-  
2 sanctioned violence and generations of trauma and  
3 oppression. These communities include—

4 (A) people with low incomes;

5 (B) immigrants;

6 (C) people with disabilities;

7 (D) people living with HIV;

8 (E) survivors of interpersonal violence;

9 (F) people who are incarcerated, detained,

10 or who otherwise have encountered the crimi-  
11 nal-legal system;

12 (G) Black, Indigenous, Latine, Asian  
13 American, and other People of Color;

14 (H) people who are lesbian, gay, bisexual,  
15 transgender, and queer; and

16 (I) young people who are pregnant and  
17 parenting.

18 (9) Black young people are more likely to re-  
19 ceive abstinence-only instruction. Research shows  
20 that abstinence-only instruction, also known as “sex-  
21 ual risk avoidance” instruction, is ineffective in com-  
22 parison to comprehensive sex education.

23 (10) Black, Indigenous, and Latine young peo-  
24 ple are disproportionately more likely to be diag-

1 nosed with an STI, have an unintended pregnancy,  
2 or experience sexual assault.

3 (11) The framework of Reproductive Justice ac-  
4 knowledges and aims to address the legacy of white  
5 supremacy, systemic oppression, and the restrictions  
6 on sex education and sexual health services that dis-  
7 proportionately impact underserved communities.  
8 Reproductive Justice will be achieved when all people  
9 regardless of actual or perceived race, color, eth-  
10 nicity, national origin, religion, immigration status,  
11 sex (including gender identity and sexual orienta-  
12 tion), disability status, pregnancy or parenting sta-  
13 tus, or age have the power to make decisions about  
14 their bodies, health, sexuality, families, and commu-  
15 nities in all areas of life.

16 (12) Increased resources are required for sex  
17 education and sexual health services to reach all  
18 young people, redress inequities and their impacts  
19 on underserved young people, and achieve Reproduc-  
20 tive Justice for young people.

21 (13) Such sex education and sexual health serv-  
22 ices should—

23 (A) promote and uphold the rights of  
24 young people to information and services in

1 order to make and exercise informed and re-  
2 sponsible decisions about their sexual health;

3 (B) be evidence-informed, comprehensive in  
4 scope, confidential, equitable, accessible, age  
5 and developmentally appropriate, culturally re-  
6 sponsive, and trauma-informed and resilience-  
7 oriented;

8 (C) include instruction and materials that  
9 address—

10 (i) puberty and adolescent develop-  
11 ment;

12 (ii) sexual and reproductive anatomy  
13 and physiology;

14 (iii) sexual orientation, gender iden-  
15 tity, and gender expression;

16 (iv) contraception, pregnancy, and re-  
17 production;

18 (v) HIV and other STIs;

19 (vi) consent and healthy relationships;

20 and

21 (vii) interpersonal violence;

22 (D) promote gender equity and be inclusive  
23 of young people with varying gender identities,  
24 gender expressions, and sexual orientations;

1 (E) promote safe and healthy relationships;  
2 and

3 (F) promote racial equity and be respon-  
4 sive to the needs of young people who are  
5 Black, Indigenous, and other People of Color.

6 **SEC. 3. DEFINITIONS.**

7 In this Act:

8 (1) AGE AND DEVELOPMENTALLY APPRO-  
9 PRIATE.—The term “age and developmentally appro-  
10 priate” means topics, messages, and teaching meth-  
11 ods suitable to particular ages, age groups, or devel-  
12 opmental levels, based on cognitive, emotional, so-  
13 cial, and behavioral capacity of most young people at  
14 that age level.

15 (2) CONSENT.—The term “consent” means af-  
16 firmative, conscious, and voluntary agreement to en-  
17 gage in interpersonal, physical, or sexual activity.

18 (3) CULTURALLY RESPONSIVE.—The term “cul-  
19 turally responsive” means education and services  
20 that—

21 (A) embrace and actively engage and ad-  
22 just to young people and their various cultural  
23 identities;

24 (B) recognize the ways in which many un-  
25 derserved young people face unique barriers in

1 our society that result in increased adverse  
2 health outcomes and associated stereotypes; and

3 (C) may address the ways in which racism  
4 has shaped national health care policy, the last-  
5 ing historical trauma associated with reproduc-  
6 tive health experiments and forced sterilizations  
7 of Black, Latine, and Indigenous communities,  
8 or sexual stereotypes assigned to young People  
9 of Color or LGBTQ+ people.

10 (4) EVIDENCE-INFORMED.—The term “evi-  
11 dence-informed” means incorporating characteris-  
12 tics, content, or skills that have been proven to be  
13 effective through evaluation in changing sexual be-  
14 havior.

15 (5) GENDER EXPRESSION.—The term “gender  
16 expression” means the expression of one’s gender,  
17 such as through behavior, clothing, haircut, or voice,  
18 and which may or may not conform to socially de-  
19 fined behaviors and characteristics typically associ-  
20 ated with being either masculine or feminine.

21 (6) GENDER IDENTITY.—The term “gender  
22 identity” means the gender-related identity, appear-  
23 ance, mannerisms, or other gender-related character-  
24 istics of an individual, regardless of the individual’s  
25 designated sex at birth.

1           (7) INCLUSIVE.—The term “inclusive” means  
2 content and skills that ensure underserved young  
3 people are valued, respected, centered, and sup-  
4 ported in sex education instruction and materials.

5           (8) INSTITUTION OF HIGHER EDUCATION.—The  
6 term “institution of higher education” has the  
7 meaning given the term in section 101 of the Higher  
8 Education Act of 1965 (20 U.S.C. 1001).

9           (9) INTERPERSONAL VIOLENCE.—The term  
10 “interpersonal violence” means abuse, assault, bul-  
11 lying, dating violence, domestic violence, harassment,  
12 intimate partner violence, or stalking.

13           (10) LOCAL EDUCATIONAL AGENCY.—The term  
14 “local educational agency” has the meaning given  
15 the term in section 8101 of the Elementary and Sec-  
16 ondary Education Act of 1965 (20 U.S.C. 7801).

17           (11) MEDICALLY ACCURATE AND COMPLETE.—  
18 The term “medically accurate and complete” means  
19 that—

20           (A) the information provided through the  
21 education is verified or supported by the weight  
22 of research conducted in compliance with ac-  
23 cepted scientific methods and is published in  
24 peer-reviewed journals, where applicable; or

1 (B) the education contains information  
2 that leading professional organizations and  
3 agencies with relevant expertise in the field rec-  
4 ognize as accurate, objective, and complete.

5 (12) RESILIENCE.—The term “resilience”  
6 means the ability to adapt to trauma and tragedy.

7 (13) SECRETARY.—The term “Secretary”  
8 means the Secretary of Health and Human Services.

9 (14) SEX EDUCATION.—The term “sex edu-  
10 cation” means high quality teaching and learning  
11 that—

12 (A) is delivered, to the maximum extent  
13 practicable, following the National Sexuality  
14 Education Standards of the Future of Sex Ed  
15 Initiative;

16 (B) is about a broad variety of topics re-  
17 lated to sex and sexuality, including—

18 (i) puberty and adolescent develop-  
19 ment;

20 (ii) sexual and reproductive anatomy  
21 and physiology;

22 (iii) sexual orientation, gender iden-  
23 tity, and gender expression;

24 (iv) contraception, pregnancy, preg-  
25 nancy options, and reproduction;

- 1 (v) HIV and other STIs;
- 2 (vi) consent and healthy relationships;
- 3 and
- 4 (vii) interpersonal violence;
- 5 (C) explores values and beliefs about such
- 6 topics; and
- 7 (D) helps young people in gaining the
- 8 skills that are needed to navigate relationships
- 9 and manage one’s own sexual health.
- 10 (15) SEXUAL HEALTH SERVICES.—The term
- 11 “sexual health services” includes—
- 12 (A) sexual health information, education,
- 13 and counseling;
- 14 (B) all methods of contraception approved
- 15 by the Food and Drug Administration;
- 16 (C) routine gynecological care, including
- 17 human papillomavirus (HPV) vaccines and can-
- 18 cer screenings;
- 19 (D) pre-exposure prophylaxis or post-expo-
- 20 sure prophylaxis;
- 21 (E) substance use and mental health serv-
- 22 ices;
- 23 (F) interpersonal violence survivor services;
- 24 and

1 (G) other pregnancy and STI prevention,  
2 care, or treatment services.

3 (16) SEXUAL ORIENTATION.—The term “sexual  
4 orientation” means an individual’s romantic, emo-  
5 tional, or sexual attraction to other people.

6 (17) STATE EDUCATIONAL AGENCY.—The term  
7 “State educational agency” has the meaning given  
8 the term in section 8101 of the Elementary and Sec-  
9 ondary Education Act of 1965 (20 U.S.C. 7801).

10 (18) TRAUMA.—The term “trauma” means a  
11 response to an event, series of events, or set of cir-  
12 cumstances that is experienced or witnessed by an  
13 individual or group of people as physically or emo-  
14 tionally harmful or life-threatening with lasting ad-  
15 verse effects on their functioning and mental, phys-  
16 ical, social, emotional, or spiritual well-being.

17 (19) TRAUMA-INFORMED AND RESILIENCE-ORI-  
18 ENTED.—The term “trauma-informed and resil-  
19 ience-oriented” means an approach that realizes the  
20 prevalence of trauma, recognizes the various ways  
21 individuals, organizations, and communities may re-  
22 spond to trauma differently, recognizes that resil-  
23 ience can be built, and responds by putting this  
24 knowledge into practice.

1           (20) UNDERSERVED YOUNG PEOPLE.—The  
2 term “underserved young people” means young peo-  
3 ple who are disadvantaged by underlying structural  
4 barriers and social inequities, including young people  
5 who are—

6           (A) Black, Indigenous, Latine, Asian  
7 American, Native Hawaiian, Pacific Islander,  
8 and other People of Color;

9           (B) immigrants;

10          (C) in contact with the foster care system;

11          (D) in contact with the juvenile justice sys-  
12 tem;

13          (E) experiencing homelessness;

14          (F) pregnant or parenting;

15          (G) lesbian, gay, bisexual, transgender, or  
16 queer;

17          (H) living with HIV;

18          (I) living with disabilities;

19          (J) from families with low-incomes; or

20          (K) living in rural areas.

21           (21) YOUNG PEOPLE.—The term “young peo-  
22 ple” means individuals who are ages 10 through 29  
23 at the time of commencement of participation in a  
24 project supported under this Act.

1           (22) YOUTH-FRIENDLY SEXUAL HEALTH SERV-  
2           ICES.—The term “youth-friendly sexual health serv-  
3           ices” means sexual health services that are provided  
4           in a confidential, equitable, and accessible manner  
5           that makes it easy and comfortable for young people  
6           to seek out and receive services.

7   **SEC. 4. GRANTS FOR SEX EDUCATION AT ELEMENTARY**  
8                           **AND SECONDARY SCHOOLS AND YOUTH-**  
9                           **SERVING ORGANIZATIONS.**

10          (a) PROGRAM AUTHORIZED.—The Secretary, in co-  
11          ordination with the Secretary of Education, shall award  
12          grants, on a competitive basis, to eligible entities to enable  
13          such eligible entities to carry out projects that provide  
14          young people with sex education.

15          (b) DURATION.—Grants awarded under this section  
16          shall be for a period of 5 years.

17          (c) ELIGIBLE ENTITY.—In this section, the term “el-  
18          igible entity” means a public or private entity that delivers  
19          health education to young people.

20          (d) APPLICATIONS.—An eligible entity desiring a  
21          grant under this section shall submit an application to the  
22          Secretary at such time, in such manner, and containing  
23          such information as the Secretary may require.

1 (e) PRIORITY.—In awarding grants under this sec-  
2 tion, the Secretary shall give priority to eligible entities  
3 that are—

4 (1) State educational agencies or local edu-  
5 cational agencies; or

6 (2) Indian Tribes or Tribal organizations, as  
7 defined in section 4 of the Indian Self-Determination  
8 and Education Assistance Act (25 U.S.C. 5304).

9 (f) USE OF FUNDS.—Each eligible entity that re-  
10 ceives a grant under this section shall use the grant funds  
11 to carry out a project that provides young people with sex  
12 education.

13 **SEC. 5. GRANTS FOR SEX EDUCATION AT INSTITUTIONS OF**  
14 **HIGHER EDUCATION.**

15 (a) PROGRAM AUTHORIZED.—The Secretary, in co-  
16 ordination with the Secretary of Education, shall award  
17 grants, on a competitive basis, to institutions of higher  
18 education or consortia of such institutions to enable such  
19 institutions to provide students with age and develop-  
20 mentally appropriate sex education.

21 (b) DURATION.—Grants awarded under this section  
22 shall be for a period of 5 years.

23 (c) APPLICATIONS.—An institution of higher edu-  
24 cation or consortium of such institutions desiring a grant  
25 under this section shall submit an application to the Sec-

1 retary at such time, in such manner, and containing such  
2 information as the Secretary may require.

3 (d) PRIORITY.—In awarding grants under this sec-  
4 tion, the Secretary shall give priority to an institution of  
5 higher education that—

6 (1) has an enrollment of needy students, as de-  
7 fined in section 318(b) of the Higher Education Act  
8 of 1965 (20 U.S.C. 1059e(b));

9 (2) is a Hispanic-serving institution, as defined  
10 in section 502(a) of such Act (20 U.S.C. 1101a(a));

11 (3) is a Tribal College or University, as defined  
12 in section 316(b) of such Act (20 U.S.C. 1059c(b));

13 (4) is an Alaska Native-serving institution, as  
14 defined in section 317(b) of such Act (20 U.S.C.  
15 1059d(b));

16 (5) is a Native Hawaiian-serving institution, as  
17 defined in section 317(b) of such Act (20 U.S.C.  
18 1059d(b));

19 (6) is a Predominantly Black Institution, as de-  
20 fined in section 318(b) of such Act (20 U.S.C.  
21 1059e(b));

22 (7) is a Native American-serving, nontribal in-  
23 stitution, as defined in section 319(b) of such Act  
24 (20 U.S.C. 1059f(b));

1           (8) is an Asian American and Native American  
2 Pacific Islander-serving institution, as defined in  
3 section 320(b) of such Act (20 U.S.C. 1059g(b)); or

4           (9) is a minority institution, as defined in sec-  
5 tion 365 of such Act (20 U.S.C. 1067k), with an en-  
6 rollment of needy students, as defined in section 312  
7 of such Act (20 U.S.C. 1058).

8           (e) USES OF FUNDS.—An institution of higher edu-  
9 cation or consortium of such institutions receiving a grant  
10 under this section shall use grant funds to develop and  
11 implement a project to integrate sex education into the  
12 institution of higher education in order to reach a large  
13 number of students, by carrying out 1 or more of the fol-  
14 lowing activities:

15           (1) Adopting and incorporating age and devel-  
16 opmentally appropriate sex education into student  
17 orientation, general education, or courses.

18           (2) Developing or adopting and implementing  
19 educational programming outside of class that deliv-  
20 ers age and developmentally appropriate sex edu-  
21 cation to students.

22           (3) Developing or adopting and implementing  
23 innovative technology-based approaches to deliver  
24 age and developmentally appropriate sex education  
25 to students.

1           (4) Developing or adopting and implementing  
2 peer-led activities to generate discussion, educate,  
3 and raise awareness among students about age and  
4 developmentally appropriate sex education.

5           (5) Developing or adopting and implementing  
6 policies and practices to link students to sexual  
7 health services.

8 **SEC. 6. GRANTS FOR EDUCATOR TRAINING.**

9           (a) PROGRAM AUTHORIZED.—The Secretary, in co-  
10 ordination with the Secretary of Education, shall award  
11 grants, on a competitive basis, to eligible entities to enable  
12 such eligible entities to carry out the activities described  
13 in subsection (e).

14           (b) DURATION.—Grants awarded under this section  
15 shall be for a period of 5 years.

16           (c) ELIGIBLE ENTITY.—In this section, the term “el-  
17 igible entity” means—

18           (1) a State educational agency or local edu-  
19 cational agency;

20           (2) an Indian Tribe or Tribal organization, as  
21 defined in section 4 of the Indian Self-Determination  
22 and Education Assistance Act (25 U.S.C. 5304);

23           (3) a State or local department of health;

1           (4) an educational service agency, as defined in  
2           section 8101 of the Elementary and Secondary Edu-  
3           cation Act of 1965 (20 U.S.C. 7801);

4           (5) a nonprofit institution of higher education  
5           or a consortium of such institutions; or

6           (6) a national or statewide nonprofit organiza-  
7           tion or consortium of nonprofit organizations that  
8           has as its primary purpose the improvement of pro-  
9           vision of sex education through training and effec-  
10          tive teaching of sex education.

11          (d) APPLICATION.—An eligible entity desiring a  
12          grant under this section shall submit an application to the  
13          Secretary at such time, in such manner, and containing  
14          such information as the Secretary may require.

15          (e) AUTHORIZED ACTIVITIES.—

16           (1) REQUIRED ACTIVITY.—Each eligible entity  
17           receiving a grant under this section shall use grant  
18           funds for professional development and training of  
19           relevant teachers, health educators, faculty, adminis-  
20           trators, and staff, in order to increase effective  
21           teaching of sex education to young people.

22           (2) PERMISSIBLE ACTIVITIES.—Each eligible  
23           entity receiving a grant under this section may use  
24           grant funds to—

1 (A) provide training and support for edu-  
2 cators about the content, skills, and profes-  
3 sional disposition needed to implement sex edu-  
4 cation effectively;

5 (B) develop and provide training and sup-  
6 port to educators on incorporating anti-racist  
7 and gender inclusive policies and practices in  
8 sex education;

9 (C) support the dissemination of informa-  
10 tion on effective practices and research findings  
11 concerning the teaching of sex education;

12 (D) support research on—

13 (i) effective sex education teaching  
14 practices; and

15 (ii) the development of assessment in-  
16 struments and strategies to document—

17 (I) young people’s understanding  
18 of sex education; and

19 (II) the effects of sex education;

20 (E) convene conferences on sex education,  
21 in order to effectively train educators in the  
22 provision of sex education; and

23 (F) develop and disseminate appropriate  
24 research-based materials to foster sex edu-  
25 cation.

1           (3) SUBGRANTS.—Each eligible entity receiving  
2 a grant under this section may award subgrants to  
3 nonprofit organizations that possess a demonstrated  
4 record of providing training to teachers, health edu-  
5 cators, faculty, administrators, and staff on sex edu-  
6 cation to—

7                   (A) train educators in sex education;

8                   (B) support internet or distance learning  
9 related to sex education;

10                   (C) promote rigorous academic standards  
11 and assessment techniques to guide and meas-  
12 ure student performance in sex education;

13                   (D) encourage replication of best practices  
14 and model programs to promote sex education;

15                   (E) develop and disseminate effective, re-  
16 search-based sex education learning materials in  
17 multiple languages; or

18                   (F) develop academic courses on the peda-  
19 gogy of sex education at institutions of higher  
20 education.

21 **SEC. 7. AUTHORIZATION OF GRANTS TO SUPPORT THE DE-**  
22 **LIVERY OF SEXUAL HEALTH SERVICES TO**  
23 **UNDERSERVED YOUNG PEOPLE.**

24           (a) PROGRAM AUTHORIZED.—The Secretary shall  
25 award grants, on a competitive basis, to eligible entities

1 to enable such entities to provide youth-friendly sexual  
2 health services to underserved young people.

3 (b) DURATION.—Grants awarded under this section  
4 shall be for a period of 5 years.

5 (c) ELIGIBLE ENTITY.—In this section, the term “el-  
6 igible entity” means—

7 (1) a public or private youth-serving organiza-  
8 tion; or

9 (2) a covered entity, as defined in section 340B  
10 of the Public Health Service Act (42 U.S.C. 256b).

11 (d) APPLICATIONS.—An eligible entity desiring a  
12 grant under this section shall submit an application to the  
13 Secretary at such time, in such manner, and containing  
14 such information as the Secretary may require.

15 (e) USES OF FUNDS.—Each eligible entity that re-  
16 ceives a grant under this section may use the grant funds  
17 to—

18 (1) develop and implement an evidence-in-  
19 formed project to deliver sexual health services to  
20 underserved young people;

21 (2) establish, alter, or modify staff positions,  
22 service delivery policies and practices, service deliv-  
23 ery locations, service delivery environments, service  
24 delivery schedules, or other services components in

1 order to increase youth-friendly sexual health serv-  
2 ices to underserved young people;

3 (3) conduct outreach to underserved young peo-  
4 ple to invite them to participate in the eligible enti-  
5 ty's sexual health services and to provide feedback to  
6 inform improvements in the delivery of such services;

7 (4) establish and refine systems of referral to  
8 connect underserved young people to other sexual  
9 health services and supportive services;

10 (5) establish partnerships and collaborations  
11 with entities providing services to underserved young  
12 people to link such young people to sexual health  
13 services, such as by delivering health services at lo-  
14 cations where they congregate, providing transpor-  
15 tation to locations where sexual health services are  
16 provided, or other linkages to services approaches;

17 (6) provide evidence-informed, comprehensive in  
18 scope, confidential, equitable, accessible, medically  
19 accurate and complete, age and developmentally ap-  
20 propriate, culturally responsive, and trauma-in-  
21 formed and resilience-oriented sexual health infor-  
22 mation to underserved young people in the lan-  
23 guages and cultural contexts that are most appro-  
24 priate for the underserved young people to be served  
25 by the eligible entity;

1           (7) promote effective communication regarding  
2 sexual health among underserved young people; and

3           (8) provide training and support for eligible en-  
4 tity personnel and community members who work  
5 with underserved young people about the content,  
6 skills, and professional disposition needed to provide  
7 youth-friendly sex education and youth-friendly sex-  
8 ual health services.

9 **SEC. 8. REPORTING AND IMPACT EVALUATION.**

10       (a) **GRANTEE REPORT TO SECRETARY.**—For each  
11 year a grantee receives grant funds under section 4, 5,  
12 6, or 7, the grantee shall submit to the Secretary a report  
13 that includes—

14           (1) the use of grant funds by the grantee;

15           (2) how the use of grant funds has increased  
16 the access of young people to sex education or sexual  
17 health services; and

18           (3) such other information as the Secretary  
19 may require.

20       (b) **SECRETARY'S REPORT TO CONGRESS.**—Not later  
21 than 1 year after the date of the enactment of this Act,  
22 and annually thereafter for a period of 5 years, the Sec-  
23 retary shall prepare and submit to Congress a report on  
24 the activities funded under this Act. The Secretary's re-  
25 port to Congress shall include—

1           (1) a statement of how grants awarded by the  
2 Secretary meet the purpose described in section  
3 2(a); and

4           (2) information about—

5           (A) the number of grantees that are receiv-  
6 ing grant funds under sections 4, 5, 6, and 7;

7           (B) the specific activities supported by  
8 grant funds awarded under sections 4, 5, 6, and  
9 7;

10           (C) the number of young people served by  
11 projects funded under sections 4, 5, and 7, in  
12 the aggregate and disaggregated and cross-tab-  
13 ulated by grant program, race and ethnicity,  
14 sex, sexual orientation, gender identity, and  
15 other characteristics determined by the Sec-  
16 retary (except that such disaggregation or  
17 cross-tabulation shall not be required in a case  
18 in which the results would reveal personally  
19 identifiable information about an individual  
20 young person);

21           (D) the number of teachers, health edu-  
22 cators, faculty, school administrators, and staff  
23 trained under section 6; and

24           (E) the status of the evaluation required  
25 under subsection (c).

1 (c) MULTI-YEAR EVALUATION.—

2 (1) IN GENERAL.—Not later than 6 months  
3 after the date of the enactment of this Act, the Sec-  
4 retary shall enter into a contract with a nonprofit  
5 organization with experience in conducting impact  
6 evaluations to conduct a multi-year evaluation on the  
7 impact of the projects funded under sections 4, 5, 6,  
8 and 7 and to report to Congress and the Secretary  
9 on the findings of such evaluation.

10 (2) EVALUATION.—The evaluation conducted  
11 under this subsection shall—

12 (A) be conducted in a manner consistent  
13 with relevant, nationally recognized professional  
14 and technical evaluation standards;

15 (B) use sound statistical methods and  
16 techniques relating to the behavioral sciences,  
17 including quasi-experimental designs, inferential  
18 statistics, and other methodologies and tech-  
19 niques that allow for conclusions to be reached;

20 (C) be carried out by an independent orga-  
21 nization that has not received a grant under  
22 section 4, 5, 6, or 7; and

23 (D) be designed to provide information on  
24 output measures and outcome measures to be  
25 determined by the Secretary.

1           (3) REPORT.—Not later than 6 years after the  
2           date of enactment of this Act, the organization con-  
3           ducting the evaluation under this subsection shall  
4           prepare and submit to the appropriate committees of  
5           Congress and the Secretary an evaluation report.  
6           Such report shall be made publicly available, includ-  
7           ing on the website of the Department of Health and  
8           Human Services.

9   **SEC. 9. NONDISCRIMINATION.**

10          Activities funded under this Act shall not discrimi-  
11          nate on the basis of actual or perceived sex (including sex-  
12          ual orientation and gender identity), age, pregnancy, pa-  
13          rental status, race, color, ethnicity, national origin, dis-  
14          ability, or religion. Nothing in this Act shall be construed  
15          to invalidate or limit rights, remedies, procedures, or legal  
16          standards available under any other Federal law or any  
17          law of a State or a political subdivision of a State, includ-  
18          ing the Civil Rights Act of 1964 (42 U.S.C. 2000a et  
19          seq.), title IX of the Education Amendments of 1972 (20  
20          U.S.C. 1681 et seq.), section 504 of the Rehabilitation Act  
21          of 1973 (29 U.S.C. 794), the Americans with Disabilities  
22          Act of 1990 (42 U.S.C. 12101 et seq.), and section 1557  
23          of the Patient Protection and Affordable Care Act (42  
24          U.S.C. 18116).

1 **SEC. 10. LIMITATION.**

2 No Federal funds provided under this Act may be  
3 used for sex education or sexual health services that—

4 (1) withhold health-promoting or life-saving in-  
5 formation about sexuality-related topics, including  
6 HIV;

7 (2) are medically inaccurate or incomplete;

8 (3) promote gender or racial stereotypes or are  
9 unresponsive to gender or racial inequities;

10 (4) fail to address the needs of sexually active  
11 young people;

12 (5) fail to address the needs of pregnant or par-  
13 enting young people;

14 (6) fail to address the needs of survivors of  
15 interpersonal violence;

16 (7) fail to address the needs of young people of  
17 all physical, developmental, or mental abilities;

18 (8) fail to be inclusive of individuals with vary-  
19 ing gender identities, gender expressions, and sexual  
20 orientations; or

21 (9) are inconsistent with the ethical imperatives  
22 of medicine and public health.

23 **SEC. 11. AMENDMENTS TO OTHER LAWS.**

24 (a) AMENDMENT TO THE PUBLIC HEALTH SERVICE  
25 ACT.—Section 2500 of the Public Health Service Act (42

1 U.S.C. 300ee) is amended by striking subsections (b)  
2 through (d) and inserting the following:

3 “(b) CONTENTS OF PROGRAMS.—All programs of  
4 education and information receiving funds under this title  
5 shall include information about the potential effects of in-  
6 travenous substance use.”.

7 (b) AMENDMENTS TO THE ELEMENTARY AND SEC-  
8 ONDARY EDUCATION ACT OF 1965.—Section 8526 of the  
9 Elementary and Secondary Education Act of 1965 (20  
10 U.S.C. 7906) is amended—

11 (1) by striking paragraphs (3), (5), and (6);

12 (2) by redesignating paragraph (4) as para-  
13 graph (3);

14 (3) in paragraph (3), as redesignated by para-  
15 graph (2), by inserting “or” after the semicolon; and

16 (4) by redesignating paragraph (7) as para-  
17 graph (4).

18 **SEC. 12. FUNDING.**

19 (a) AUTHORIZATION.—For the purpose of carrying  
20 out this Act, there is authorized to be appropriated  
21 \$100,000,000 for each of fiscal years 2026 through 2031.  
22 Amounts appropriated under this subsection shall remain  
23 available until expended.

24 (b) RESERVATIONS OF FUNDS.—

25 (1) IN GENERAL.—The Secretary—

1 (A) shall reserve not more than 30 percent  
2 of the amount authorized under subsection (a)  
3 for the purposes of awarding grants for sex  
4 education at elementary and secondary schools  
5 and youth-serving organizations under section  
6 4;

7 (B) shall reserve not more than 10 percent  
8 of the amount authorized under subsection (a)  
9 for the purpose of awarding grants for sex edu-  
10 cation at institutions of higher education under  
11 section 5;

12 (C) shall reserve not more than 15 percent  
13 of the amount authorized under subsection (a)  
14 for the purpose of awarding grants for educator  
15 training under section 6;

16 (D) shall reserve not more than 30 percent  
17 of the amount authorized under subsection (a)  
18 for the purpose of awarding grants for sexual  
19 health services for underserved youth under sec-  
20 tion 7; and

21 (E) shall reserve not less than 5 percent of  
22 the amount authorized under subsection (a) for  
23 the purpose of carrying out the reporting and  
24 impact evaluation required under section 8.

1           (2) RESEARCH, TRAINING, AND TECHNICAL AS-  
2           SISTANCE.—The Secretary shall reserve not less  
3           than 10 percent of the amount authorized under  
4           subsection (a) for expenditures by the Secretary to  
5           provide, directly or through a competitive grant  
6           process, research, training, and technical assistance,  
7           including dissemination of research and information  
8           regarding effective and promising practices, pro-  
9           viding consultation and resources, and developing re-  
10          sources and materials to support the activities of re-  
11          cipients of grants. In carrying out such functions,  
12          the Secretary shall collaborate with a variety of enti-  
13          ties that have expertise in sex education and sexual  
14          health services standards setting, design, develop-  
15          ment, delivery, research, monitoring, and evaluation.

16          (c) REPROGRAMMING OF ABSTINENCE ONLY UNTIL  
17          MARRIAGE PROGRAM FUNDING.—The unobligated bal-  
18          ance of funds made available to carry out section 510 of  
19          the Social Security Act (42 U.S.C. 710) (as in effect on  
20          the day before the date of enactment of this Act) are here-  
21          by transferred and shall be used by the Secretary to carry  
22          out this Act. The amounts transferred and made available  
23          to carry out this Act shall remain available until expended.

1       (d) REPEAL OF ABSTINENCE ONLY UNTIL MAR-  
2 MARIAGE PROGRAM.—Section 510 of the Social Security Act  
3 (42 U.S.C. 710) is repealed.

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