

October 29, 2019

Chairwoman Lehner,

SB 121 has a fatal flaw. It doesn't include the ability for the State Board of Education to address venereal disease education, or as most people call it, sex education.

I am the mother of a toddler who is smart, curious, and eager to learn. She deserves to have the best education possible - one that gives her a truthful and complete picture to aid her in the choices she makes as she grows into an adult. That includes real health education meeting standards like those set by the Joint Committee on National Health Education Standards. Since 1995, this has been the benchmark that most states have aspired to. And while many, like Ohio's current proposal, do not include sex education, these standards are ideal for teaching all health education, including sexual health.

These standards, or a variation that would be adopted by the State Board of Education, should encourage curriculum around sexual health. Decisions about having sex, how best to protect your own physical and emotional health, and how those decisions can impact your other goals in life are engaging lessons and opportunities for young people.

A recent Centers for Disease Control and Prevention survey indicates that more than 47% of all high school students say they have had sex, and 15% have had sex with four or more partners during their lifetime. These decisions have consequences that health education can help young people identify and prioritize healthy behavior.

Though the teen birth rate has declined to its lowest levels since data collection began, the United States still has the highest teen birth rate in the industrialized world. Roughly 1 in 4 girls will become pregnant at least once by their 20th birthday. In Ohio, we rank in the middle of the pack for teen pregnancy with 20.8 pregnancies per 1000 females age 15-19 in 2017. All the states that can boast a rate half of Ohio's have comprehensive sex education.

Because one of the outcomes measured through health education standards is the ability to set goals, it is important to demonstrate how decisions about sex impact other areas of a teen's life. For example, teenage mothers are less likely to finish high school and are more likely than their peers to live in poverty, depend on public assistance, and be in poor health. Their children are more likely to be involved in correctional systems, live in poverty, drop out of high school and become teen parents themselves.

The consequences of these choices go beyond the individual. These costs add up. According to The National Campaign to Prevent Teen and Unplanned Pregnancy, teen childbearing costs taxpayers at least \$9.4 billion annually. The most recent data available, in 2000, indicates the estimated direct medical costs for treating young people with sexually transmitted infections was \$6.5 billion annually, excluding costs associated with HIV/AIDS. In 2011, approximately 24 percent of new HIV diagnoses were young people age 13 to 24...the precise group that could be given the tools to make healthier, safer choices with the skills learned in health education.

Ohio is the only state without Health Education Standards. That is a disgrace. It is also a disgrace to ignore a critical area of health education in these reforms. Please oppose SB 121 and bring forward legislation that will allow health educators to address a full host of health issues.

Thank you for your consideration,

Laura Matney