

Opponent Testimony for Senate Bill 156 Senate Education Committee

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Chair Brenner, Vice Chair Blessing, Ranking Member Ingram, and members of the Senate Education Committee,

Thank you for the opportunity to provide testimony on Senate Bill 156, which proposes instruction in what has been called the "success sequence." My name is Dr. Christina Collins, and I serve as the Executive Director of Honesty for Ohio Education. We are a statewide, nonpartisan coalition dedicated to ensuring that every child in Ohio has access to a high-quality, inclusive, and honest education.

Our partners have expressed a range of concerns about the "success sequence" curriculum itself, but this bill also raises a broader and recurring concern. Senate Bill 156 represents yet another attempt to piecemeal together a health curriculum in Ohio. Each new topic that is legislatively prescribed, whether about personal responsibility, nutrition, or safety, adds one more patch to a curriculum that has long needed comprehensive, research-based guidance.

Currently, Ohio Revised Code 3301.0718 prohibits the Department of Education and Workforce from adopting statewide health education standards without the support of the general assembly. It states, "The department of education and workforce shall not adopt or revise any standards or curriculum in the area of health unless, by concurrent resolution, the standards, curriculum, or revisions are approved by both houses of the general assembly. Before the house of representatives or senate votes on a concurrent resolution approving health standards, curriculum, or revisions, its standing committee having jurisdiction over education legislation shall conduct at least one public hearing on the standards, curriculum, or revisions."

As a result, Ohio remains the only state in the nation without statewide health curriculum standards. This means that rather than developing a coherent, age-appropriate, evidence-based health framework, the legislature continues to pass one-off requirements, such as the nutritive value of food, the harmful effects of drugs, alcohol, and tobacco, sexually transmitted infections, sexual abuse prevention, personal safety and assault prevention, dating violence education,

opioid abuse prevention, anatomical gifts, suicide awareness and prevention, social inclusion instruction, CPR training, and the list continues to grow.

Together, these topics illustrate the growing — and often conflicting — patchwork Ohio has created in lieu of comprehensive health education standards. In our view, this "success sequence" proposal is not simply about adding one more lesson; it is also emblematic of the cost of continuing to legislate topic by topic, without a holistic framework that ensures alignment, developmental appropriateness, and local flexibility.

It is time for Ohio to reconsider its prohibition on adopting health education standards. Our students deserve consistency, clarity, and the benefit of current research. Our schools would benefit from guidance and structure, not a disconnected list of mandates, and our communities deserve confidence that what is taught in schools reflects sound educational practice.

Senate Bill 156 offers an important opportunity to revisit this long-standing policy gap. Rather than continuing to legislate piecemeal curriculum components, this committee could lead the effort to allow the Department of Education and Workforce to finally do what other states do and develop standards that ensure students receive comprehensive, accurate, and developmentally appropriate health education.

Thank you, Chair Brenner, Vice Chair Blessing, Ranking Member Ingram, and members of the committee, for your time and thoughtful consideration.