(13) Designate an individual responsible for the facilitation, monitoring, and implementation of the system equity initiatives within the Local ESSA Consolidated Strategic Plan.

.05 Monitoring and Reporting.
A. Each local school system shall:
(1) Address implementation of the equity policy through its Local ESSA Consolidated Strategic Plan;
(2) Beginning September 1, 2019, include its equity initiatives as an integrated component of its Local ESSA Consolidated Strategic Plan; and
(3) Beginning September 1, 2020, and every 3 years thereafter, in its Local ESSA Consolidated Strategic Plan, submit to the State Superintendent an analysis of the results of the accountability measures related to data collected on achieving equity goals and objectives that will be published and made accessible to the public.

B. The Maryland State Department of Education shall:
(1) Conduct needs assessments for the Department and local school systems;
(2) Convene the Network for Equity and Excellence in Education with representation from each local school system and other stakeholders to review Statewide progress and to develop implementation and peer review guidelines for this chapter;
(3) Develop a guide for implementation of equity initiatives at the local level which includes sample components of high-quality equity policies, guidance around how to apply an equity lens within priority birth—age 21 focus areas as defined by the Department, and strategies on how to measure and evaluate the application of an equity lens; and
(4) Review and assess progress of the Department and local school systems on implementing the requirements of this chapter.

C. Beginning December 1, 2020, and every 3 years thereafter, the State Superintendent shall report progress on the implementation of this chapter to the State Board, publish the data, and make it easily accessible for public viewing.

D. Beginning in 2020 and annually thereafter, the State Board of Education and the Superintendent will recognize schools, school staff, and local school systems that demonstrate the most significant advances in promoting equity and excellence.

KAREN B. SALMON, Ph.D.
State Superintendent of Schools

Subtitle 04 SPECIFIC SUBJECTS

13A.04.18 Program in Comprehensive Health Education

Authority: Education Article, §§2-205(c) and (h), 4-111.2, 7-205.2, 7-401, 7-410, 7-411, 7-411.1, [and] 7-413, 7-439, and 7-445; Annotated Code of Maryland

Notice of Proposed Action
[19-169-P]

The Maryland State Board of Education proposes to repeal existing Regulations .01 and .02 and adopt new Regulations .01 and .02 under COMAR 13A.04.18 Program in Comprehensive Health Education. This action was considered by the State Board of Education at their June 25, 2019, meeting.

Statement of Purpose

The purpose of this action is to include new health education standards, incorporate mandated instruction, and update disease prevention language in Programs in Comprehensive Health Education, Grades Prekindergarten—12.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows:

- The amended regulations require family life and human sexuality instruction to represent all students regardless of ability.

Opportunity for Public Comment

Comments may be sent to Susan C. Spinnato, Director of Instructional Programs, Improvement and Professional Learning, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, MD 21201, or call 410-767-0349 (TTY 410-333-6442), or email to susan.spinnato@maryland.gov. Comments will be accepted through September 30, 2019. A public hearing has not been scheduled.

Open Meeting

Final action on the proposal will be considered by the State Board of Education during a public meeting to be held on October 22, 2019, at 9 a.m., at 200 West Baltimore Street, Baltimore, MD 21201.

.01 Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12.

A. Each local school system shall:
(1) Provide in public schools an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the State Framework for all students in grades prekindergarten—8;
(2) Offer in public schools a comprehensive health education program in grades 9—12 which enables students to meet graduation requirements and to select health education electives; and
(3) Provide access to the curriculum for non-diploma-bound students.

B. Maryland Comprehensive Health Education Program.

(1) The comprehensive instructional program shall help students adopt and maintain healthy behaviors and skills that contribute directly to a student’s ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.

(2) The instructional program shall provide for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and shall include the Maryland Health Education Standards with related indicators and objectives as set forth in §C(1)—(8) of this regulation.

C. Comprehensive Health Education Standards.

(1) Students will comprehend concepts related to health promotion and disease prevention to enhance health, including:
(a) Mental and emotional health;
(b) Substance abuse prevention;
(c) Family life and human sexuality;
(d) Safety and violence prevention;
(e) Healthy eating; and
(f) Disease prevention and control.

(2) Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

(3) Students will demonstrate the ability to access valid information, products, and services to enhance health.
(4) Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

(5) Students will demonstrate the ability to use decision-making skills to enhance health.

(6) Students will demonstrate the ability to use goal-setting skills to enhance health.

(7) Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

(8) Students will demonstrate the ability to advocate for personal, family, and community health.

D. Special Requirements:

(1) Substance Abuse Prevention.

(a) Students shall complete instruction on drug addiction and prevention that includes instruction related to the heroin and opioid addiction and prevention and information relating to lethal effects of fentanyl.

(b) This instruction is to be delivered, at a minimum, once in grade bands 3—5, 6—8, and 9—12 as a stand-alone program.

(c) Instruction shall be delivered by teachers trained in the field of drug addiction and prevention education.

(2) Family Life and Human Sexuality.

(a) Maryland family life and human sexuality instruction shall represent all students regardless of ability, sexual orientation, gender identity, and gender expression.

(b) Beginning no later than grade 7, teaching shall emphasize that refraining from sexual activity is the best method to avoid sexually transmitted infections, including HIV, and unintended pregnancy. To address the serious health risks of sexually transmitted infections, and the consequences of unplanned pregnancy, family life and human sexuality education shall include medically accurate information about contraception and condoms.

(c) The local school system shall establish a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on instructional materials. If approval of instructional materials is necessary, it shall occur pursuant to local policy.

(d) Direct teaching of the family life and human sexuality indicators and objectives will begin in or prior to the grade 5.

(e) Student Opt-Out.

(i) The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.

(ii) For students opting out of family life and human sexuality instruction, each school shall establish a procedure for providing a student with appropriate alternative learning activities and/or assessments in health education.

(iii) Each school shall make arrangements to permit students opting out of the objectives related to family life and human sexuality to receive instruction concerning menstruation.

(iv) The local school system shall provide an opportunity for parents/guardians to view instructional materials to be used in the teaching of family life and human sexuality objectives.

(f) The local school system shall provide age-appropriate instruction on the meaning of “consent” and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.

(g) When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers are required to have additional preparation in content and teaching methods of such depth and duration as to be appropriate for the material taught. The additional preparation may be provided by college courses, local in-service programs, and/or State workshops.

(3) Safety and Violence Prevention.

(a) High school students shall complete instruction in cardiopulmonary resuscitation that includes hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.

(b) Students shall participate in age-appropriate instruction on the awareness and prevention of sexual abuse and assault. Teachers who are trained to provide instruction on the awareness and prevention of sexual abuse and assault shall deliver this instruction. This will include age-appropriate instruction on the meaning of “consent” and respect for personal boundaries.

(4) Disease Prevention and Control.

(a) Students will demonstrate the ability to apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.

(b) Students shall complete instruction in oral health that includes oral disease prevention and dental health promotion.

(c) The local school system shall include age-appropriate lessons on diabetes and its treatment and prevention.

E. Curriculum Documents. Consistent with Education Article, §§2-205(h), 4-111.2, 7-205.2, 7-401, 7-410, 7-411, 7-411.1, 7-413, 7-439, and 7-445, Annotated Code of Maryland, each local school system shall provide comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that:

(1) Include the standards set forth in §C of this regulation; and

(2) Are aligned with the State Framework, as developed by the Maryland State Department of Education in collaboration with the local school systems.

F. The local school system shall develop guidelines and procedures for the selection of qualified health education teachers. Qualifications shall include:

(1) Health Education certification; and

(2) Appropriate specialized training including skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.

G. The local school system shall develop guidelines and procedures for the support of qualified teachers. Each local school system shall establish planned and continuous programs as required to adequately train its personnel (teachers, administrators, and supervisors) in order to update knowledge, instructional materials, and methodology in health education.

H. Students Participation. Each student shall have the opportunity to participate in the comprehensive health education program required by this chapter.

.02 Certification Procedures.

By September 2020 and each 5 years after that, each local superintendent of schools shall certify to the State Superintendent of Schools that the instructional programming within grades prekindergarten — 12 meets, at a minimum, the requirements set forth in Regulation .01 of this chapter.

KAREN B. SALMON, Ph.D.
State Superintendent of Schools