

Frequently Asked Questions (FAQs)

LEGISLATIVE AND REGULATORY REQUIREMENTS

1. What is comprehensive skills-based health education?

Comprehensive skills-based health education is a planned and sequential set of learning experiences designed for all students, including students with disabilities, to develop the skills needed to live healthy lives. The skills are:

- analyzing influences;
- accessing valid and reliable resources;
- interpersonal communication;
- decision-making;
- goal setting;
- self-management; and
- advocacy.

Additionally, comprehensive skills-based health education aims to address unhealthy behaviors and reinforce healthy behaviors, postpone or prevent unhealthy or risky health behaviors, and build health literacy.

2. Is comprehensive health education required in Maryland's public schools?

Yes, first authorized by Article. 77 §85 (1969) and currently required by Education Article [7-401\(b\)](#), the Maryland State Department of Education (MSDE) developed public standards and guidelines for school health programs.

Code of Maryland Regulations (COMAR) [13A.04.18.01](#) requires local education agencies (LEAs) to provide an instructional program in comprehensive skills-based health education for all students in Pre-K through 8th grade each year that meets the requirements of the [State Framework](#).

Additionally, LEAs must offer a comprehensive health education program to students in grades 9 through 12, enabling them to meet graduation requirements and select health education electives. Furthermore, LEAs must also provide access to the comprehensive health education curriculum for non-diploma-bound students.

3. Does the Maryland State Department of Education (MSDE) mandate or provide a list of approved curricula?

No. In alignment with the policies, procedures, and guidelines established by the State Board of Education, local education agencies (LEAs) must procure and/or develop their own age-appropriate, scientifically based, medically accurate, and data-driven curricula (e.g., scope and sequences, unit plans, lesson plans) and student-facing materials (e.g., worksheets and assessments). This allows each LEA to select or develop curricula that best serve the students in their county, especially those who have been historically underserved. Additionally, curricula and instructional materials must align with the [State Framework](#) and represent all students regardless of ability, sexual orientation, gender identity, and gender expression.

To learn more about the Comprehensive Health Education Curriculum in your county, please contact your local education agency's [health education coordinator](#).

4. What is the purpose of my local education agency's Joint Committee on Family Life and Human Sexuality?

Local education agencies are required by Code of Maryland Regulations (COMAR) [13A.04.18.01](#) to have a Joint Committee on Family Life and Human Sexuality. This committee is comprised of educators and community representatives who review public health data about youth in their community and comment on family life and human sexuality instructional materials (Standard 1C of the [State Framework](#)).

If approval of family life and human sexuality instructional materials is necessary, the Joint Committee will follow local guidelines and policies to do so.

To learn more about the Joint Committee in your county, please contact your local education agency's [health education coordinator](#).

5. Can parents/guardians review the family life and human sexuality materials before instruction begins?

Yes, as required by Code of Maryland Regulations (COMAR) [13A.04.18.01](#), parents/guardians can view the family life and human sexuality instructional materials (Standard 1C in the [State Framework](#)).

To learn more about the policies and procedures for viewing family life and human sexuality instructional materials, please contact your student's health education teacher.

6. Can I opt my student(s) out of health education?

No, comprehensive health education is a required program of instruction. However, Code of Maryland Regulations (COMAR) [13A.04.18.01](#) allows parents/guardians to opt their student out of instruction related to family life and human sexuality (Standard 1C in the [State Framework](#)).

The policies, guidelines, and procedures for parents/guardians to opt their student(s) out of family life and human sexuality instruction vary from local education agency to local education agency. Please contact your student's health education teacher for more information.

7. If I choose to opt my student(s) out of family life and human sexuality instruction, will they be penalized?

No, students cannot be penalized if their parent/guardian has chosen to opt them out of instruction related to family life and human sexuality (Standard 1C of the [State Framework](#)).

Code of Maryland Regulations (COMAR) [13A.04.18.01](#) requires students who have opted out of family life and human sexuality instruction to be provided with appropriate alternative learning activities and/or assessments in health education and be permitted to receive instruction concerning menstruation.

For more information on the alternative learning activities and/or assessments, please contact your student's health education teacher.

8. Why does the State require local education agencies to have an opt-out policy for instruction on family life and human sexuality rather than an opt-in policy?

An opt-out provision allows parents/guardians to exclude their student from family life and human sexuality instruction (Standard 1C of the [State Framework](#)).

Opt-out policies allow more students to receive instruction on family life and human sexuality, whereas an opt-in policy adds an extra burden on teachers and students to manage the delivery of such instruction.

Starting in 2011, Code of Maryland Regulations (COMAR) [13A.04.18.01](#) has required Local Education Agencies (LEAs) to have an opt-out policy for instruction on family life and human sexuality.

To learn more about your LEA's opt-out policy and procedure for family life and human sexuality instruction, please contact your child's health education teacher.

9. What qualifies someone to teach comprehensive health education?

Code of Maryland Regulations (COMAR) [13A.12.01-06](#) requires health education teachers to complete a traditional or alternative Maryland-approved educator preparation program and receive qualifying scores on Maryland licensure assessments.

Additionally, COMAR [13A.04.18.01](#) requires health education teachers to participate in a planned and continuous professional learning program provided by their local education agency (LEA) to update their knowledge, instructional materials, and methodology in health education. At a minimum, specialized training must include the following topics:

- skills-based health education;
- drug addiction and prevention education;
- family life and human sexuality; and
- awareness and prevention of sexual abuse and assault.

Furthermore, COMAR [13A.12.02.02](#) identifies additional requirements for educators teaching outside of the content area in which they are licensed.

To learn more about Maryland's Educator Licensure program, please visit marylandpublicschools.org.

COMPREHENSIVE HEALTH EDUCATION STATE FRAMEWORK

10. What is the purpose of the Comprehensive Health Education State Framework?

The [State Framework](#) identifies what students should know and be able to do by the end of each grade level or grade band.

The framework is neither curricula nor instructional material. It provides guidance to support local education agencies in procuring or developing age-appropriate, scientifically based, medically accurate curricula that best suit the diverse needs of the students in their county.

11. Who developed the Comprehensive Health Education State Framework?

The Maryland State Department of Education developed the [State Framework](#) in collaboration with the Maryland Department of Health and a broad cross-section of stakeholders (race, gender, geographic location, and experiences), including local education agency health education supervisors, teachers, students, national subject matter experts, and other stakeholders.

12. What is the Comprehensive Health Education State Framework based on?

The Maryland State Board of Education adopted the Comprehensive Health Education Standards [in 2019](#). The Maryland State Department of Education and a broad cross-section of stakeholders then developed the [State Framework](#) incorporating these standards.

The State Framework aligns with the [2nd Edition of the National Health Education Standards](#) and has been tailored by Maryland stakeholders and health education professionals for use within the State.

Its development was guided by data about Maryland's youth from [Maryland's Youth Risk Behavior Survey \(YRBS\)](#), the Centers for Disease Control and Prevention's (CDC's) [School Health Profiles Survey](#), and the CDC's [Health Education Curriculum Analysis Tool](#).

The State Framework also incorporates the [educational equity standards](#) and several topics required by legislation, such as Education Articles:

- §4-111.2 Oral Health Education;
- §7-205.2 Hands-only CPR and AED Instruction (Breanna's Law);
- §7-410 Safety Education;
- §7-411 Drug Addiction and Prevention;
- §7-411.1 Diabetes and Dating Violence;
- §7-413 Alcohol Abuse Education and Control;
- §7-424 Anti-bullying, Harassment, and Intimidation;
- §7-439 Awareness and Prevention of Sexual Abuse and Assault (Erin's Law); and
- §7-445 Consent and Personal Boundaries

13. What are local education agencies' (LEAs) responsibilities regarding the Comprehensive Health Education State Framework?

Local education agencies are required by Code of Maryland Regulations (COMAR) [13A.04.18.01](#) to procure and/or develop their curricula (e.g., scope and sequences, unit plans, lesson plans) and student-facing materials (e.g., worksheets and assessments) in alignment with the grade-band or grade-level specific topics and indicators identified in the [State Framework](#).

Additionally, in response to local data trends, LEAs can expand upon or add additional age-appropriate, scientifically based, medically accurate topics and indicators to their curricula.

14. When was the Comprehensive Health Education State Framework published?

The current [State Framework](#) was initially published in July 2020. It was revised in June 2021 to align the high school topics and indicators with the [newly adopted](#) health education graduation requirement. It was also rebranded in July 2022, though no changes were made to the topics and indicators at that time.

CONTENT SPECIFIC QUESTIONS

15. Why are local education agencies (LEAs) required to provide students with instruction on family life and human sexuality (sex education)?

[According to over 30 years of research](#), sex education is shown to delay the onset of sexual activity, increase condom and contraception use, improve mental health, reduce intimate partner violence and sexual assault, and support individuals with healthy decision-making throughout their lives.

However, Code of Maryland Regulations (COMAR) [13A.04.18.01](#) has long contained an opt-out provision allowing parents to exclude their student(s) from family life and human sexuality instruction (Standard 1C of the [State Framework](#)). These provisions ensure every student has access to factually accurate, comprehensive, skills-based health education that is age-appropriate and inclusive while also respecting parental religious and personal beliefs regarding family life and human sexuality.

To learn more about the family life and human sexuality opt-out policies, guidelines, and procedures in your county, please contact your student's health education teacher.

16. Why does the State Framework writing committee recommend direct teaching of family life and human sexuality topics and indicators starting in the 4th grade?

Code of Maryland Regulations (COMAR) [13A.04.18.01](#) requires direct teaching of all of the family life and human sexuality topics and indicators in or prior to 5th grade because [puberty starts for some children when they are eight years old](#).

When students who have not yet entered puberty are provided with age-appropriate, scientifically based, medically accurate information about how and why their bodies change during puberty, they can better understand the changes when they occur and maintain their health during this process.

To learn more about the family life and human sexuality curriculum in your county, please contact your local education agency's [health education coordinator](#).

17. What topics must be covered in the family life and human sexuality unit?

At a minimum, local education agencies must include the following topics in their family life and human sexuality curriculum:

Pre-K - 2 nd Grade	Grades 3 - 5	Grades 6 - 8	High School I and II
Healthy relationships and consent	Healthy relationships and consent	Healthy relationships and consent	Healthy relationships and consent
Gender identity and expression	Gender identity and expression	Gender identity and expression	Gender identity and expression
	Sexual orientation and identity	Sexual orientation and identity	Sexual orientation and identity
	Puberty and adolescent sexual development	Harassment, teasing, and bullying	Anatomy and physiology
		Anatomy and physiology	Sexual health
		Sexual health	Sexually explicit media
		Sexually explicit media	

Based on local public health data and the needs of the students in their county, LEAs can add additional age-appropriate, scientifically based, medically accurate topics and indicators to their family life and human sexuality curriculum.

To view your county’s family life and human sexuality curriculum, please contact your student’s health education teacher.

18. What are students in pre-kindergarten through 2nd grade expected to know and be able to do by the end of the family life and human sexuality unit?

Pre-Kindergarten	Kindergarten	1 st Grade	2 nd Grade
Identify what is special about your family. 1c.P.1	Identify that a family is a group of people that support each other. 1c.K.1	Describe differences in families. (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster, etc.). 1c.1.1	Explain why it is important to respect different kinds of families (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster). 1c.2.1
Recognize that a family is a group of people that support each other. 1c.P.2	Identify different types of families (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster, etc.). 1c.K.2	Identify healthy family and peer relationships. 1c.1.2	Describe healthy family and peer relationships. 1c.2.2
Recognize that there are different types of families (e.g., single-parent, same-gender, intergenerational, blended, interracial, adoptive, foster, etc.). 1c.P.3	Recognize pro-social behaviors (e.g., helping others, being respectful of others, cooperation, and consideration). 1c.K.3	Demonstrate how to communicate respect for someone's personal boundaries. 1c.1.3	Demonstrate appropriate actions when someone says or does something that does not respect your personal boundaries. 1c.2.3
Describe the characteristics of a friend. 1c.P.4	Recognize that individuals have personal boundaries and bodily autonomy. 1c.K.4	Identify a range of ways people identify and express gender. 1c.1.4	Practice communicating personal boundaries. 1c.2.4
Recognize that individuals have personal boundaries and bodily autonomy. 1c.P.5	Recognize a range of ways people identify and express their gender. 1c.K.5	Identify ways to treat people of all gender identities and expressions with dignity and respect. 1c.1.5	Demonstrate ways to treat people of all gender identities and expressions with dignity and respect. 1c.2.5
Recognize and respect that people express themselves in many different ways. 1c.P.6	Recognize it is important to treat people of all gender identities and expressions with dignity and respect. 1c.K.6		

To learn more about how the family life and human sexuality indicators are incorporated into your county's curriculum, please contact your local education agency's [health education coordinator](#).

19. Why are family life and human sexuality topics taught to students as young as four years old (Pre-Kindergarten)?

Family life and human sexuality instruction for students in the primary grades (Pre-Kindergarten through 3rd grade) provides them with age-appropriate, scientifically based, medically accurate information as the foundation to protect their sexual and reproductive health.

[Knowing the correct terms](#) for the sexual and reproductive parts of the body at a young age can reduce the likelihood of child sex abuse and victimization.

Learning about a range of healthy behaviors and identities will, over time, help students develop the necessary skills to show respect and acceptance of others.

Please contact your local education agency's [health education coordinator](#) to learn more about the family life and human sexuality curriculum in your county.

20. Why is menstruation being taught to students who do not menstruate?

Menstruation is a normal physiological function of half of the world's population. Menstruation begins at puberty, and all students need to understand what menstruation is and why it occurs and be provided with age-appropriate, scientifically based, and medically accurate information about this normal biological process.

Lack of factually accurate knowledge about menstruation makes it an often-stigmatized experience and such stigmatization can contribute to embarrassment, shame, and even violence. Teaching all students about menstruation can ensure that all students understand the physiological changes surrounding puberty so everyone can work to reduce the stigmatization of this normal physiological experience.

Factually accurate instruction also provides students with opportunities to practice skills related to empathy as they learn from each other's perspectives related to puberty and adolescent sexual development.

21. Why does the Maryland State Department of Education recommend teaching family life and human sexuality in a co-educational setting instead of in a gender-segregated setting?

Co-educational instruction reduces gender stereotypes and expands cross-gender interactions that impact all students. Age-appropriate, scientifically based, medically accurate, and data-driven instruction allows all students to learn how to communicate effectively with each other about these topics if/when they develop intimate relationships as they grow older.

Co-educational lessons:

- ensure that all students will have equal access to the same information in an inclusive space;
- provide students with the opportunity to practice skills related to empathy and advocacy so they can learn from each other's perspectives about challenges related to puberty and adolescent sexual development; and
- increase the efficacy of instruction when the best, most qualified person is the facilitator, even if their gender does not align with that of the students.

Additionally, when choosing the modality in which family life and human sexuality instruction is delivered, local education agencies (LEAs) must be mindful of the U.S. Department of Education's Office for Civil Rights' [Title IX](#) requirements. Title IX requires LEAs to operate their educational program in a nondiscriminatory manner free of discrimination based on sex, including sexual orientation and gender identity. Pursuant to 34 CFR § 106.34(b)(1)(v), a school that offers a single-sex class must provide all students, including transgender and gender-expansive students, with a substantially equal coeducational class in the same subject. If the school offers a substantially equal coeducational class, it must also ensure that the students are not automatically assigned to the single-sex class, even with an opt-out process.

22. Why are gender identity and gender expression included in the Comprehensive Health Education State Framework?

The [State Framework](#) includes age-appropriate, scientifically based, medically accurate information on gender identity and gender expression to help support [student identity development](#). Including these topics at a young age teaches students to recognize and respect that people express themselves in many different ways and are entitled to dignity and respect.

Gender is one part of a student's identity, and everyone has a gender identity, whether it is the same or different from one's [sex assigned at birth](#). Research conducted by the [American Academy of Pediatrics](#) shows us that gender identity develops before children enter kindergarten.

Including gender identity and gender expression in the State Framework ensures that all students can be seen and reflected in their classrooms and schools. Furthermore, research shows that students who identify differently from their sex assigned at birth are at a heightened risk of many negative health outcomes when compared to their cisgender peers.¹ Therefore, it is important to ensure that all students receive age-appropriate, scientifically based, medically accurate, and data-driven curricula to reduce stigmatizing any students and support all students.

¹ Cisgender refers to someone whose internal sense of gender corresponds with the sex the person was identified as having at birth.

23. Why are three distinct kinds of sexual contact identified in the Comprehensive Health Education Framework?

Code of Maryland Regulations (COMAR) [13A.04.18.01](#) requires local education agencies (LEAs) to develop family life and human sexuality curricula that is age-appropriate, scientifically based, medically accurate, and data-driven.

Sexually Transmitted Infections (STIs) can be acquired from different types of sexual contact, including oral, vaginal, and anal sex. However, many students are unaware of scientifically based, medically accurate information on how to protect themselves from STIs or have obtained factually inaccurate information about the transmission of STIs.

Additionally, it is an undisputed fact that many Maryland youth become sexually active in high school or earlier and are at risk of STI transmission and pregnancy:

- [42% of Maryland students](#) have engaged in sexual activity by the time they are in 12th grade;
- Maryland teens aged 15-19 accounted for [25% of reported cases of chlamydia and gonorrhea](#); and
- There were [2,172 children born to Maryland teenagers](#) (ages 15-19) in 2021.

Moreover, COMAR 13A.04.18.01 requires family life and human sexuality instruction to represent all students regardless of ability, sexual orientation, gender identity, and gender expression. Thus, explaining factually accurate ways in which STIs can be transmitted will help all students learn how STIs can be prevented.

To address these public health concerns, beginning with students in 7th grade, the [State Framework](#) requires students to define the different types of sexual contact so they have factually accurate information necessary to prevent, test, and treat for STIs.

To view your county's family life and human sexuality curriculum, please contact your student's health education teacher.

24. Why are condoms and contraception included in the Comprehensive Health Education Framework?

Code of Maryland Regulations (COMAR) [13A.04.18.01](#) requires local education agencies (LEAs) to develop family life and human sexuality curricula that is age-appropriate, scientifically based, medically accurate, and data-driven. Educating students about condoms and contraception provides them with factual tools to avoid sexually transmitted infections (STIs) and unintended pregnancies.

[Studies have shown](#) that knowing how to access and use condoms and contraception appropriately may delay the age at which youth become sexually active, and students are more likely to use these tools if/when they choose to engage in sexual activity when they are explicitly taught about condoms and contraception.

Additionally, it is an undisputed fact that many Maryland youth become sexually active in high school or earlier and are at risk of STI transmission and pregnancy:

- [42% of Maryland students](#) have engaged in sexual activity by the time they are in 12th grade;
- Maryland teens aged 15-19 accounted for [25% of reported cases of chlamydia and gonorrhea](#); and
- There were [2,172 children born to Maryland teenagers](#) (ages 15-19) in 2021.

To view your county's family life and human sexuality curriculum, please contact your student's health education teacher.

CONTACT INFORMATION

For questions regarding Comprehensive Health Education Programs for students in grades Pre-Kindergarten through twelve, please contact:

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