Karen B. Salmon, Ph.D.
State Superintendent of Schools

TO: Members of the State Board of Education

FROM: Karen B. Salmon, Ph.D.

DATE: October 22, 2019

SUBJECT: COMAR 13A.04.18
Programs in Comprehensive Health Education
ADOPTION

PURPOSE:

The purpose of this item is to request the repeal of COMAR 13A.04.18 *Programs in Comprehensive Health Education,* and adopt new COMAR 13A.04.18 *Programs in Comprehensive Health Education.*

REGULATION PROMULGATION PROCESS:

Under Maryland law, a state agency, such as the State Board, may propose a new or amended regulation whenever the circumstances arise to do so. After the State Board votes to propose such a regulation, the proposed regulation is sent to the Administrative, Executive, and Legislative Review (AELR) Committee for a 15-day review period. If the AELR Committee does not hold up the proposed regulation for further review, it is published in the Maryland Register for a 30-day public comment period. At the end of the comment period, Maryland State Department of Education (MSDE) staff reviews and summarizes the public comments. Thereafter, MSDE staff will present a recommendation to the State Board to either: (1) adopt the regulation in the form it was proposed; or (2) revise the regulation and adopt it as final because the suggested revision is not a substantive change; or (3) revise the regulation and re-propose it because the suggested revision is a substantive change. At any time during this process, the AELR Committee may stop the promulgation process and hold a hearing. Thereafter, it may recommend to the Governor that the regulation not be adopted as a final regulation or the AELR Committee may release the regulation for final adoption.

BACKGROUND/HISTORICAL PERSPECTIVE:

The MSDE has engaged local school systems, parents, school staff, and other state agencies in the development of revised regulations to meet the changing needs of students and local school systems (LSSs) in the State. The revised regulation, COMAR 13A.04.*18 Programs in Comprehensive Health Education* includes new Maryland standards, a Special Requirements Section with legislative mandates, inclusive language for family life and human sexuality education, and updated language regarding sexually transmitted infections and the Human Immunodeficiency Virus (HIV).

At the June 25, 2019, State Board meeting, the State Board granted permission to publish a request to repeal 13A.04.18 *Programs in Comprehensive Health Education* and to replace with new language,

COMAR 13A.04.18 *Programs in Comprehensive Health Education.* The regulations were published in the Maryland Register from August 30, 2019 to September 30, 2019. Eighty-one comments were received. Seventy-two respondents were in support of the regulations, eight had questions or suggestions regarding specific sections, and one opposed the published changes. A summary of comments and MSDE's responses are attached. After reviewing all comments to determine if any suggested changes are legally necessary or would improve the regulations, the MSDE recommends one non-substantive change to the proposed regulation, replacing "unplanned" pregnancy with "unintended" pregnancy in .01.D(2)(b).

EXECUTIVE SUMMARY:

The recommended changes to Maryland's Health Education regulations are the result of consultation with the Maryland Department of Health regarding sexually transmitted infections in Maryland's youth and data regarding the sexual behavior of young people in the State. The proposed amendments resulted from stakeholder and LSS input and require skills-based health education with an emphasis on student safety, including mandates in Maryland statute.

ACTION:

Request the repeal of COMAR 13A.04.18 *Programs in Comprehensive Health Education* and adoption of new COMAR 13A.04.18 *Programs in Comprehensive Health Education.*

Attachments:

COMAR 13A.04.18.01 *Programs in Comprehensive Health Education*
Summary of Public Comments
Comments:

- Anne Arundel County Public Schools
- Howard County Public Schools
- Baltimore City Commission for Women
- Jessie Mannisto
- National Council on Alcoholism & Drug Dependence
- Deborah Kauffmann
- Sarah Ganginis
- Lindsey Emery
- Planned Parenthood of Maryland
- Tempe Brownell Beall
- LGBTQ Affairs Liaison, Office of the Mayor, Baltimore City
- Free State Justice
- Howard County School Health Council
- PFLAG Columbia-Howard County
- Susan Garner

Title 13A State Board of Education

Subtitle 04 Specific Subjects

18 Programs in Comprehensive Health Education

Authority: Education Article, §§2-205 (c) and (h), 4111.2, 7-205.2, 7-401, 7-410, 7-411, 7-411.1, 7-413, 7-439, and 7-445, Annotated Code of Maryland

.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 of this regulation.

C. Comprehensive Health Education Standards

(1) Students will comprehend concepts related to health promotion and disease prevention to enhance health.

(a). Mental and Emotional Health

(b). Substance Abuse Prevention

(c). Family Life and Human Sexuality

(d). Safety and Violence Prevention

(e). Healthy Eating

(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 must 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 seven, 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~~ unintended 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 fifth grade.

(e) 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.

(i.) 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.

(ii) 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.

(iii) 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 must 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, treatment, and prevention.

E. Curriculum Documents. Consistent with Education Article, §§2-205(h), 4111.2, 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. Student 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.

Name	Comment/Question	Response
Jeanette Ortiz, Esq. Legislative & Policy Counsel, Anne Arundel County Public Schools **Complete public comment attached**	Health Education certification requirements would significantly affect teacher workforce. AACPS has significant concerns with the proposed mandate and respectfully requests that elementary and middle school teachers be exempt from the proposed Health Education certification requirement	**COMAR 13A.12.02.02** *A. Each teacher employed in the public school systems of Maryland shall hold a professional certificate in the teacher's area of major assignment.* *B. Assignment to More Than Two Classes Outside Area of Certification.* *(1) A teacher should not be assigned to teach more than two classes outside the teacher's area of certification.* *(2) If a local school system finds it necessary to assign a teacher to teach more than two classes outside the teacher's area of certification, the teacher shall retain the professional certificate.* *(3) For each consecutive year after the first year that a teacher is assigned to teach more than two classes outside the teacher's area of certification, the teacher shall earn at least 6 semester hours per year toward certification in the out-of-area assignment before continuing the assignment.* Elementary teachers assigned to teach health education as their major assignment should be health education certified. Elementary classroom teachers assigned to teach health education do not need additional certification in health education, as this is not their major assignment.

Name	Comment/Question	Response
David Larner, Chief Human Resources & Professional Development Officer for Howard County Public Schools **Complete public comment attached**	The repealed version of COMAR, at K(1) stated: K. The local school system shall develop guidelines and procedures for the selection of qualified teachers, and, because the teacher is a vital factor in the program, qualifications such as the following *shall be considered:* (1) Health Education certification, and... Whereas the proposed version of COMAR, at F(1) states: 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...	See response above and *COMAR 13A.12.02.02*
Elizabeth Getzoff Testa, PhD Baltimore City Commission for Women **Complete public comment attached**	Under .01 C (1) there is a list of concepts that students will learn. The importance of sleep and exercise are notably missing. Substance abuse does not say anything about alcohol or marijuana and the newer much more confusing topic of medical cannabis. Similarly when will menstruation be taught? The age of onset is lower than before so hopefully this will be discussed by 5th grade? I was wondering if Narcan training can also be taught and distributed?	Sleep and physical activity are topics that will be addressed throughout the Health Education Framework, most notably in the Mental and Emotional Health and Disease Prevention and Control sections. Substance abuse is a topic heading that will allow school systems to create curriculum objectives that span time and trends. Direct teaching of family life and human sexuality indicators and objectives, including puberty, reproduction, and sexual health, will begin in or prior to grade 5. Local school system Narcan training and distribution is led by School Health Services.
Jessie Mannisto **Complete public comment attached**	Oppose any law that enshrines "gender identity and expression" in our human sexuality education.	No change recommended.

Name	Comment/Question	Response
Nancy Rosen-Cohen Executive Director National Council on Alcoholism & Drug Dependence – Maryland Chapter **Complete public comment attached**	We ask that in the proposed regulations, the phrase "substance abuse" be changed to "substance use disorders." 13A.04.18.01(C)(1): (b) Substance ~~abuse~~ use disorder prevention; 13A.04.18.01(D)(1): Substance ~~Abuse~~ Use Disorder Prevention.	No change recommended. The abuse of a substance does not necessarily indicate a substance use disorder diagnosis. We will include the suggested language, substance use disorder, in the Health Education Framework when referring to addiction.
Deborah Kauffmann **Complete public comment attached**	Regarding healthy eating, as a registered dietitian who has seen many school age patients, I am concerned that students are receiving inaccurate information. Instead of an all foods fit approach, many teachers and other staff are recommending avoiding and eliminating certain foods. This leads to an unhealthy relationship with food and disordered eating.	After consultation with the MSDE Office of School and Community Nutrition Programs, no change is recommended. The Center for Disease Control and Prevention (CDC) uses the term healthy eating in their Health Education Curriculum Analysis Tool (HECAT). The US Department of Health & Human Services and the US Department of Agriculture publish Dietary Guidelines for Americans every 5 years. The 2015-2020 Guidelines include this term. This public comment will inform the development of the Health Education Framework.

Name	Comment/Question	Response
Sarah Ganginis **Complete public comment attached**	Recommendation #3 Change "Healthy Eating" to "Balanced Eating", "Mindful Eating", or "Nourishment". Do not label food as "healthy/unhealthy" or good/bad. Nutrition has no moral value. Nutrition is too complex to label in such concrete terms.	No change recommended. Refer to response above.
Lindsay Emery **Complete public comment attached**	Could a section also be added to talk about domestic and community violence and who children can go to if they are experiencing violence at home or in their community. Also, just to define what domestic violence is as many children may not be aware of what that term means and how they can get help or seek safety if they are living under such conditions. The part about sexual abuse and assault: Could information also be directly added to state that children would receive information about who to contact should the child have already experienced such abuse/assault (e.g., supports available at school, anonymous hotlines, other community services).	No change recommended. Current Safety and Violence Prevention language is exactly as written in legislation. This public comment will inform the Maryland Health Education Framework.

Name	Comment/Question	Response
Karen Nelson, President and CEO Planned Parenthood of Maryland **Complete public comment attached**	The instructional program shall provide for the diversity of student needs, abilities, sexual orientations, gender identities, and interests at the elementary, middle, and high school learning years..."	No change recommended. This language is standard in regulations for all curriculum areas.
	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 unintended ~~unplanned~~ pregnancy, family life and human sexuality education shall include medically accurate and unbiased information about contraception, ~~and~~ condoms, and other methods of prevention.	Proposed change: Replace "unplanned" with "unintended."
	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, including delivering instruction in a unbiased and culturally respectful manner. The additional preparation may be provided by college courses, local in-service programs, and/or State workshops.	No change recommended. Delivering instruction in an unbiased and culturally respectful manner is required in Educational Equity COMAR 13A.01.06
	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, and distinguishing between healthy and unhealthy relationships.	No change recommended. Current consent language is exactly as written in legislation.

Name	Comment
Tempe Brownell Beall Multiple years and roles related to education in Maryland	**Complete public comment attached**
Jabari Lyles, LGBTQ Affairs Liaison Office of Mayor Bernard C. "Jack" Young, et. al.	**Complete public comment attached**
Mark A. Procopio Executive Director Free State Justice	**Complete public comment attached**
Anne Markus, at-large Chair, Howard County School Health Council	**Complete public comment attached**
Max Crownover President/Steering Committee Chair PFLAG Columbia-Howard County	**Complete public comment attached**
Susan Garner	**Complete public comment attached**
Christina Hewitt	All of these especially Substance Abuse Prevention and Healthy Eating should be included. It is imperative to make sure all Health Educators are certified and given specialized training. It can be detrimental to students if non-certified educators are teaching lessons such as suicide prevention and family life.
Nicole Beard	I am for the Proposed action of Regulations for 13A.04.18 Program in Comprehensive Health Education the state has set forth to pass.
Name redacted to protect the privacy of the child	I am a former classroom teacher, an education researcher, and the proud parent of a 5th grader in Baltimore City Public Schools --- an imaginative, funny, straight-A student who happens to be transgender. I am writing to you today in support of proposed revisions to COMAR 13A.04.18, Program in Comprehensive Health Education. My child's elementary-middle school has undergone a miraculous transformation in the past five years, and I am both proud of and grateful for the tremendous support that gender-expansive kids like her receive on a regular basis at our school. Although we are still on a learning curve, the teachers, parents, and students at our school have all worked hard to expand their understanding of gender identity and gender diversity.

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	My daughter generally feels 'safe' at our school, but when she first transitioned there we no district-wide policies protecting her and other kids like her. That's why my daughter bravely testified in front of the Baltimore City School board, advocating for a district policy that closely aligns with the state guidance on rights of gender-non-conforming students at school. As you and I know all too well, LGBTQ kids can thrive at school – but their chances of being bullied or harassed, and their chances of experiencing depression or other adverse mental health affects, are significantly increased when their identities are not acknowledged and respected at school. My 5th grader is well aware that her health education program this year likely address the topic of puberty; she is anxious about this, and wonders what teachers and students will say about her in the context of these lessons. I know firsthand that even many well-intentioned teachers don't yet have the skills and knowledge they need to address gender diversity in educational contexts. It is imperative that every single health education teacher in our state be supported and expected to provide comprehensive, LGBTQ-inclusive, medically accurate sex education for our youth. I believe that specific aspects of revised COMAR 13A.04.18 are vital to achieving that goal, including: • The premise that "Maryland family life and human sexuality instruction shall represent all students regardless of ability, sexual orientation, gender identity, and gender expression." • The initiation of family life and human sexuality instruction before Grade 5 • The requirement that teachers have additional qualifications to teach family life and human sexuality. • The inclusion of education about contraception in Grade 7 • The development of specific curriculum available to all Maryland school districts to assist with implementation of the regulation.
Name redacted to protect the privacy of the child	I have two children who attend a Middle School in Montgomery County. Three years ago one of my kids came out as transgender and later nonbinary. Since that time our family has been transitioning and learning a great deal about the LGBTQ community and the burdens and discrimination they face. Unfortunately, my child is part of the bullying statistic. It is time for Maryland schools to recognize LGBTQ students and staff and normalize their existence. The Family Life curriculum as it is now is very archaic, inaccurate, incomplete and it also leaves kids like mine out of the mix. I am in favor of adopting COMAR 13A.04.18 - Program in Comprehensive Health Education. We are in need of comprehensive, LGBTQ-inclusive, medially accurate sex education for our students. By not representing LGBTQ people, our kids are being put in harms way - physically and emotionally. Please adopt these regulations and help all of our kids feel included and counted at school.

Name	Comment
Tina Celenza Remillard, PA-C, MPH	I am writing to urge you to support COMAR 13A.04.18. My wife and I are the proud moms of a 9 year old girl. We live in Chevy Chase MD and our daughter will attend public school in the fall of 2020. I sincerely hope you will support this bill which will provide comprehensive and inclusive sexual heath education to our kids. I am a physician assistant at Whitman Walker Health, one of DCs largest providers of sexual heath. The data is clear that kids with comprehensive sexual education have lower rates of unwanted pregnancy and lower rates of sexually transmitted infection. I hope that we can pass this bill so that our kids can have accurate, inclusive and comprehensive information regarding their sexual health. Thanks for your consideration and I sincerely hope you will support this bill.
Liz Skerritt	I support COMAR 13A.04.18
Rosa Perez	Please support COMAR 13A.04.18
Lucy Grinnell	In support of COMAR 13A.04.18
Erica Clark	I support COMAR 13A.04.18
William Morton-Ortega	I would like to express my support for COMAR 13A.04.18
Annie Weissman	I would like to voice my support for COMAR 13A.04.18.
Carol Brown	I would like to express my support for COMAR 13A.04.18 - Program in Comprehensive Health Education.
Sara Benson	I am writing in support of COMAR 13A.01.06 and 13A.04.18. I think it is imperative for comprehensive health education, as well as educational equity. As a Maryland Resident, Tax Payer, and Parent, I feel that these two regulations are a necessity for all Maryland Students.
Kelly Keck	I wanted to comment particularly on the sex ed portions of the regulations. Comprehensive LGBTQ-inclusive, medically accurate sex education is an extremely important part of health education. Students need this information in order to make informed decisions about sex both as teenagers and in their adult lives. Trans students need affirming sex ed that acknowledges that some boys menstruate, some girls have penises, and some men have babies, LGB students need sex ed that acknowledges that not all relationships are heterosexual, and all students need access to accurate information about safer sex. In St. Mary's County, where I live, a large number of teens turned out for a privately provided sex ed class, held at a public library, that filled in the gaps in their current school education. Religious groups tried to have the event cancelled and showed up to protest the day of. All Maryland students, wherever they live in the state, deserve access to inclusive, medically accurate sex ed----ideally, delivered at their own school, rather than as something they have to seek out on their own and walk through a gauntlet of protesters to access.
Norm Vance	I support COMAR 13A.04.18
Nicole Field	I urge you to support regulation number 13A.04.18

Name	Comment
Dr. Christina Drostin	I am happy to hear the Maryland Board of Education is planning to improve it's health education curriculum. In the year 2019, it's certainly important for us to be providing accurate education about all youth and diverse families, including sexual orientation and gender identity.
Isabelle Melese-d'Hospital, PH.D	We also badly need the revised health education standards to be comprehensive and medically accurate. We want the children and adolescents in our communities to be respectful of all families, to be safe, and feel good about who they are. I represent several groups: as a parent of 3 kids who attended pubic school in Maryland, as a former health educator and researcher, as an adolescent health professional who was a PTA secretary and volunteer, and as a 2 year member of the Montgomery County Family Life Education committee. Providing medically accurate family life education and health resources for kids to learn about themselves, their bodies, and the rich variety of people in our world is a Win-Win for all of us!
Amy Meldau	I would like to communicate my strong support for COMAR 13A.04.18 Comprehensive Health Education regulation.
Brian A. Haugh	I urge you to support regulation number 13A.04.18
Danielle Jones-Dent	This regulation would greatly impact families throughout our amazing country, the United States of America. Thank you in advance for working towards change on our behalf.
Deana Abrams	These skills are essential for our youth to utilize the concepts gained and access new, current information that arises. Our concepts may change with trends in society and scientific discovery, but skills are constant and necessary for comprehensive health education. This change in wording ("Healthy Eating") improves clarity of purpose for all learners k-12. It is very clear, yet supports the differing guidelines for a variety or age groups, ages, and health conditions. As we have seen in the past, nutritional guidelines change with the administrations, and research. The term "Healthy Eating" applies to every person and is fluid based on individual needs, especially chronic conditions such as diabetes. I would like to also emphasize my support for D. Special Requirements 2 (b) "Starting no later than 7th grade..." as this directly supports the health of our adolescents by emphasizing abstinence and condoms to reduce the risk of unplanned pregnancy and sexually transmitted infections. Our youth deserve to have this medically accurate information by 7th grade.
Laura Nelson	.01.C.1.e I agree with the wording, "Health eating" as it relates to the concept information taught to students. I appreciate that it is "healthy eating" as opposed to simply "nutrition" so that teachers can discuss eating habits in addition to nutrition information for food. I appreciate that HIV is included in the disease prevention and control unit and not something for which students can opt-out. I agree that health education teachers should be required to hold a Health Education certification and receive appropriate specialized training
Ben & Steven Skerritt-Davis	My husband and I are in the adoption process to expand our family in Baltimore, MD. We strongly support the opportunity to revise current health education to be more LGBTQ-inclusive. We feel this kind of

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	thoughtful instruction would have had a huge positive impact in our own adolescence, and we strongly believe this will not only help our family as gay parents, but also families who do not identify as LGBTQ. It is important to celebrate our differences, especially with children as they learn and grow into compassionate adults.
Lindsey Mickey	As an LGBTQ+ community member living in Frederick county, I support these regulations. The LGBTQ+ community is here to stay and it's encouraging to see this acknowledged in the curriculum so that hopefully others will stop treating our reality as a choice. Education is the single most important investment we can make in our society. When more people are educated on a broader number of topics society as a whole wins.
Andrea Waters	I am a teacher in Montgomery County Public Schools and have children that attend Prince George's County Public Schools. All students need comprehensive LGBTQ-inclusive, medically accurate sex education. Every student deserves access to the opportunities, resources, and educational rigor they need throughout their educational career. This includes family structure, gender identity/expression and sexual orientation. LGBTQ youth and families need to be validated. Their lives are meaningful and just as research and public opinions have changed over time, we must change our educational curriculum to reflect what children need to learn to be successful and confident members of society. My children have 2 moms. Our family structure is not only real, it is acknowledged by the federal government that sanctioned our wedding in 2010 and recognizes my wife and I as the 2 moms of our children. Students are looking to their schools and educators for acceptance. We need to encourage students to be who they are no matter their gender identity or family structure, or sexual orientation. If they don't feel accepted and validated in the classroom, they will not be successful academically. If youth don't feel safe, they can't learn. Too many teens have been bullied and taken their lives when they weren't accepted by their peers. We have to teach youth what is acceptable and how to treat others. This is more important than any reading or math lesson. We have to remember our goals as educators and change policy when it needs to updated.
Leslie Conwell	I also applaud the state for the health education regulations, which have the potential to share important information so that children may better self guard their health through informed decision making. Additionally, I am pleased that the state is taking steps to better educate students on the full range of sexual identity and gender identity/expression; I hope that educating all of our students will help to protect our LGBT children and families from harassment and bullying.
Linsey Malig-Mayhew	As a lesbian woman married to a woman, living in Silver Spring, MD, it is absolutely essential to have representation for my family in health education. My wife and I moved to the East Coast to be closer to family in Virginia, but quickly moved across the Potomac to Maryland for more progressive protection for

Name	Comment
	our family. The values behind regulations like these are why we live, feel safe and accepted into our community here.
Trayce Diskin	As a parent of two elementary students who attend Montgomery County Public Schools I urge you to pass the revisions pending for the above regulations. These revisions not only send a message of inclusivity and equity to students, families, and all stakeholders, but create a educational system where all students, and families, are valued equally. The impact of being educated through a lens of equity, particularly when it comes to family structure, gender expression, and sexual orientation, cannot be underestimated. When students see their own families, and their identities, as part of the whole, they have a safe and secure foundation for thriving academically, emotionally, and socially.
Name redacted to protect the privacy of the child	It matters for children like mine to have representation in the curriculum. It also matters for children who are cis-heteronormative, as they also need to know that there are gender and sexual minorities (and their families) who need to be both protected and respected.
Frances Troy	As a parent of two elementary students who attend Montgomery County Public Schools I urge you to pass the revisions pending for the above regulations. These revisions not only send a message of inclusivity and equity to students, families, and all stakeholders, but create a educational system where all students and families are valued equally. The impact of being educated through a lens of equity, particularly when it comes to family structure, gender expression, and sexual orientation, cannot be underestimated. When students see their own families, and their identities, as part of the whole, they have a safe and secure foundation for thriving academically, emotionally, and socially.
Chris Collins	Please support important initiatives to ensure science-based, LGBT inclusive education in Maryland.
Meredith Kirchner	I wholeheartedly support comprehensive LGBTQ-inclusive, medically accurate sex education and Educational Equality in Maryland.
John Thomas	In support
Name redacted to protect the privacy of the child	As the parent of a non-binary child IN CHARLES COUNTY MARYLAND, comprehensive education to make them feel included and receive appropriate, relevant quality education and support is critical to their growth, development and health.
Miles Olivia	Support of the revised regulation that better supports students, specifically LGBTQ students.
Michele Silver-Aylaian, Ph.D.	These changes are important in supporting all the youth who attend our schools. Please help enact these changes so no child feels excluded because of their sexual orientation or gender identity.
Ying Matties	As the parent of a current student in the Howard County Public School System, I applaud MSDE's continuous effort to foster safe and inclusive school environment through these regulations.
Erin Nortrup	If passed this measure will provide students with medically accurate information that they need to make sound, informed choices about their health. It will also provide critical information to all young people about

Name	Comment
	sexuality and gender identity. As the parent of a child who attends Maryland public schools and as a clinical social worker, I support these measures 100%.
Name redacted to protect the privacy of the child	As the parent of three Maryland public school students, one of whom is transgender, an inclusive curriculum is vitally important for our family.
Jen Skerrit	This regulation is critical for creating a more equal, just, and informed population in the future.
Marion McFadden	As the parent of two MCPS kids - Takoma Park Middle and Einstein High (Visual Arts Center) - I'm writing in support of COMAR 13A.04.18. Please educate all of our kids about their health and sexuality in an inclusive manner.
Jean Liang	This regulation is very important to the LGBTQ schoolchildren in MD.
Rev. Diane Teichert	I write in support of proposed changes to state regulations requiring that all health education and family life programs represent, and affirm the rights and needs of, all students and families, regardless of ability, sexual orientation, gender identity, and gender expression.
Adrien-Alice Hansel	Thank you for taking community comment on the Comprehensive Health Education regulation up for passage. Inclusive and accurate health instruction--including information on gender expression and identities, family make-up, relationship skills--seems to me to be the very least we can offer our students. And as I know you know: It saves lives. Supporting kids and teens as they identify desires and identities that feel outside of the dominant stories **saves lives**. I know enough trans children in Elementary School that I hope our system is ready for them and their peers. As a parent, I am grateful for your and Maryland's leadership. As a citizen, I am grateful as well.
TJ Moyer	It's important that all our students are represented and included. Please support this very important regulation.
Corita Waters	As an queer parent in PG county schools and as a mom who values equity, advocating and requiring inclusive language, curricula, and education is important for me and my family. Our kids need to see their stories and all kids need to have equitable places to thrive.
Jeremy Leon	I am a resident of Rockville, MD and support the proposal repeal 13A.04.18 and replace it with medically accurate, comprehensive sex education at all grade levels that will represent all students regardless of ability, sexual orientation, gender identity, and gender expression. It is particularly important that we do better to educate our children about our most vulnerable and misunderstood people, including intersex and transgender individuals.
Joelle Retener	This new regulation would send an important message to all children in Maryland that their government values them regardless of their ability, gender identity, sexual orientation or gender expression. Learning LGBTQ inclusive, medically accurate sexual education is imperative to ensuring that all of our children are knowledgeable about their bodies, and safe sexual practices, and would lend itself to the public health of all

Name	Comment
	residents of our state. It is no longer OK to simply expect LGBTQ children to learn these lessons on their own. It is no longer OK to alienate this demographic in the name of fear. Doing so would perpetuate the myth that members of the LGBTQ community are less than their heteronormative counterparts.
Name redacted to protect the privacy of the child	I am writing to encourage the adoption of COMAR 13A.04.18 and COMAR 13A.01.06. As the parent of an LGBTQIA+ child who struggles with acceptance in our school system in Charles County, these regulations would promote crucial opportunities for inclusivity and education that are desperately needed in our schools to promote the health, safety, and well-being of all children.
Name redacted to protect the privacy of the child	I am a parent to two gender non-conforming children who attend school in Montgomery County. I am asking that MSDE adopt the regulations set forth in COMAR 13A.04.18. They are critical to the health and well-being to my children as well as other students like my children. Given the number of students who identify as LGBTQ in Maryland, it only makes sense to provide education that is inclusive for all.
Name redacted to protect the privacy of the child	A persons education is the bedrock of their future. Both of these proposed regulations strive to level the playing field so that no one feels left behind or misunderstood. Feelings such as those can be tremendously distracting and disheartening to anyone experiencing them. As a parent of a child that is LGBTQ+ and autistic, I spend many waking hours worrying about his time in school. I commend the state for trying to bring awareness of LGBTQ+ youth through the proposed health education regulations; so often bullying and hate comes from a place of misinformation, and I am hopeful that this will be a positive step forward in safeguarding their time in and out of school.
Jennifer Jimenez	I applaud the state for the health education regulations, which have the potential to share important information so that children may better self-guard their health through informed decision-making. Additionally, I am pleased that the state is taking steps to better educate students on the full range of sexual identity and gender identity/expression; I hope that educating all of our students will help to protect our LGBT children and families from harassment and bullying.
Name redacted to protect the privacy of the child	I am the parent of a 4th grade MCPS student who identifies as gender non-binary and an 11th grade student who identifies as pansexual. As a long time Maryland resident, I am aware of the challenges that LGBTQ youth face in Maryland schools. With a disproportionately higher rate of suicide among LGBTQ youth, this is a life or death matter. My kids need to learn about their sexual health and be validated in their gender identities in school.
Joanna Abrahams	I am a parent of two children in public school. I believe this regulation is critical to the health and well-being of all children in the MD education system.
Name redacted to protect the privacy of the child	As the mother of a child that questions their gender assigned at birth I urge the MSDE to adopt regulation COMAR 13A.04.18. My child is currently in Kindergarten in Howard County public schools and I want them to experience an inclusive environment that supports gender non-conforming kids.

Name	Comment
Elizabeth Handy	I would like to voice my support for COMAR 13A.04.18. Changing these regulations to be more inclusive of LGBT individuals and families is an important step for Maryland. I look forward to seeing policies in place that have my family in mind.
Jamie Shepard	Hello, I'm writing to support COMAR 13A.04.18. This is vital for making sure education represents everyone.
Kathleen O'Neil	I'm writing to voice my support of COMAR 13A.04.18. Maryland students deserve to have comprehensive, LGBTQ-inclusive, medically accurate sex education and an education system that is inclusive regardless of their type of family.
Travis Lim	I'm writing to strongly support COMAR 13A.04.18 - Program in Comprehensive Health Education. As a Baltimore resident from 2008 - 2012 and a resident of the DC-Virginia-Maryland metro area with friends, ties, and a potential future in the state, it is crucially important that the educational curriculum be inclusive of all types of children and families that are served by MSDE. These much needed updates to the curricula are finally addressing the tangible needs of real students and their diverse families, many of whom I call close friends.
Sheri Hetrick	Please repeal existing regulations and replace them with revised versions. Particularly, COMAR 13A.04.18 - Program in Comprehensive Health Education. Our community is diverse and we need to educate our children in a way that in inclusive to all.
Monica Martin	I am writing in support of the Maryland State Board of Education (MSDE)'s granting permission to repeal existing regulations and replace them with revised versions. Particularly, COMAR 13A.04.18 - Program in Comprehensive Health Education to provide comprehensive LGBTQ-inclusive, medically accurate sex education.
Steven Skerritt-Davis	I'm emailing to express my support for Maryland State Board of Education's repeal and replacement of COMAR 13A.04.18 with more inclusive language. These changes will help support our students as they learn to navigate their world and reap benefits for society by giving future generations the tools to be informed and open-minded citizens and leaders.
Jennifer Sartorelli	I am contacting you to express my enthusiastic support of regulation COMAR 13A.04.18. Maryland is a state that values inclusion, equity and diversity. This regulation would align with these values. Currently, too many students in the LGBTQ+ community feel excluded, invisible or worse at school. LGBTQ+ inclusion and equity need to be demonstrated and modeled starting as young as Pre-K. These lessons serve cis hetero children as well by teaching them how to be good citizens of the world. I am very proud of the steps taken by the MSDE.
Lauren Harton	I'm writing to encourage you to support COMAR 13A.04.18 which includes new language regarding health education and access for students. My wife and I would like our elementary school children to grow up

Name	Comment
	learning in their public school that all families are welcome and whomever you are and whomever you love are valued. Thank you for being an advocate for all of us.
Heather Burkholder	I am writing in support of COMAR 13A.04.18. My family and pretty much everyone I know, is very much in support of these changes. It would only benefit our children and hopefully lead to less ignorance and bullying.

ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS
2644 Riva Road, Annapolis, MD 21401 | 410-222-5000 · 301-970-8644 (WASH) · 410-222-5500 (TDD) | www.aacps.org

September 27, 2019

Susan C. Spinnato
Director of Instructional Programs
Maryland State Department of Education
200 W. Baltimore Street
Baltimore, MD 21201

Dear Ms. Spinnato:

On behalf of Anne Arundel County Public Schools (AACPS), I am submitting this public comment on proposed amendments to COMAR 13A.04.18 Program in Comprehensive Health Education.

AACPS remains committed to hiring and investing in the development of highly effective teachers and leaders. Such educators enhance their knowledge and skills to increase student learning in their classrooms, at their schools, and in our school district. AACPS teachers are valued as leaders and actively participate in making decisions that impact teaching and learning at the school level. We believe that the quality of education is directly dependent on the quality of the teaching force, which is directly impacted by the school system's ability to recruit and retain high-quality educators.

While AACPS supports professional development and strives to retain high-quality educators, we are extremely concerned about the impact the proposed certification requirements will have on teachers around the State, particularly elementary and middle school teachers. Health Education is currently taught by the classroom teacher at the elementary school. Accordingly, these teachers have received their certification in Early Childhood or Elementary Education and do not have a certification in Health Education. Requiring all elementary school teachers to now have this certification is extremely concerning as it would impact our entire teacher workforce at the elementary school level. Similarly, AACPS has concerns regarding the impact this new requirement would have on middle school where Health Education is often taught by the physical education teacher. While many of our physical education teachers are certified in Health Education, some are not certified. This proposed change is of particular concern given that the school year has already begun and teachers have already been hired and placed in schools.

Imposing a certification requirement would be extremely cumbersome and difficult to meet. Maryland teachers would be forced to find the time during an already busy school year to study and prepare for the PRAXIS test necessary to become certified in Health Education. Such a mandate will also have a fiscal impact as they will have to pay for the test and certification. Accordingly, we have concerns about the effect this mandate would have on our teaching staff, students, and schools.

From a human resources perspective, AACPS has concerns that imposing such a burdensome requirement on teachers would negatively impact our hiring during a time when Maryland faces a teacher shortage. For example, AACPS still has openings for physical education teachers and the proposed certification requirement will further restrict the candidate pool for all Maryland school systems. Any mandate that has the potential to shrink a small and shrinking pool of candidates is deeply troubling.

For all of the aforementioned reasons, AACPS has significant concerns with the proposed mandate and respectfully requests that elementary and middle school teachers be exempt from the proposed Health Education certification requirement proposed in COMAR 13A.04.18 Program in Comprehensive Health Education.

Sincerely,

Jeanette Ortiz
Legislative & Policy Counsel

cc: Karen B. Salmon, Ph.D., State Superintendent
Warner I. Sumpter, Brig. Gen. (Retired), President
George Arlotto, Ed.D., Superintendent
Maureen McMahon, Ph.D, Deputy Superintendent

Howard County
Public School System

September 24, 2019

Susan C. Spinnato
Director of Instructional Programs, Improvement and Professional Learning
Maryland State Department of Education
200 West Baltimore Street
Baltimore, MD 21201
susan.spinnato@maryland.gov

Comments on COMAR 13A.04.18 *Comprehensive Health Education Instructional Programs for Grades Prekindergarten – Grade 12*

Dear Ms. Spinnato:

The Health Education Program in Howard County Public Schools (HCPSS) provides a setting in which teachers, parents, and community members partner to help students focus on health prevention concepts and to practice life skills in a safe and supportive environment. HCPSS currently uses the National Health Education Standards, and is in the process of transitioning to skills based education as advised in the Standards to support programs that allow students to become healthy and enable them to succeed academically.

COMAR 13A.04.08 Comprehensive Health Education Instructional Programs for Grades Prekindergarten – Grade 12 as approved for publishing in the Maryland Register by the Maryland State Board of Education (State Board), however, contains one particular area of great concern for HCPSS. The repealed version of COMAR, at K(1) stated:

K. The local school system shall develop guidelines and procedures for the selection of qualified teachers, and, because the teacher is a vital factor in the program, qualifications such as the following ***shall be considered***:
(1) Health Education certification; and…

Whereas the proposed version of COMAR, at F(1) states:

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…

As drafted, the proposed language mandates local school systems to include health education certification as a qualification for health education teachers. In Howard County at the elementary level, the health education curriculum is implemented by the classroom teacher – filling the role of health education teacher when delivering the content for the various topics under the comprehensive health education program.

While HCPSS staff has been informed by Maryland State Department of Education Health Education Specialists that this language was not intended to apply at the elementary level, but rather to those teachers at the middle and high school levels who specifically teach health education, clarity around this issue should be explored by the State Board before moving this regulation forward. The impact of requiring a new certification for existing elementary teachers would be overly burdensome on local school system staffing given the effective date of September 2020.

Thank you for your attention to this matter.

Sincerely,

David Larner, Chief Human Resources
& Professional Development Officer

Mt. Washington
Pediatric Hospital

September 20, 2019

Susan C. Spinnato,
Director of
Instructional Programs, Improvement and Professional Learning,
Maryland State Department of Education,
200 West Baltimore Street,
Baltimore, MD

Dear Director Spinnato,

I am a psychologist who works with youth of all ages and their families in Baltimore City. Many of the youth I work with have complex health issues and minimal understanding of their bodies. I read through the proposed action on regulations for the Program in Comprehensive Health Education and have several comments and questions. Some of my comments are based on what I am seeing in working with these youth.

Under .01 C (1) there is a list of concepts that students will learn. The importance of sleep and exercise are notably missing.
Under .01 C (4)- (8) should be defined. This may be defined in other documents but is seems unclear as to how the students will be demonstrating the learning.
D (1) Substance abuse does not say anything about alcohol or marijuana and the newer much more confusing topic of medical cannabis.

Also in Baltimore county this starts in the 2nd grade and City is proposing the 3rd which is developmentally too late. This topic can be broached developmentally throughout the education process starting in Kindergarten.
D (2) (a) Needs more details as it does not mention if all sexual orientations and genders will be taught in open accepting and scientific manner.

(b) This education is proposed for the 7th which seems way too late. 4th or 5th grade are more appropriate.

(d) Unclear what will be taught here but I hope general puberty will be included.

(e) Opt Out and the joint committee mentioned in (c) should be further defined as the instruction should be based on science so will there be specific opt-out options like for vaccines? What would those be and how will they be determined? Similarly what would the appropriate learning activities be and how will they be determined? Will they still be based in science? Similarly when will menstruation be taught? The age of onset in lower than before so hopefully this will be discussed by 5th grade?
D (3) with CPR being taught, I was wondering if Narcan training can also be taught and distributed?

D (4) (b) will oral health be taught in kindergarten
D (4) (c) Obesity often leads to such health conditions as diabetes so will obesity prevention and treatment be discussed? This can be taught developmentally in K-12th.

Thank you for your time. Please feel free to contact me with any questions as my information is below.

Elizabeth Getzoff Testa, PhD

Senior Psychologist

Coordinator of the Behavioral Pain Management Program

Baltimore City Commission for Women

Health Education and Equity Co-Chair

Obesity SIG Past Chair

1708 West Rogers Ave

Baltimore, MD 21209

410-578-5092

Maryland

Susan Spinnato -MSDE-
<susan.spinnato@maryland.gov>

Comment on inclusion of "gender identity and expression" in COMAR 13A.04.18

Jessie L. Mannisto Mon, Sep 30, 2019 at 9:14 AM
<jessie@jlmannisto.com>
To: susan.spinnato@maryland.gov

Dear Ms. Spinnato,

I am writing to you because I have heard that the Maryland Board of Education is planning to include "gender identity and expression" as a characteristic in a revised version of COMAR 13A.04.18. I have just moved to Maryland and hope to become a parent soon, and I have significant concerns about how this change will affect the human sexuality education in Maryland's public schools.

I have historically acted as an advocate for transgender young people (including my male-to-female 20 year old cousin). The more I learn about how this issue is being discussed at the present (as opposed to even 5-10 years ago), however, the more I become concerned. I am a writer and editor who has researched creative children and those labeled "gifted." Through this work, I have come in contact with several detransitioned young people (i.e., 20-somethings who as teens identified as transgender, some to the point of having mastectomies and taking testosterone or estrogen. This is a rapidly growing cohort, and these young people broadly agree that their doctors, therapists, and educators have failed them.

Consider also the view of Joshua Bushman, quoted at https://twitter.com/Admiralowen/status/1178583127083618306. (An image of tweet also attached.) Essentially, Bushman is arguing that behaving in line with stereotypes of the feminine mean that a person is a woman. As a gender-nonconforming woman, I find this stance not only offensive, but dangerous (in that it is leading young people like those I'm working with now to engage in bodily modifications that they later regret). Ten years

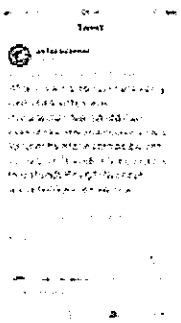
ago, I would have thought this was hyperbole, and that no one is medically altering their bodies based on silly stereotypes like this. But after coming across this issue through both my professional work and my family and doing the corresponding research, I have come to see that this view -- that identifying with the stereotypically feminine means you *are* a woman, and if you don't, then you're not -- represents a widely-held view among teens and twenty-somethings today. Our schools should *not* be reinforcing this view.

I therefore feel compelled to oppose any law that enshrines "gender identity and expression" in our human sexuality education.

Thank you very much for considering my stance.

Best regards,

Jessie Mannisto
Silver Spring, MD



tweet.jpeg
97K

NCADD
MARYLAND

September 26, 2019

Susan C. Spinnato, Director of Instructional Programs
Improvement and Professional Learning
Maryland State Department of Education
200 West Baltimore Street
Baltimore, MD 21201

Re: 13A.04.18 Program in Comprehensive Health Education

Dear Ms. Spinnato,

Thank you for this opportunity to comment on regulations proposed in the August 30, 2019 issue of the Maryland Register. The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

We are very pleased to see the Maryland State Department of Education adding into regulation the requirement for age appropriate instruction regarding a range of health issues, including regarding substance use disorders. Our comments are only non-substantive edit suggestions. For a number of years, NCADD-Maryland, along with others in the treatment and recovery fields, have included in our efforts to educate the public about the disease of addiction and reduce stigma, an intentional change in vocabulary used to describe it and people who have substance use disorders.

It is from this perspective that we ask that in the proposed regulations, the phrase "substance abuse" be changed to "substance use disorders." In numerous regulatory and statutory changes throughout COMAR and the Code, new policies are using this updated language. In the proposed regulations, they appear in the following places:

13A.04.18.*01(C)(1): (b) Substance ~~abuse~~ use disorder prevention;*

13A.04.18.*01(D)(1): Substance ~~Abuse~~ Use Disorder Prevention.*

We thank you for your consideration.

Nancy Rosen-Cohen

Nancy Rosen-Cohen, Ph.D.
Executive Director

National Council on Alcoholism & Drug Dependence – Maryland Chapter
28 E. Ostend Street, Suite 303, Baltimore, MD 21230 · 410-625-6482 · fax 410-625-6484
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Maryland

Susan Spinnato -MSDE-
<susan.spinnato@maryland.gov>

Public Comment for 13A.04.18 Program in Comprehensive Health Education

1 message

Deborah Kauffmann Tue, Sep 17, 2019 at 11:04 AM
<healthateverysize@comcast.net>
To: susan.spinnato@maryland.gov

Dear Ms. Spinnato,

As a registered dietitian who has seen many school age patients, I am concerned that students are receiving inaccurate information regarding healthy eating and weight management. Instead of an all foods fit approach, many teachers and other staff are recommending avoiding and eliminating certain foods. This leads to an unhealthy relationship with food and disordered eating. Regarding weight management, it is important that size diversity is understood and acknowledged. Although children who are genetically programmed to be above average weight are at no more risk, they are being targeted and told to lose weight for health. This has led to poor body image, poor self esteem and unhealthy behaviors such as restrictive eating. binge eating and other risky behaviors. Also, children need to know that diseases such as diabetes are mostly determined by genetics so they are not made to feel responsible if they develop a condition. Finally, a leading child nutrition expert, Ellyn Satter states that before the age of twelve, providing traditional nutrition education can be harmful versus helpful. A better understanding of this and excellent resources for all of the above can be found at https://www.ellynsatterinstitute.org/. One other important resource is "Healthy Bodies: Teaching Kids What They Need to Know: A Comprehensive Curriculum to Address Body Image, Eating, Fitness and Weight Concerns in Today's Challenging Environment" by Kathy Kater, LICSW.

Thanks for your time and consideration.

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Deborah Kauffmann, RD, LDN
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Public Comment: 13A.04.18 Program in Comprehensive Health Education

Sarah Ganginis MS, RD, LDN and Parent of a Child in the Maryland Public School System

I am a Registered Dietitian who specializes in eating disorder treatment. As a health professional and parent of a child in the Maryland Public School System, I am alarmed by the health and nutrition messages that inherently promote weight bias and weight stigma. It is essential to assess how weight-based health and nutrition education is contributing to bullying, eating disorders, and a child's overall health and wellness. Additionally, the State of Maryland is diverse in race and ethnicities and the seemingly "healthy body shape" is not inclusive in honoring the ethnic and racial diversity in our State. Although well-intended, weight-based health and nutrition education jeopardizes the ability to create a diverse and inclusive learning environment for students.

Students must to learn to accept and respect the natural diversity of all body shapes and sizes and learn to trust and take care of their bodies at every (and any) size. Health and nutrition education are harmful when the language and messages fuel thoughts and feelings of fear, guilt, and shame around food and weight. Weight-based health and nutrition education contributes to weight bias, weight stigma, and weight-based discrimination, which can lead to bullying, body dissatisfaction, and eating disorders. Children in higher weight bodies are 63% more likely to be teased than their thinner peers. For those of us in the field of eating disorders, the topic of health education and the negative messages around food and weight are constant struggles we see in school-aged clients. And for many of us, we are experiencing it firsthand within our own school systems.

I implore the Maryland State Department of Education and the Maryland State Board of Education and its members to re-evaluate the health and nutrition language and messages in consultation with nutrition education and eating disorder experts. There are effective ways to promote a healthy lifestyle for students by creating a healthy *relationship* with food and a healthy *relationship* with their bodies.

Nutrition described as "healthy eating" typically classifies food into two categories: "healthy" and "unhealthy". Labeling foods as "healthy" and "unhealthy" assign a moral value to food where food described as "healthy" is good and food described as "unhealthy" is bad. These concrete messages around food do not address the complexity of nutrition. Food choices are influenced by culture, family, friends, feelings, environments, income, and circumstances. I wonder how the school system decides what healthy choices are for students. What is healthy for one student may not be healthy for another student. Are there dietitians, psychologist, and doctors who are culturally in tune working together to determine the language and food suggestions best for all students?

Additionally, learning "healthy eating" to avoid obesity or learning "healthy eating" to "maintain a healthy weight" implies that children and others in larger bodies are not healthy. This message encourages weight bias and creates weight stigma at a time when a child's body is constantly changing as they are growing into young adults. The terms "healthy weight", "weight control", "maintaining a healthy weight" and "weight management" are commonly used in Health Education Frameworks. Any teachings/messages/language that uses weight as an indicator of health creates a shameful message that being healthy means thin and maintaining a "healthy" weight. Think of the potential harm there is in classifying nutrition and health in such concrete

terms: a thin body equals "healthy" and a larger body equals "unhealthy". These concrete messages around health and nutrition disregard inclusivity and diversity among students. Rather than learning "health" rooted in obesity prevention and weight management, students must learn to trust their bodies and take care of themselves as they grow and their nutrient needs change. Students should not fear growing and gaining weight. Students in larger body sizes should not experience the negative impact of weight-based health and nutrition education.

My Recommendations:

1) School Systems and the Health Education Framework must accept and respect the diversity of all body shapes and sizes by eliminating weight-based objectives, messages, and language. Do not use language that promotes weight stigma, such as: "obesity prevention", "obesity", "overweight", "weight management", "healthy body weight", "weight control", etc. ***All students, in all body shapes and sizes, need health and nutrition education.*** When health education includes weight-based objectives such as "obesity prevention" or "maintaining a healthy weight", thinness is valued over health There are those in large and small bodies who are healthy, just as there are those in large and small bodies who are unhealthy.

   Rather than focusing on weight, health and nutrition education must focus on body appreciation, care, respect, and trust by eating foods that both nourish and satisfy, while also enjoying physical movement.

2) ***Children are 242 times more likely to have an eating disorder than Type 2 Diabetes.*** There are 12 incidences of Type 2 diabetes/100,000 children [1] and 2,900 incidences of eating disorders/100,000 children [2].

   While it is important to address "Disease Prevention and Control" in terms of nutrition and health education, the objectives must be weight inclusive. The American Academy of Pediatrics recommends implementing behavior change while avoiding weight-based language [3]. Therefore, "Disease Prevention and Control" and "lessons on diabetes and its treatment and prevention" should follow similar recommendations and focus on a student's overall health and eliminate weight from the Health Education Framework and any objectives/teachings that may follow. Often, overall health is overlooked when discussing disease prevention and control. Diet and exercise are only two components of health and the bigger picture of disease control and prevention includes assessing the effect weight bias and weight stigma have on overall health.

3) Change "Healthy Eating" to "Balanced Eating", "Mindful Eating", or "Nourishment". Do not label food as "healthy/unhealthy" or good/bad. Nutrition has no moral value. Nutrition is too complex to label in such concrete terms.

4) Reconsider age appropriate nutrition education for elementary students. Students are too young to resist damaging messages that get attached to food by labeling food as "healthy/unhealthy" or good/bad. Again, nutrition is too complex to label in such concrete terms.

5) Students should not count calories as part of the Health Education Framework. Put simply, calorie counting is a diet as the purpose is to manage weight. Calorie counting is harmful and will likely lead to disordered eating or trigger an eating disorder.

6) Students should not calculate their Body Mass Index (BMI). Body Mass Index calculations promote weight stigma and does not assess overall health as BMI does not calculate muscle mass or fitness level.

7) Schools and the Health Education Framework should reinforce positive body image talk and education.

8) Health educators and teachers need to be mindful of their own weight bias.

9) Health Educators and teachers need to be mindful of their own nutrition bias. What is healthy for one person may not be healthy for another person.

Imagine how students might take care of themselves if they were in a weight inclusive environment- an environment that was respectful and accepting of all body shapes and sizes. Schools Systems and Health Education Frameworks must set better guidelines, so all students feel included and safe in the diverse world of nutrition and health.

References/Resources:

Research:

1) Writings Group et al., "Incidence of Diabetes"

2) K.R. Merikangas et al., "Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement," *Journal of the American Academy of Child and Adolescent Psychiatry* 49,no. 10 (2010): 980-9

3) Golden NH, Schneider M, Wood C, AAP COMMITTEE ON NUTRITION. Preventing Obesity and Eating Disorders in Adolescents. *Pediatrics*. 2016; 138(3):e20161649

4) Puhl RM, Latner JD. Stigma, Obesity, and the Health of the Nation's Children. *Psychological Bulletin*. 2007; 133(4):557-580

5) Davison KK, Birch LL. Weight Status, Parent Reaction, and Self-Concept in Five-Year-Old Girls. *Pediatrics*. 2001; 107(1):46–53

*Please see attached list of "Position Statements" for continued resources

Websites:

National Eating Disorders Association (NEDA). www.nationaleatingdisorders.org

Association for Size Diversity and Health (ASDAH). www.sizediversityandhealth.org

Academy for Eating Disorders (AED). www.aedweb.org

Health at Every Size® - References
Created by: Millie Plotkin, MLS
Forwarded by: Sarah Ganginis MS, RD, LDN- sganginisrd@sganginisrd.com

POSITION STATEMENTS

Golden, N. H., Schneider, M., & Wood, C. (2016). Preventing obesity and eating disorders in adolescents. *Pediatrics*, 138(3), e20161649. https://doi.org/10.1542/peds.2016-1649

> "Most adolescents who develop an ED did not have obesity previously, but some adolescents may misinterpret what "healthy eating" is and engage in unhealthy behaviors, such as skipping meals or using fad diets in an attempt to "be healthier," the result of which could be the development of an ED."

Daníelsdóttir, S., Burgard, D., & Oliver-Pyatt, W. (2009). *AED guidelines for childhood obesity prevention programs*. Academy for Eating Disorders. https://www.aedweb.org/backuppostlaunch/advocate/press-releases/position-statements/guidelines-childhood-obesity

> "Body weight cannot be evaluated in a vacuum. It is not a reliable proxy for eating behaviors and physical activity. Although statistical associations exist between body weight and risk for morbidity and mortality, being heavy or slender is not by definition pathological. Correlation does not imply causation and the middle of the weight spectrum can cloak a panoply of unhealthy practices. Since healthy living is important for children of all sizes, interventions should focus on lifestyle rather than weight."

Academy for Eating Disorders. (2019). *Research risk/benefit ethics position statement*. http://tinyurl.com/yydf6sc6

> "Addressing the health needs of higher weight people is an urgent issue. Substantial evidence indicates that people at higher weights have elevated risks of certain health problems (e.g., medical and psychological, including eating disorders) and are likely to experience harms from weight stigma and discrimination that result in health disparities."

Friedman, R. R. & Puhl, R. M. (2012). Weight bias: a social justice issue. Yale Rudd Center for Food Policy & Obesity. http://www.uconnruddcenter.org/resources/upload/docs/what/reports/Rudd_Policy_Brief_Weight_Bias.pdf

> "Weight bias can have a significant impact on social, economic, psychological and physical health. Social and economic consequences include social rejection, poor quality of relationships, worse academic outcomes and lower socio-economic status. Health consequences can include behaviors such as binge eating, unhealthy weight control practices, oping with stigma by eating more, refusing to diet, and avoiding physical activity. Weight bias can also lead to higher blood pressure, increased stress (which may contribute to physical health problems and increased adiposity), and an overall poor quality of life."

SUPPORTIVE RESEARCH

Health at Every Size® - References
Created by: Millie Plotkin, MLS
Forwarded by: Sarah Ganginis MS, RD, LDN- sganginisrd@sganginisrd.com

Lebow, J., Sim, L. A., & Kransdorf, L. N. (2015). Prevalence of a history of overweight and obesity in adolescents with restrictive eating disorders. *Journal of Adolescent Health*, 56(1), 19-24. http://dx.doi.org/10.1016/j.jadohealth.2014.06.005

> "Of 179 adolescents, 36.7% were found to have a body mass index (BMI) history above the 85th percentile. Patients with a BMI history above the 85th percentile had a larger BMI decrease at presentation and a longer duration of illness before presentation.
> Findings suggest that adolescents with a history of overweight or obesity represent a substantial portion of treatment-seeking adolescents with restrictive eating disorders, underscoring that extreme weight loss in adolescents is not healthy, regardless of whether the end weight is theoretically within a healthy range. Because eating disorders in adolescents who have history of overweight take longer to be identified, they consequently may have a poorer prognosis."

Neumark-Sztainer, D., Wall, M., Guo, J., Story, M., Haines, J., & Eisenberg, M. E. (2006). Obesity, disordered eating, and eating disorders in a longitudinal study of adolescents: how do dieters fare 5 years later? *Journal of the American Dietetic Association*, 106(4), 559-568. http://www.sportsnutritionworkshop.com/files/29.spnt.pdf

> "Adolescents using [dieting and*] unhealthful weight-control behaviors at Time 1 increased their body mass index by about 1 unit more than adolescents not using any weight-control behaviors and were at approximately three times greater risk for being overweight at Time 2. Adolescents using unhealthful weight-control behaviors were also at in-creased risk for binge eating with loss of control and for extreme weight-control behaviors such as self-induced vomiting and use of diet pills, laxatives, and diuretics 5 years later, compared with adolescents not using any weight-control behaviors."
>
> *The discussion section of this article notes that the adolescents defined "dieting" across a range of behaviors, including consuming less dietary fat, eating more fruits/vegetables, skipping meals, and even starvation.

Neumark-Sztainer, D., Wall, M., Story, M., & Standish, A. R. (2012). Dieting and unhealthy weight control behaviors during adolescence: associations with 10-year changes in body mass index. *Journal of Adolescent Health*, 50(1), 80-86.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3245517/

> This is a follow up to the previous study.
> "Dieting and unhealthy weight control behaviors at both Time 1 and Time 2 predicted greater BMI increases at Time 3 in males and females, as compared to no use of these behaviors. Specific weight control behaviors at Time 1 that predicted larger BMI increases at Time 3 included skipping meals and reporting eating very little (females and males), use of food substitutes (males), and diet pill use (females)."

DIETING AS EATING DISORDER RISK

Health at Every Size® - References
Created by: Millie Plotkin, MLS
Forwarded by: Sarah Ganginis MS, RD, LDN- sganginisrd@sganginisrd.com

Stice, E. & Van Ryzin, M. J. (2018). A prospective test of the temporal sequencing of risk factor emergence in the dual pathway model of eating disorders. *Journal of Abnormal Psychology*, 128(2), 119-128.
https://www.ncbi.nlm.nih.gov/pubmed/30570269

Overall, 47% of the 51 youth who showed onset of one of these eating disorders first showed emergence of disorder-predictive levels of perceived pressure to be thin and/or thin-ideal internalization, before showing onset of disorder-predictive levels of body dissatisfaction, before showing onset of disorder-predictive levels of dieting and/or negative affect, before showing onset of the eating disorder; another 29% had one of these steps out of order or did not cross one step in this model.

Cheng, Z. H., Perko, V. L., Fuller-Marashi, L., Gau, J. M., & Stice, E. (2019). Ethnic differences in eating disorder prevalence, risk factors, and predictive effects of risk factors among young women. *Eating Behaviors*, 32, 23-30.

> "Significant differences between ethnic groups were found for two of the 13 baseline risk factors: thin-ideal internalization and body mass index. No significant differences in later onset rates among ethnic groups were found. There were also no reliable ethnic differences in the relation of risk factors for future eating disorder onset. These findings suggest that eating disorders affect ethnic minorities as much as Whites and that there are more overlapping risk factors shared among various ethnic groups than differences."

Stice, E., Gau, J. M., Rohde, P., & Shaw, H. (2017). Risk factors that predict future onset of each DSM-5 eating disorder: predictive specificity in high-risk adolescent females. *Journal of Abnormal Psychology*, 126(1), 38-51.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5215960/

> "Thin-ideal internalization, positive expectancies for thinness, body dissatisfaction, dieting, overeating, and mental health care predicted onset of bulimia nervosa, binge eating disorder, and purging disorder, and denial of costs of pursuing the thin ideal and fasting predicted onset of two of these three disorders.
> [Results] provide support for the theory that pursuit of the culturally sanctioned thin ideal and the resulting body dissatisfaction, dieting, and maladaptive weight control behaviors increase risk for eating disorders involving binge eating and unhealthy compensatory behaviors."

WEIGHT STIGMA IN MEDICAL SETTTINGS

Phelan, S. M., Burgess, D. J., Yeazel, M. W., Hellerstedt, W. L., Griffin, J. M., & van Ryn, M. (2015). Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews*, 16(4), 319-326.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4381543/

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> "First, primary care providers engage in less patient-centred communication with patients they believe are not likely to be adherent. A common explicitly endorsed provider stereotype about patients with obesity is that they are less likely to be adherent to treatment or self-care recommendations are lazy, undisciplined and weak-willed. Second, primary care providers have reported less respect for patients with obesity compared with those without and low respect has been shown to predict less positive affective communication and information giving. Third, primary healthcare providers may allocate time differently, spending less time educating patients with obesity about their health."

> "The long-term result of avoidance and postponement of care is that people with obesity may present with more advanced, and thus more difficult to treat, conditions. Individuals who are stigmatized, or are vigilant for evidence of stigma, may withdraw from full participation in the encounter. Because of this, they may not recall advice or instructions given by the provider, reducing adherence to prescribed treatment or self-care."

Richard, P., Ferguson, C., Lara, A. S., Leonard, J., & Younis, M. (2014). Disparities in physician-patient communication by obesity status. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 51.
https://doi.org/10.1177/0046958014557012

> "We found that physicians had decreased odds of showing respect for what obese patients had to say, decreased odds of listening, and decreased odds of spending enough time with obese patients compared with non-obese patients."

WEIGHT STIGMA IN SCHOOLS

Kenney, E. L., Wintner, S., Lee, R. M., & Austin, S. B. (2017). Obesity prevention interventions in US public schools: are schools using programs that promote weight stigma? *Preventing Chronic Disease*, 14, E142.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5757382/

> "In our sample of US kindergarten through twelfth-grade public schools, programs emphasizing weight loss were more commonly used than evidence-based, effective programs for promoting healthy eating and physical activity. Although programs that focus on improved nutrition, physical activity, and screen time behaviors generally prevent obesity and improve health, programs that focus instead on weight status and weight loss can exacerbate both weight stigma and unhealthy weight-control behaviors."

> "Few schools in this study implemented nutrition, physical activity, or obesity prevention programs that known to be effective. In the absence of evidence, many schools appear to be trying to address obesity prevention and wellness on their own, unintentionally implementing potentially ineffective or harmful programs."

Puhl, R. M., Luedicke, J., & Heuer, C. A. (2011). Weight-based victimization toward overweight adolescents: observations and reactions of peers. *Journal of School Health*, 81(11), 696-703.

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http://www.uconnruddcenter.org/resources/upload/docs/what/bias/VictiminationPeerObservations_JSH_11.11.pdf

> "Participants perceived being overweight as a primary reason that peers are victimized at school. At least 84% of participants observed overweight students being teased in a mean way and teased during physical activities, and 65% to 77% of students observed overweight and obese peers being ignored, avoided, excluded from social activities, having negative rumors spread about them, and being teased in the cafeteria. Most students also observed verbal threats and physical harassment toward overweight and obese students."

EFFECTS OF WEIGHT STIGMA ON HEALTH

Phelan et al, 2015.

> "Accumulated exposure to high levels of stress hormones (allostatic load) has several long-term physiological health effects, including heart disease, stroke, depression and anxiety disorder, diseases that disproportionately affect obese individuals and have been empirically linked to perceived discrimination. Indeed, stress pathways may present an alternate explanation for some proportion of the association between obesity and chronic disease."

Sutin, A. R., Stephan, Y., & Terracciano, A. (2015). Weight discrimination and risk of mortality. *Psychological Science*, 26(11), 1803-1811.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4636946/

> "The present findings indicate that the harmful effect of unfair treatment because of body weight is not limited to psychological distress and morbidity, but extends to risk of mortality. This association was apparent in two independent samples that covered different periods of the lifespan and persisted after accounting for behavioral and clinical risk factors. The effect of weight discrimination on mortality was generally stronger than other forms of discrimination and was comparable to other established risk factors, such as history of smoking and disease burden. Moreover, the association between weight discrimination and mortality risk is in sharp contrast to the protective relation between some of the BMI categories and mortality risk. These findings suggest the possibility that the stigma associated with weight is more harmful than actual overweight or obesity itself."

Tomiyama, A. J. (2014). Weight stigma is stressful. A review of evidence for the Cyclic Obesity/Weight-Based Stigma model. *Appetite*, 82, 8-15.
https://www.dishlab.org/pubs/Tomiyama%20COBWEBS.pdf

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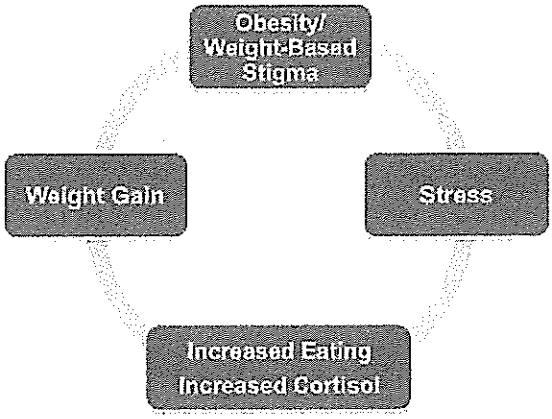

Fig. 1. The vicious cycle of weight stigma.

PUBLIC HEALTH MESSAGING

Neumark-Sztainer, D. (2012). Integrating messages from the eating disorders field into obesity prevention. *Adolescent Medicine: State of the Art Reviews*, 23(3), 529-543. https://www.ncbi.nlm.nih.gov/pubmed/23437686

> "Dieting, body dissatisfaction, weight talk, and weight-related teasing are commonly addressed risk factors within eating disorder prevention interventions, whereas low levels of physical activity and high intakes of foods high in fat and sugar are commonly addressed within interventions aimed at obesity prevention."
>
> "Empirical data from longitudinal studies clearly demonstrate that risk factors for eating disorders such as dieting, body dissatisfaction, and exposure to weight-related teasing are also strong risk factors for excessive weight gain over time."

Puhl, R. M., Neumark-Sztainer, D., Austin, S. B., Luedicke, J., & King, K. M. (2014). Setting policy priorities to address eating disorders and weight stigma: views from the field of eating disorders and the US general public. *BMC Public Health*, 14. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4046055/

> "An Internet survey was fielded to a national sample of 944 US adults and 1,420 members of professional organizations specializing in eating disorders to examine their support for 23 potential policy strategies to address eating disorders and weight stigma."
>
> "Policies requiring 1) school-based health curriculum to include content aimed at preventing eating disorders, 2) training for sports coaches on the prevention of eating disorders, and 3) implementation of school-based anti-bullying policies that protect students from being bullied about their weight were selected as having high potential impact *and* feasibility by both the general public and individuals from the eating disorders field."

Health at Every Size®. - References
Created by: Millie Plotkin, MLS
Forwarded by: Sarah Ganginis MS, RD, LDN- sganginisrd@sganginisrd.com

Tomiyama, A. J., Carr, D., Granberg, E. M., Major, B., Robinson, E., Sutin, A. R., & Brewis, A. A. (2018). How and why weight stigma drives the obesity 'epidemic' and harms health. *BMC Medicine*, 16, 123. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6092785/

> "The most effective and ethical approaches will aim to address the behaviors and attitudes of the individuals and institutions that *do* the stigmatizing, rather than those of the targets of mistreatment, thus avoiding blaming the victim and removing the burden of change from those experiencing mistreatment. Such a pervasive problem requires a multi-pronged strategy both within healthcare settings and at higher levels of government and society."

> "At a broader level, public health approaches to promoting metabolic health must stop the blame and shame implicit (and sometimes very explicit) in their messaging. Public health messages speak not just to the target of the message but also to society more generally. Fat-shaming messages encourage discrimination by condoning it."

Maryland

Susan Spinnato -MSDE-
<susan.spinnato@maryland.gov>

Proposed action on regulations for the Program in Comprehensive Health Education

1 message

Emery, Lindsay <Lindsay.Emery@mwph.org>
Fri, Sep 27, 2019 at 12:53 PM
To: "susan.spinnato@maryland.gov" <susan.spinnato@maryland.gov>
Cc: Alaine Jolicoeur <alainejolicoeur@gmail.com>, "Getzoff, Elizabeth" <EGetzoff@mwph.org>

September 27, 2019

Susan C. Spinnato,
Director of Instructional Programs, Improvement and Professional Learning,
Maryland State Department of Education,
200 West Baltimore Street,
Baltimore, MD

Dear Director Spinnato,

I read through the proposed action on regulations for the Program in Comprehensive Health Education and have a few comments/questions. I am a licensed psychologist at a Pediatric Hospital in Baltimore and my area of expertise is with children and adolescents who've experienced trauma. These comments are based on my experience in working with these youth in that area.

Under Section D, Section 3. Safety and violence prevention: could a section also be added to talk about domestic and community violence and who children can go to if they are experiencing violence at home or in their community. Also, just to define what domestic violence is as many children may not be aware of what that term means and how they can get help or seek safety if they are living under such conditions. *Section 3b*. The part about sexual abuse and assault: Could information also be directly added to state that children would receive information about who to contact should the child have already experienced such abuse/assault (e.g., supports available at school, anonymous hotlines, other community services). Statistically, 1 in 5 girls and 1 in 20 boys will be a victim of child sexual abuse, so the odds are that when discussing this with children, some will have already experienced this and may want to know where they can go to seek help and support.

Thank you for your time in reviewing this. Please feel free to contact me at the information below should you have any questions for me.

Lindsay Emery, Ph.D.
Licensed Psychologist
Division of Psychology & Neuropsychology
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Planned Parenthood of Maryland

To: Susan C. Spinnato, Director of Instructional Programs
Maryland State Department of Education

From: Karen Nelson, President and CEO
Planned Parenthood of Maryland

Date: September 30, 2019

RE: Proposed Regulations on COMAR 13A.04.18 Program in Comprehensive Health Education

Thank you for the opportunity to submit comments on the proposed regulations on the Program in Comprehensive Education under COMAR 13A.04.18. Planned Parenthood of Maryland (PPM) supports the efforts of the Maryland State Department of Education (MSDE) to update its health education regulations.

As MSDE is planning on implementing its revised regulations, we would like to offer our partnership in supporting your agency's efforts in working with local school systems. As you know, we have a robust health education program with expertise educating youth and young adults on the topics covered under the family life and human sexuality program. If a school system believed it to be helpful, we could provide instruction directly to students or assist in a "train the trainer" program for teachers.

After reviewing the proposed regulations, we have the following suggestions, most of which are technical in nature:

- Under .01(B)(2), we recommend modifying the language as follows:

  The instructional program shall provide for the diversity of student needs, abilities, sexual orientations, gender identities, and interests at the elementary, middle, and high school learning years . . .."

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We think that it is MSDE's intent to be inclusive of all students in all segments of comprehensive health education. However, the proposed regulations only specify consideration of sexual orientation and gender identify in the family life and human sexuality program. It is critical for students to have awareness and acceptance of sexual orientation and gender identity to ensure positive health outcomes in all aspects of health, including behavioral health.

- Under 01(D)(2)(a), we suggest some technical changes so that the language emphasizes that inclusiveness, rather than the exclusion, of students:

  Maryland family life and human sexuality instruction shall represent all students ~~regardless of~~ and be inclusive of the abilities, sexual orientation, gender identity, and gender expression of all students .

- Under 01(D)(2)(b), we suggest:
  - a technical change as "unintended pregnancy" is the term of art
  - the addition of clarification that information will be unbiased. It is possible for information to be medically accurate, but to be delivered in a biased manner that limits the effectiveness of the program; and
  - the addition of "other methods of prevention." As technology develops, there may be other prevention tools beyond condoms.

  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 unintended ~~unplanned~~ pregnancy, family life and human sexuality education shall include medically accurate and unbiased information about contraception, ~~and~~ condoms, and other methods of prevention

- Under 01(D)(2)(g), we would make a suggestion, consistent with an earlier comment, that it would be helpful to have clarification that instruction is unbiased:

  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, including delivering instruction in a unbiased and culturally respectful

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manner. The additional preparation may be provided by college courses, local in-service programs, and/or State workshops.

- Under 01(D)(3)(b), we believe that the proposed regulations imply that students be taught to distinguish between healthy and unhealthy relationships in the safety and violence prevention program. This ability is critical in order for a student to discern when a personal boundary has been crossed. Therefore we suggest the following clarification:

  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, and distinguishing between healthy and unhealthy relationships.

- Under 01(D)(4)(a), we recommend a clarification that prevention and treatment knowledge be comprehensive. This change will ensure that prevention discussions include condoms, dental dams, and any new technologies that emerge:

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

Thank you again for the opportunity to submit comments. If we can provide any additional information, please contact Robyn Elliott, our policy and governmental affairs consultant, at relliott@policypartners.net or (443) 926-3443.

Maryland

Susan Spinnato -MSDE-
<susan.spinnato@maryland.gov>

Proposed 13A.04.18 Health Education - Public Comment

1 message

Tempe Beall <tbeall5@verizon.net> Mon, Sep 30, 2019 at 8:59 AM
To: susan.spinnato@maryland.gov

Dr. Spinnato,

I am writing in support of the posted changes to COMAR 13A.04.18 *Comprehensive Health Education Instructional Programs for Grades Prekindergarten - Grade 12.* I am deeply invested in the status of Maryland public schools as evidenced by my multiple years and roles related to education in Maryland: resident for 47 years, taxpayer for 23 years, graduate of grades K-12, graduate of UMCP master's degree program, teacher for 10 years, administrator for 6 years, and most importantly, a parent of three children currently in Maryland public schools.

While I fully support all of the proposed changes, I want to highlight the change to require certification AND specialized training for individuals who teach these critical topics to our students. Health education as a content area is unique in that it is constantly changing, instruction can do more harm than good, and it deals with content that is highly sensitive and influenced by different cultural values. Health educators delivering instruction to young people related to decision making, goal setting, managing their own health, analyzing influences on their behavior and other health skills must be trained not only in the content of sensitive topics such as addiction, bullying, sexual assault, sexuality, and healthy eating, but in the pedagogy of delivering this content with sensitivity and support for all students.

In schools, health education has historically been grouped with physical education and assigned to the PE teacher or teachers of other subjects who have open slots in their schedule. This has been common in health education, but it is much rarer to have a Spanish teacher teaching math or science, or an English teacher teaching art or social studies. The proposed change in COMAR to require certification takes the first step in acknowledging that health education should not be an afterthought. This critical education should be in the hands of a properly trained individual; one who has studied and practiced the content and the pedagogy.

I also support the adoption of the National Health Education Standards as the framework for health education. Most adults know that they should get 8 hours of sleep, fill their plates with fruits and vegetables, use I statements in a conflict, - but how many of them do all of these things on a regular basis? Knowledge alone does not change behavior. A student who knows that nicotine is addictive and vaping is dangerous may still vape if he or she hasn't practiced and received feedback on the use of refusal skills. The adoption of the NHES takes another step in the right direction for effective health education for the development of wellness and the avoidance of health risks.

Finally, the change in language regarding STIs and HIV in the proposed COMAR is long overdue. The HIV/AIDS exemption is decades old and was placed in COMAR based on the understanding (or lack thereof) and current status of HIV/AIDS at that time. Students in Maryland are living in a time when STIs are rampant and increasing in numbers each day. HIV/AIDS education, like all disease education, should focus on the behaviors that transmit diseases and how to make healthy choices to prevent them. There is nothing about HIV/AIDS transmission that warrants a special "opt out" option. I believe that public education systems have an obligation to teach the students in our schools how to prevent the diseases that are affecting them.

I would like to thank you for proposing these changes in the best interest of the students in Maryland public schools. I am proud to be a part of this school system and grateful to be able to send my own children to a system that is elevating health education.

Sincerely,
Tempe Brownell Beall
14112 Bison Court
Glenelg, MD 21737
410 - 480-1026

September 30, 2019

Warner I. Sumpter, President
Maryland State Board of Education
Maryland State Department of Education
200 West Baltimore Street
Baltimore, MD 21201

Re: Proposed Regulation 13A.04.18 Educational Equity
Position: Adopt

To President Sumpter and the Esteemed Members of the Board,

On behalf of the Office of Mayor Bernard C. "Jack" Young, Baltimore City LGBTQ Affairs, the Baltimore City LGBTQ Commission and the jointly undersigned partners, we are pleased to have the opportunity to offer comments regarding proposed regulation 13A.04.18 Program in Comprehensive Health Education.

Maya Angelou once said, ""I did then what I knew how to do. Now that I know better, I do better." All youth, including LGBTQ youth, are severely underserved by the current health education curriculum guidelines, and are harming themselves and others due to this severe lack of knowledge.

According to the GLSEN 2017 National School Climate Survey, only 6.7% of LGBTQ youth reported receiving an LGBTQ-inclusive sex education. Of the small amount who did receive LGBTQ-inclusive sex education, a significant amount were taught negative representations of LGBTQ topics. Anecdotally, when those of us who work directly with LGBTQ youth ask what could schools be doing more of, overwhelmingly the response directly from youth is, "sex ed class."

LGBTQ students deserve access to knowledge that can keep them safe and reduce the possibility of harm. However, when we do not teach LGBTQ youth how to protect themselves, we become culpable and complicit in their harm. This proposed regulation mandates that family life and human sexuality instruction represent all students regardless of ability, sexual orientation, gender identity and gender expression. The regulation goes on to require additional preparation for teaching family life and human sexuality. These two components of the regulation ensures inclusive and equitable access in health education, as well as accuracy and quality of the instruction.

If equity in education means valuing each student's individual characteristics, then we must value these characteristics in all places where a student interacts with the school. When we fail to teach comprehensive, medically accurate, LGBTQ inclusive sex education, we send a message to students who could benefit from that knowledge that their individual characteristics are not valued. We urge a favorable report.

Signed,

Jabari Lyles, LGBTQ Affairs Liaison
Office of Mayor Bernard C. "Jack" Young

Kimberly Mooney, Board Chair
GLSEN Maryland

Brandon M. Scott, President
Baltimore City Council

Thomas Koerber, Board President
Maryland LGBT Chamber of Commerce

Diana Philip, Executive Director
NARAL Pro-Choice Maryland

Dr. Renata Sanders
Johns Hopkins

Dr. Mel Lewis, Gender/Sexuality Faculty, Humanistic Studies
Maryland Institute College of Art (MICA)

Lynn Brennan, Board Member
GLSEN Maryland

Natasha Williams, Doctoral Student
University of Maryland School of Public Health

Rachel White
Advocates for Children and Youth

Denise Gilmore, Co-Chair
Baltimore Women United

Ann Marie Binsner, Co-Chair
Prince George's County LGBTQ Youth Task Force

Hayley Streeter
Glenelg Country School

Jessica Fish, Assistant Professor
University of Maryland

Clifton Stanley Diaz, Jr., Owner and Personal Trainer
State Trooper Experienced Personal Training

Scott Davis, Neighborhood Liaison
Office of Baltimore City Council President Brandon Scott

Trystan Sill
Baltimore City LGBTQ Commission

Phillip Clark
Baltimore City LGBTQ Commission

Londyn de Richelieu
Baltimore City LGBTQ Commission

Latia Hopkins
Baltimore City LGBTQ Commission

Alaine Jolicoeur
Baltimore City LGBTQ Commission

Sir Alonzo L. Henderson, Community Organizer
Baltimore City LGBTQ Commission

Justin Garrow
Baltimore City LGBTQ Commission

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To the Honorable President Warner I. Sumpterand and esteemed Board members:

FreeState Justice is Maryland's lesbian, gay, bisexual, transgender, and queer (LGBTQ) social justice advocacy organization. Each year, we provide free legal services to hundreds of LGBTQ Marylanders facing discrimination who could not otherwise be able to afford an attorney. We lead the Youth Equality Alliance (YEA), a statewide coalition of organizations and activists dedicated to improving the lives of LGBTQ youth in education, juvenile justice, housing stability, and foster care.

In 2017, GLSEN's School Climate in Maryland survey concluded that Maryland schools are not safe for LGBTQ students. In fact, according to the CDC's Youth Risk Behavioral Surveillance Survey (YRBS), 43% of LGB students in Maryland seriously considered attempting suicide in 2017, a risk five times higher than their heterosexual peers. This disproportionate risk is in large part due to the harassment and discrimination LGBTQ youth face in school. According to the YRBS, 1 in 3 LGB students reported being bullied on Maryland school property, and according to GLSEN's School Climate in Maryland survey, over 80% of LGBTQ students often heard LGBTQ-phobic remarks.

To address these structural inequities, GLSEN's 2017 National climate Survey showed the effectiveness of teaching appropriate and accurate information about LGBTQ people, history, events, and sex education through inclusive curricula. Students who attend schools with inclusive curricula are less likely to experience harassment and discrimination, more likely to feel safe in schools, less likely to miss school, and more likely to perform better academically. In short, these resources contribute to the creation of affirming and empowering schools where LGBTQ students have the opportunities to succeed. Currently, fewer than 8% of students in Maryland public schools report receiving LGBTQ-inclusive sex education at school. The passage of these regulations would strongly increase the number of schools teaching inclusive and equitable information, improving the quality of life for LGBTQ students across the state.

During FreeState Justice's statewide listening sessions in 2016, respondents also shared that there was little access to inclusive sex education in their schools. Several participants shared that teachers refused to talk about LGBTQ issues for fear of offending parents or administrators. Many students shared that their sex education curriculum focused on solely on abstinence or ignored LGBTQ populations when discussing safer sex and healthy relationships. By ensuring teachers have the qualifications to teach family life and human sexuality,

including medically accurate information on contraception and condoms, and requiring an equity lens in health education, the proposed regulations would effectively address these barriers.

The lack of equitable, inclusive, comprehensive curricula in schools provides a barrier to the health, wellbeing, and academic achievement of students across the state. The proposed regulations reflect evidence-based solutions to these structural barriers and promise an improvement in the quality of life of LGBTQ students.

We urge a favorable report.

Sincerely,

Mark A. Procopio

Mark A. Procopio
Executive Director

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Susan C. Spinnato
Director of Instructional Programs, Improvement and Professional Learning
Maryland State Department of Education
200 West Baltimore Street
Baltimore, MD 21201

Re: Repeal and replace of COMAR 13A.04.18 with new regulations on a Comprehensive Health Education Program

September 30, 2019

Dear Dr. Spinnato,

I am submitting these comments on behalf of the Howard County School Health Council (SHC). In Howard County, the SHC has been in operation for over 20 years. As you know, the Howard County SHC is one of the local councils mandated by COMAR, all of which have a soft reporting line to the Maryland State School Health Council. In Howard County, it is an advisory committee to both the health department and the school system, and it is led by members from the community. It reports each year to the Superintendent, the Health Officer, the Board of Health, and the Board of Education. It has members from the school system, health department, parent/teacher council, student council, and community. It supports broad system level change for healthy, well, fit, and safe youth who are in turn able to learn. It acts collectively to identify needs, review programs and policies, and generate recommendations. It provides a forum for the community to learn about school health and wellness initiatives and provide input.

As an organization whose primary concerns are the health and well-being of school-aged children in Howard County, we applaud your efforts to revise and update the current regulations pertaining to the Comprehensive Health Education Program.

We are particularly supportive of the new Section D of the regulations, which focuses on special requirements. Howard County, like other parts of the state, has been facing an increase in opioid use, e-cigarettes and vaping, and sexually transmitted infections (STIs), such as chlamydia, much of which is concentrated among adolescents and young adults. Our knowledge of HIV and how to prevent it and even perhaps treat it has grown so much since the regulations were first issued on this topic that it is imperative to include it in the curriculum alongside other STIs and to not single it out for special didactic treatment. We also support the proposed elimination of the opt-out. Finally, we support beginning the instruction on contraceptives earlier than grade 8, as is currently the case.

In addition to changes in patterns of health behaviors, we have witnessed societal shifts in how individuals identify and express themselves in relation to gender and sexual orientation, and

Howard County is no exception. Many youth feel empowered and make it their cause to discuss their experiences publicly to raise awareness but also to inform policies that are inclusive and respectful of diversity in terms of not only gender identities and expressions but also in terms of ability, race and ethnicity, national origin and other minority-defining traits. For these reasons, we are extremely pleased to see that the family life and human sexuality instruction will be inclusive to also reflect the experiences, needs and concerns of ALL students, regardless of their sexual orientation, gender identity and gender expression.

Finally, Howard County, in a collaborative effort between the school system and the health department, has been proactive in its preventive efforts in our schools and community by offering supplies of condoms and access to STI testing. Where offered, students have taken advantages of these services. However, it is important to combine such services with health education, which not only includes content but skills, as the proposed regulations emphasize. And with new content and skills comes the need to ensure that our teachers are properly trained on those as well as in mastering the pedagogy for teaching them to students. Training will require additional time and resources, and although the notice in the Maryland Register (Vol. 46, Issue 18, Friday, August 30, 2019, p.786) does not include an estimate of economic impact on local school systems, we would recommend that adequate support be considered for these systems to implement the new rules as intended.

In summary, we recommend that the proposed regulations be adopted by the State Board of Education during its public meeting scheduled for October 22, 2019.

Sincerely,

A. R. Markus

Anne Markus, at-large
Chair, HC-SHC, 2019-2021

MARYLAND STATE DEPARTMENT

OF EDUCATION

Education Equity	)	COMAR 13A.01.06
	)	
Program in Comprehensive Health Education	)	COMAR 13.04.18
	)	

Comments of Columbia/Howard County PFLAG on Proposed Regulations

PFLAG Columbia/Howard County (Howard County PFLAG) is a chapter of the national PFLAG organization. PFLAG was founded in 1973 and is the first and largest organization for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people, their parents and families, and allies. PFLAG has over 400 chapters and 200,000 members across the country. Howard County PFLAG was founded in 1995 and provides information, support and community for families in Howard County, Baltimore County and Baltimore City. Howard County PFLAG has support/community groups for LGBTQ Youth; Trans, Gender-Creative, and Gender Fluid Tweens; Trans Adults; Parents of Trans and Gender Creative Children; and Parents of Lesbian, Gay, Bisexual, Trans, Queer or Questioning children of all ages. Howard County PFLAG supports the proposed regulations because they will ensure a supportive learning environment and inclusive health curriculum for all students.

I. Maryland Must Provide a Supportive Learning Environment for All Students

It is essential that all Maryland students have equitable opportunities to education. The proposed rules include gender identity, gender expression and sexual orientation as individual

characteristics that are valued as a part of educational equity.[1] As taxpayers with children in Maryland schools, PFLAG members have a substantial interest in ensuring that all schools "create and maintain environments that are equitable, fair, safe, diverse, and inclusive."[2]

Students with gender identity, gender expression or sexual orientation different than expected norms often face discrimination, bullying and other experiences that are determinantal to their ability to learn and often their mental health. A recent study by the University of Connecticut and the Human Rights Campaign (HRC Study) found that "73% of LGBTQ youth have experienced verbal threats because of their actual or perceived LGBTQ identity."[3] The State of Maryland needs its own regulations to protect these students. Our experience has been that student environments vary across the state. The risks from not proving safe learning experiences are just too great not to have clear state regulations. A recent article in the Journal of Pediatrics on suicide found that rates of suicide attempts for adolescents ranged from 9.8% for male non-LGBTQ adolescents to 50.8% for female to male transgender adolescents.[4] Having an equitable school environment is an important step towards mitigate these risks.

The proposed rules would require that school districts apply an equity lens to curriculum and instructional materials.[5] The HRC Study found that "only 13% of LGBTQ youth report hearing positive messages about being LGBTQ in school."[6] Having instructional materials that include options like a book with positive LGBTQ characters or including the Stonewall protest as an example of advancement of civil rights would provide positive role models for LGBTQ+ students, as well as educate other students. When

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[1] Proposed COMAR 13A.01.06.03 (B)(2) and (5).
[2] Proposed COMAR 13A.01.06.04 (C)(1).
[3] https://www.hrc.org/resources/2018-lgbtq-youth-report at 18.
[4] Toomey, R. B., Syvertsen, A. K., & Shramko, M. (2018). Transgender Adolescent Suicide Behavior. *Pediatrics, 142*(4). Retrieved 9 28, 2019, from https://pediatrics.aappublications.org

[5]Proposed COMAR 13A.01.06.04(C)(8).
[6] https://www.hrc.org/resources/2018-lgbtq-youth-report at 8.

students see themselves reflected in their world, they are more able to be themselves and feel valued, which will provide more effective learning experiences.

II. Comprehensive Health Education Should Address the Needs of All Students

Health education is another area of inequitable treatment for LGBTQ+ students. The HRC Study found that only 12% of LGBTQ students received safe sex information that was relevant to them.[7] The proposed regulations require "Maryland family life and human sexuality instruction shall represent all students regardless of ability, sexual orientation, gender identity, and gender expression."[8] This regulation would provide the information that students need to be healthy adolescents and eventually adults. In addition, having a state regulation will be likely to influence the development of appropriate instructional materials which could benefit all schools.

III. Conclusion

Howard County PFLAG appreciates the opportunity to file these comments in support of these important regulations. If you have any questions, please feel free to contact us.

September 30, 2019

/s/ Max Crownover, PhD

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[7] *Id.*
[8] Proposed COMAR 13A.04.18.01 Section D (2)(a)

Maryland

Susan Spinnato -MSDE-
<susan.spinnato@maryland.gov>

Support of Proposed COMAR regulations

1 message

Susan Garner <sueginna@gmail.com> Fri, Sep 27, 2019 at 1:54 PM
To: susan.spinnato@maryland.gov

Hello,

I am writing to share my strong support of two proposed COMAR regulations:

COMAR 13A.01.06,
Educational Equity, the replacement for the "Education That is Multicultural" regulation, defines "educational inequity" (see .03 Definitions. Section B(2)) as: "means that every student has access to the opportunities, resources, and educational rigor
they need throughout their educational career to maximize academic success and social/emotional well-being and to view each student's individual characteristics as valuable" and enumerates the specific "individual characteristics" (see .03 Definitions. Section
B.(5)) to include
family structure [B.(5)(c)], gender identity and expression [B.(5)(d)], and sexual orientation [B.(5)(j)].

The proposed regulation goes on to require local school systems to
develop educational equity policy and regulations (.04 Requirements. Section B), which are
designed to create and maintain environments that are equitable, fair, safe, diverse, and inclusive [C.(1], identify partnerships with the Maryland State Department of Education, local government agencies, and stakeholders to support educational equity [C.(4];
Require that an equity lens be used in reviews of staff, curriculum, pedagogy, professional learning, instructional materials, and assessment design [C.(8];

These two proposed regulations are an incredible opportunity to hold local districts accountable in their efforts (or non-efforts) to ensure safe and inclusive environments for LGBTQ youth. Based on research, passage of these regulations will not only increase overall attendance and grade point average of LGBTQ youth, but will save lives! Please support passage.

COMAR 13A.04.18,
Program in Comprehensive Health Education is the opportunity we've all been waiting for to ensure comprehensive, LGBTQ-inclusive, medically accurate sex education for LGBTQ youth. Perhaps the most important part of this proposed regulation is found
in .01 Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12. Section D.(2)(a) which says:

Maryland family life and human sexuality instruction shall represent all students regardless of ability, sexual orientation, gender identity, and gender expression. Other parts of Section D.(2) to highlight are contraception and condoms will be taught
in Grade 7 as well as all STIs, family life and human sexuality instruction shall begin before Grade 5, families are able to opt-out, teachers need additional qualifications to teach family life and human sexuality. There will also be a supporting curriculum
document that goes with this regulation.

Sincerely, Susan Garner

Retired Howard County School Psychologist

Past President of PFLAG Columbia-Howard County (PFLAG is the extended family of the LGBTQ Community, providing support, education and advocacy to promote the health and well-being of LGBTQ individuals, their families, friends and allies)