CHAPTER 32

Comprehensive Health Education Program

**SECTION 59‑32‑5.** Short title.

This may be cited as the "Comprehensive Health Education Act".

HISTORY: 1988 Act No. 437, Section 1.

**SECTION 59‑32‑10.** Definitions.

As used in this chapter:

(1) "Comprehensive health education" means health education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing the health, health‑related skills, and health attitudes and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention. It includes age‑appropriate, sequential instruction in health either as part of existing courses or as a special course.

(2) "Reproductive health education" means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.

(3) "Family life education" means instruction intended to:

(a) develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development;

(b) provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage.

(c) provide instruction as to the laws of this State relating to the sexual conduct of minors, including criminal sexual conduct.

(4) "Pregnancy prevention education" means instruction intended to:

(a) stress the importance of abstaining from sexual activity until marriage;

(b) help students develop skills to enable them to resist peer pressure and abstain from sexual activity;

(c) explain methods of contraception and the risks and benefits of each method. Abortion must not be included as a method of birth control. Instruction explaining the methods of contraception must not be included in any education program for grades kindergarten through fifth. Contraceptive information must be given in the context of future family planning.

(5) "Local school board" means the governing board of public school districts as well as those of other state‑supported institutions which provide educational services to students at the elementary and secondary school level. For purposes of this chapter, programs or services provided by the Department of Health and Environmental Control in educational settings must be approved by the local school board.

(6) "Board" means the State Board of Education.

(7) "Department" means the State Department of Education.

HISTORY: 1988 Act No. 437, Section 3.

**SECTION 59‑32‑20.** Selection or adoption of instruction units by state board required.

(A) Before August 1, 1988, the board, through the department, shall select or develop an instructional unit with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually transmitted diseases and make the instructional unit available to local school districts. The board, through the department, also shall make available information about other programs developed by other states upon request of a local school district.

(B) In addition to the provisions of subsection (A), before September 1, 2015, the board, through the department, shall select or develop instructional units in sexual abuse and assault awareness and prevention, with separate units appropriate for each age level from four‑year‑old kindergarten through twelfth grade.

(C) Before August 1, 2018, and through the cyclical review process, if deemed necessary, the board shall include instruction on prescription opioid abuse prevention, with an emphasis on the prescription drug epidemic and the connection between opioid abuse and addiction to other drugs, such as heroin, in the health standards. In addition, the board shall make available to districts a list of instructional materials that meet state standards. Districts shall continue to adopt or develop curriculum locally.

HISTORY: 1988 Act No. 437, Section 3; 2014 Act No. 293 (H.4061), Section 1, eff June 23, 2014; 2018 Act No. 185 (S.302), Section 3, eff May 17, 2018.

Effect of Amendment

2014 Act No. 293, Section 1, inserted subsection designator (A), and added subsection (B).

2018 Act No. 185, Section 3, added (C), relating to instruction on prescription opioid abuse prevention.

**SECTION 59‑32‑30.** Local school boards to implement comprehensive health education program; guidelines and restrictions.

(A) Pursuant to guidelines developed by the board, each local school board shall implement the following program of instruction:

(1) Beginning with the 1988‑89 school year, for grades kindergarten through five, instruction in comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental and emotional health. Sexually transmitted diseases as defined in the annual Department of Health and Environmental Control List of Reportable Diseases are to be excluded from instruction on the prevention and control of diseases and disorders. At the discretion of the local board, age‑appropriate instruction in reproductive health may be included.

(2) Beginning with the 1988‑1989 school year, for grades six through eight, instruction in comprehensive health must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, mental and emotional health, and reproductive health education. Sexually transmitted diseases are to be included as a part of instruction. At the discretion of the local board, instruction in family life education or pregnancy prevention education or both may be included, but instruction in these subjects may not include an explanation of the methods of contraception before the sixth grade. Beginning with the 2016‑2017 school year, for grades six through eight, instruction in comprehensive health education also must include the subject of domestic violence.

(3) Beginning with the 1989‑90 school year, at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.

(4) The South Carolina Educational Television Commission shall work with the department in developing instructional programs and materials that may be available to the school districts. Films and other materials may be designed for the purpose of explaining bodily functions or the human reproductive process. These materials may not contain actual or simulated portrayals of sexual activities or sexual intercourse.

(5) The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases.

(6) In grades nine through twelve, students must also be given appropriate instruction that adoption is a positive alternative.

(7) At least one time during the entire four years of grades nine through twelve, each student shall receive instruction in cardiopulmonary resuscitation (CPR), which must include, but not be limited to, hands‑only CPR and must include awareness in the use of an automated external defibrillator (AED). Each school district shall use a program that incorporates the instruction of the psychomotor skills necessary to perform CPR developed by the American Heart Association, the American Red Cross, or an instructional program that is nationally recognized and based on the most current national evidence‑based emergency cardiovascular care guidelines for CPR and awareness in the use of an AED. Local and statewide school districts shall coordinate with entities that have the experience and necessary equipment for the instruction of CPR and awareness in the use of AEDs; provided, however, that virtual schools may administer the instruction virtually and are exempt from any in‑person instructional requirements. A school district must adopt a policy providing a waiver for this requirement for a student absent on the day the instruction occurred, a student with a disability whose individualized education program indicates such student is unable to complete all or a portion of the hands‑only CPR requirement, or a student whose parent or guardian completes, in writing, a form approved by the school district opting out of hands‑only CPR instruction and AED awareness. The State Board of Education shall incorporate CPR training and AED awareness into the South Carolina Health and Safety Education Curriculum Standards and promulgate regulations to implement this section.

(B) Local school boards may use the instructional unit made available by the board pursuant to Section 59‑32‑20, or local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen‑member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.

(C) The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986‑87 school year. Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course.

(D) No contraceptive device or contraceptive medication may be distributed in or on the school grounds of any public elementary or secondary school. No school district may contract with any contraceptive provider for their distribution in or on the school grounds. Except as to that instruction provided by this chapter relating to complications which may develop from all types of abortions, school districts may not offer programs, instruction, or activities including abortion counseling, information about abortion services, or assist in obtaining abortion, and materials containing this information must not be distributed in schools. Nothing in this section prevents school authorities from referring students to a physician for medical reasons after making reasonable efforts to notify the student's parents or legal guardians or the appropriate court, if applicable.

(E) Any course or instruction in sexually transmitted diseases must be taught within the reproductive health, family life, or pregnancy prevention education components, or it must be presented as a separate component.

(F) Instruction in pregnancy prevention education must be presented separately to male and female students.

(G) Beginning with the 2015‑2016 school year, districts annually shall provide age‑appropriate instruction in sexual abuse and assault awareness and prevention to all students in four‑year‑old kindergarten, where offered, through twelfth grade. This instruction must be based on the units developed by the board, through the department, pursuant to Section 59‑32‑20(B).

HISTORY: 1988 Act No. 437, Section 3; 2014 Act No. 293 (H.4061), Section 2, eff June 23, 2014; 2015 Act No. 58 (S.3), Pt IV, Section 22, eff June 4, 2015; 2016 Act No. 152 (H.3265), Section 2, eff April 21, 2016.

Editor's Note

2016 Act No. 152, Sections 1, 3 to 5 provide as follows:

"SECTION 1. This act may be referred to and cited as 'Ronald Rouse's Law'."

"SECTION 3. Students who have already completed the requisite health course will not be required to take the course a second time.

"SECTION 4. The State Department of Education may include language from any section of this act in the South Carolina Health and Safety Education Curriculum Standards.

"SECTION 5. School districts must begin complying with the provisions of this act no later than the 2017‑2018 school year."

Effect of Amendment

2014 Act No. 293, Section 2, added subsection (G).

2015 Act No. 58, Section 22, in (A)(2), substituted "1988‑1989 school year" for "1988‑89 school year", and added the last sentence, relating to the 2016‑2017 school year.

2016 Act No. 152, Section 2, added (A)(7), relating to instruction in CPR and AED use awareness in high schools.

**SECTION 59‑32‑40.** Staff development.

As part of their program for staff development, the department and local school boards shall provide appropriate staff development activities for educational personnel participating in the comprehensive health education program. Local school boards are encouraged to coordinate the activities with the department and institutions of higher learning.

HISTORY: 1988 Act No. 437, Section 3.

**SECTION 59‑32‑50.** Notice to parents; right to have child exempted from comprehensive health education program classes.

Pursuant to policies and guidelines adopted by the local school board, public school principals shall develop a method of notifying parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, pregnancy prevention, and of their option to exempt their child from this instruction, and sexually transmitted diseases if instruction in the diseases is presented as a separate component. Notice must be provided sufficiently in advance of a student's enrollment in courses using these instructional materials to allow parents and legal guardians the opportunity to preview the materials and exempt their children.

A public school principal, upon receipt of a statement signed by a student's parent or legal guardian stating that participation by the student in the health education program conflicts with the family's beliefs, shall exempt that student from any portion or all of the units on reproductive health, family life, and pregnancy prevention where any conflicts occur. No student must be penalized as a result of an exemption. School districts shall use procedures to ensure that students exempted from the program by their parents or guardians are not embarrassed by the exemption.

HISTORY: 1988 Act No. 437, Section 3.

**SECTION 59‑32‑60.** Department to ensure compliance; annual district report.

The department shall assure district compliance with this chapter. Each local school board shall consider the programs addressed in this chapter in developing its annual district report.

HISTORY: 1988 Act No. 437, Section 3.

**SECTION 59‑32‑70.** Applicability to private schools.

The provisions of this chapter do not apply to private schools.

HISTORY: 1988 Act No. 437, Section 3.

**SECTION 59‑32‑80.** Penalty for teachers violation of or refusal to comply with chapter.

Any teacher violating the provisions of this chapter or who refuses to comply with the curriculum prescribed by the school board as provided by this chapter is subject to dismissal.

HISTORY: 1988 Act No. 437, Section 3.

**SECTION 59‑32‑90.** Restrictions on use of films, pictures, or diagrams.

Films, pictures, or diagrams in any comprehensive health education program in public schools must be designed solely for the purpose of explaining bodily functions or the human reproduction process and may not include actual or simulated portrayals of sexual activities or sexual intercourse.

HISTORY: 1988 Act No. 437, Section 3.