

MINUTES OF THE HOUSE EDUCATION COMMITTEE

The meeting was called to order by Chairman Clay Aurand at 9:00 a.m. on February 11, 2009, in Room 711 of the Docking State Office Building.

All members were present except:

Representative Ed Trimmer- excused

Committee staff present:

Sharon Wenger, Kansas Legislative Research Department

Theresa Kiernan, Office of the Revisor of Statutes

Dale Dennis, Kansas State Department of Education

Janet Henning, Committee Assistant

Conferees appearing before the committee:

Representative Lance Kinzer

Representative Mike Kiegerl

Missy Taylor, Kansas Families for Education

Val DeFever, Schools for Quality Education

Mark Desetti, Kansas National Education Association

Mark Tallman, Kansas Association of School Boards

Holly Weatherford, Planner Parenthood of Kansas and Missouri

Hannah Kapp-Klote, Free State High School student

Pamela Crandall, Metropolitan Coalition for Responsible Sex Education

Kari Ann Rinker, National Organization for Women

Thomas Witt, Kansas Equality Coalition

Barbara Holzmark, Concerned Volunteer and Kansas Public Affairs Chair, National Council of Jewish Women, Greater Kansas City Section (Written testimony)

Erin Doughty, K-State Students for Choice (Written testimony)

**HB 2227 - School districts; autism scholarships.**

Representative Lance Kinzer spoke to Committee members as a proponent of **HB 2227**.

Representative Kinzer told Committee members that **HB 2227** would allow public school students with autism or autism spectrum disorder to attend a participating public or private school of their choice using a state funded scholarship. In order to be eligible for the program, the student must have an individual education plan (IEP) which costs in excess of \$25,000, thus qualifying the student for catastrophic aid. School choice programs such as the one proposed in **HB 2227** are about maximizing educational opportunities for Kansas children. Representative Kinzer told Committee members that the education policy in Kansas should be kid focused, not system focused. (Attachment 1)

Representative Mike Kiegerl spoke to Committee members as a proponent of **HB 2227**.

Representative Kiegerl told Committee members that one out of every 150 children is autistic and this is a lifelong condition with no medical cure and can be an enormous burden on both the child and the parents. Committee members were told that often a child is diagnosed at 2 - 3 years of age and if intensive, goal directed treatment can be provided at that point. The chances for successful attendance in school and even the possibility of gainful employment following graduation increases substantially. Representative Kiegerl stated that **HB 2227** gives parents a choice. Awarding a scholarship will allow parents to carefully investigate a school district's program and choose the one best suited for their child. (Attachment 2)

A question and answer session followed the presentations.

Missy Taylor, Kansas Families for Education, spoke to Committee members as an opponent of **HB 2227**. Ms. Taylor told Committee members that their concern with the legislation is that it in no way guarantees a better education or improved academic performance of students with autism, and in fact, it does not require the school to follow the individual education plan that was used to calculate the scholarship amount. Ms. Taylor further advised the academic performance could decline within the private school setting because the "participating schools shall be given the maximum freedom to provide

## CONTINUATION SHEET

Minutes of the House Education Committee at 9:00 a.m. on February 11, 2009, in Room 711 of the Docking State Office Building.

for the educational needs of their students without governmental control.” (Attachment 3)

Val DeFever, Schools for Quality Education, spoke to Committee members in opposition to **HB 2227**. Ms. DeFever stated her concern centers around the ability of the small schools to address the needs of any special population outside the established setting, the shortage of special education teachers and the fact that there are efforts underway to more fully meet the needs of these children. (Attachment 4)

Mark Desetti, Kansas National Education Association, spoke to Committee members in opposition to **HB 2227**. Mr. Desetti told Committee members this bill is carefully crafted to ensure that one can never get an accurate fiscal note. In truth, there is a potentially large fiscal not to the resident school district. (Attachment 5)

Mark Tallman, Assistant Executive Director/Advocacy, Kansas Association of School Boards, spoke to Committee members in opposition of **HB 2227**. Mr. Tallman told Committee members that **HB 2227** would establish a private school voucher program for students with autism. KASB believes that if a school receives public funding, it must serve all students without any preconditions or eligibility requirements, as public schools do; it must be governed by the same rules and regulations that the Legislature, the Kansas State Board of Education, and the federal government has established for all other public-funded schools; and it must be accountable to the public and taxpayers through the locally elected school board. (Attachment 6)

A question and answer session followed the presentations.

Chairman Aurand closed the hearing on **HB 2227**.

### **HB 2184 - Schools; Abstinence Plus (A+) Education Act.**

Sharon Wenger, Principal Analyst, Kansas Legislative Research Department, gave an overview of **HB 2184** to Committee members.

Missy Taylor, Kansas Families for Education, spoke to Committee members as a proponent of **HB 2184**. Ms. Taylor stated that students in Kansas can only benefit by having the necessary knowledge provided by a trained professional. Ms. Taylor advised their organization supports the bill’s provision that a parent may choose for their student to opt out of any or all portions of their district’s human sexuality curriculum. (Attachment 7)

Holly Weatherford, Kansas Public Affairs Manager, Planned Parenthood of Kansas and Mid-Missouri (PPKM) spoke to Committee members as a proponent of **HB 2184**. Ms. Weatherford advised that PPKM is best known for their top-rate reproductive health care services provided to the four health centers in Kansas. PPKM also offers a wide range of education programs designed to bring sexual health information directly to young people, adults who work with them and parents and encouraged Committee members to support **HB 2184**. (Attachment 8)

Hannah Kapp-Klote, Free State High School student, spoke to Committee members as a proponent of **HB 2184**. (Attachment 9)

Pamela Crandall, Metropolitan Coalition for Responsible Sex Education, spoke to Committee members as a proponent of **HB 2184**. Ms. Crandall stated teenage pregnancies are often the focal point of the discussions surrounding sex education. However, there is an even more urgent health issue that needs to be addressed. Sexually transmitted infections are steadily increasing in the United States and in Kansas. Ms. Crandall advised that abstinence should be the cornerstone of any sex education program. But teaching abstinence without providing medically accurate, research based information regarding sexually transmitted infections, including how to reduce the risk of contacting or spreading these infections, puts the health of these youth at risk. (Attachment 10)

Kari Ann Rinker, National Organization for Women, spoke to Committee members as a proponent

## CONTINUATION SHEET

Minutes of the House Education Committee at 9:00 a.m. on February 11, 2009, in Room 711 of the Docking State Office Building.

of **HB 2184**. Ms. Rinker told Committee members that Abstinence + is a comprehensive human sexuality education program. The program will teach up to date information about abstinence, STD's, AIDS, and pregnancy prevention. Certified teachers who will have the most accurate information about sexuality education will teach it. And it will be medically accurate, age appropriate, and serve as an additional tool for parents. (Attachment 11)

Thomas Witt, Kansas Equality Coalition, spoke to Committee members as a proponent of **HB 2184**. Mr. Witt told Committee members that as parents, policymakers, educators, we don't want our teenagers to be sexually active outside a long term, committed relationship. But we have to understand: kids are kids and they have to be taught. Mr. Witt told Committee members that if we don't teach them how to protect themselves from the negative consequences of sex, we only increase their risk of serious illness and unplanned pregnancies. (Attachment 12)

Barbara Holzmark, concerned volunteer and Kansas Public Affairs Chair of the National Council of Jewish Women, Greater Kansas City Section, gave written testimony as a proponent of **HB 2184**. (Attachment 13)

Erin Doughty, President, K-State Students for Choice, gave written testimony as a proponent of **HB 2184**. (Attachment 14)

Val DeFever, Schools for Quality Education, spoke to Committee members in opposition of **HB 2184**. Ms. DeFever told Committee members the small rural Kansas school districts that she represents believe strongly in local control. Ms. DeFever advised they have involved their patrons in developing a plan to carry out the state requirement of providing a comprehensive education program in human sexuality. Ms. DeFever advised this bill would seem to depart from policy on curriculum requirements. (Attachment 15)

Mark Tallman, Assistant Executive Director/Advocacy, Kansas Association of School Boards, spoke to Committee members in opposition of **HB 2184**. Mr. Tallman stated their organization is opposed to this matter not because of the contents of the bill but because they firmly believe this kind of curriculum matter should be determined by local schools, their staff, parents, and community leaders. (Attachment 16)

A question and answer session followed the presentations.

Chairman Aurand closed the hearing on **HB 2184**.

Chairman Aurand advised Committee members that the Committee would be working the following bills at the next meeting:

**HB 2001 - School districts; number of pupils in USD No. 409, Atchison.**

**HB 2002 -School finance; military children, determination of enrollment.**

**HB 2102 - School districts; pupil attending schools outside district of residence; transportation.**

**HB 2103 - School districts; low enrollment weighting; districts with less than 200 pupils.**

Chairman Aurand asked Committee members for discussion of **HB 2105** as to whether to work the bill. Committee members responded by a majority vote to not work the bill at this time.

Chairman Aurand told Committee members that a sub-committee would be formed for **HB 2199** (dyslexia).

The meeting was adjourned at 10:45 a.m. The next meeting is scheduled for February 12, 2009.

STATE OF KANSAS  
HOUSE OF REPRESENTATIVES

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TOPEKA

LANCE KINZER  
REPRESENTATIVE, 14TH DISTRICT

**TESTIMONY REGARDING HB 2227**

**"The school-choice issue is not about public versus private; it's about choice. It's about knowing what works well for my family and being able to make that choice for them."**

-- Parent of a McKay Scholarships Student

HB 2227 would allow public school students with autism or autism spectrum disorder to attend a participating public or private school of their choice using a state funded scholarship. In order to be eligible for the program, the student must have an individual education plan (IEP) which costs in excess of \$25,000, thus qualifying the student for catastrophic aid. HB 2227 contains many elements which are similar to the Ohio Autism Scholarship Program, about which more detailed information is attached. The Ohio program has been in effect since 2004 and last year served approximately 1,000 students.

I recognize that HB 2227 is in many ways a bold proposal; it asks us to begin thinking and acting differently in our approach to education policy in Kansas. In particular it asks us to be kid focused, not system focused. I further acknowledge that thinking and acting differently can be difficult and even frightening, especially to those whose interests are wedded to existing structures. This is only natural, and indeed I would readily concede that those of us who call for greater educational choice bear the burden of showing that we are not merely proposing change for change sake.

With this in mind I would point out that Special Education scholarship programs are working now in states like Florida, Ohio, Utah and Arizona to provide expanded educational opportunities for those children who need it most. A great deal of additional information about the Ohio Program is available at the Ohio Department of Education web-site, <http://education.ohio.gov>; information about the much more expansive is available via the Florida Department of Education school choice web-site [www.floridaschoolchoice.org](http://www.floridaschoolchoice.org). educational progress.

School choice programs like the one proposed in HB 2227 are about one thing; maximizing educational opportunities for our children. The fundamental point I would like to leave you with today is that education policy in Kansas should be kid focused, not system focused. Simply put, the pressing question before us is not what policies will best protect and preserve the existing education system in Kansas; but rather what policies will provide the best results for each individual child. For many children these results will best be achieved within the existing public

House Education Committee  
Date 2-11-09  
Attachment # 1



school structure, but for other this is not the case. Denying expanded educational opportunities to those students serves no legitimate State interest, and in fact is contrary to the real long-term interests of all Kansans.

School choice programs like HB 2227 are no panacea with respect to the manifold challenges we face in providing the best possible educational opportunities to Kansas kids. But used in conjunction with other forward thinking proposals I am convinced that school choice can play a valuable role in advancing our shared goal of maximizing student learning.

Allow me to close with a quote from John F. Kennedy, which I believe captures exactly the spirit in which those of us who support school choice offer these proposals:

“Let us think of education as the means of developing our greatest abilities, because in each of us there is a private hope and dream which, fulfilled, can be translated into benefit for everyone and greater strength for our nation.”



***OHIO DEPARTMENT OF EDUCATION***

***AUTISM SCHOLARSHIP PROGRAM (ASP)***

***GUIDELINES***

***2008-2009***

THESE GUIDELINES ARE SUBJECT TO REVISION  
ASP -2008-2009



1-2

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## Section 1

### Parent Application for Program Participation

#### 1. Application for New Applicants

A parent of a child who meets the eligibility criteria found in Rules 3301-103-03 (B)(1) to (8) of the Administrative Code and wishes to have his/her child participate in the Autism Scholarship Program (ASP) must complete and submit an application. A complete application would include the application page, the District Assurance form that indicates the child is eligible (filled out and signed by the district of residence), and a copy of the parental consent form. Each provider listed on the parent application must be approved by the Ohio Department of Education, Office for Exceptional Children (ODE/OEC) before the parent application can be approved. To participate in the Autism Scholarship Program, applications must be approved by the ODE/OEC. (See section 1, part 5 below.)

**Please note:** Parents whose children have been approved for the Autism Scholarship Program can not claim services prior to the approval date of the application.

#### 2. Continuation Application/Affidavit

If a child participated in the scholarship program during the 2007-2008 school year, the parent must submit a continuation application/affidavit (provided by ODE/OEC) to the department for the 2008-2009 school year in order for the child to continue in the Autism Scholarship Program.

- ODE/OEC will review the continuation application/affidavit and send parents a letter informing them if the affidavit has been approved or denied. A copy of this letter will also be sent to the child's school district of residence.
- **Please note:** Parents whose children have been approved for the Autism Scholarship Program can not claim services for the 2008-2009 school year prior to the approval date of the application.

#### 3. Denial of Application/Affidavit

The reasons for denial of an application/affidavit include, but are not limited to:

- Incomplete forms;
- Missing required documentation;
- Forms requiring notarization are not notarized;
- Not meeting program eligibility requirements.

#### 4. Evidence of Legal Custody

If a question arises as to whether or not the person requesting the autism scholarship is the child's parent as defined in Rule 3301-103-01(I) of the Administrative Code, ODE/OEC may require any of the following:

- Divorce decree, child support order, legal separation, or legal custody papers;
- Birth certificate;
- Adoption papers; and/or
- Other documentation approved by the Ohio Department of Education.

#### 5. Approval

ODE/OEC will review new applications/affidavits and continuation applications. Once a decision has been rendered, a letter will be sent to the parent informing them if the application/affidavit has been approved or denied. A copy of this letter will also be sent to the child's school district of residence.



## 6. Parental Consent Form

As part of the application and the continuation application affidavit process, the parent will sign and **submit to the school district of residence** a copy of the parental consent form that requires the school district of residence to release the following records to the other school district, the eligible public entity or the registered private provider who will implement the child's IEP:

- The previous year's IEP;
- The current Evaluation Team Report of the multi-factored evaluation;
- The current IEP; and
- All progress reports from the previous year.

### **DO NOT SEND COPIES OF THE BULLETED ITEMS ABOVE TO ODE/OEC**

The Parental Consent Form **must also be submitted to the Approved Registered Private Provider**. This allows the provider to release progress reports for your child to the school district of residence and to submit statement of cost forms to the Ohio Department of Education.

The Parental Consent Form **must also be submitted to the Ohio Department of Education**. This allows the school district of residence to submit to the Ohio Department of Education the completed district assurance form for your child.

## 7. Adding providers

Parents may add additional approved providers after the initial approval by informing ODE/OEC in writing by U.S. Mail, Fax, or Email. The letter should include the child's name, the parent's name, and the additional approved provider. ODE/OEC will send the parent an approval letter. The parent/child will be approved to claim services from the new provider beginning on the date of ODE/OEC's receipt of the parent letter.

## 8. Provider Discontinues Services

If the other school district, the eligible public entity or the registered private provider that is the sole provider that is implementing the child's IEP in the Autism Scholarship Program notifies the department in writing that they will no longer provide special education and related services to the child for any reason, the parent can select another provider by following the directions in #7 above.

## Section 2 Program Participation

### 1. Requesting a Transfer of Providers

Parents may transfer their child to another registered provider up to two times per school year.

- The child may transfer to a new provider on the first day of the month of December and/or March of a given school year.
- ODE/OEC will review transfer applications and send parents a letter informing them if the transfer application has been approved or denied. A copy of this letter will also be sent to the child's school district of residence.
- Student transfer forms must be completed and submitted to the Ohio Department of Education by Nov. 1, 2008 for the child to be eligible to transfer to a new provider Dec. 1, 2008.
- Student transfer forms must be completed and submitted by Feb. 2, 2009, for the child to be eligible to transfer March 1, 2009.

### 2. Denial of the Requested Transfer

ODE/OEC may deny a requested transfer for a number of reasons including, but not limited to:

- Incomplete student transfer forms;
- Student transfer forms submitted without all required documentation; and
- Student transfer forms not received by the deadline; and
- Provider not registered with ODE/OEC.

### 3. Parental Consent Form

As part of the student transfer process, the parent will send another parental consent form that requires the school district of residence to release the following records to the new registered provider:

- The previous year's IEP;
- The current Evaluation Team Report of the multi-factored evaluation;
- The current IEP; and
- All progress reports from the previous year.

No student transfer form will be considered complete until this written consent is provided by the parent of the child applying for the transfer. Also, see guideline Section 1, part 6.

### 4. Written Confirmation

The parent must receive written confirmation from ODE/OEC that the student transfer application has been approved prior to the first day of December or March in any given school year for the student to transfer. The school district of residence will receive a copy of this approval letter.

## Section 3

### Withdraw from the Autism Scholarship Program

#### 1. Null and Void Scholarships

If a parent whose child is receiving services in the Autism Scholarship Program chooses to withdraw from the program, they must **immediately** notify their school district of residence and ODE. Upon such notification, by the parent, to the school district of residence and ODE, the scholarship becomes null and void.

**If a parent whose child is receiving services in the Autism Scholarship Program returns the child to the district of residence, the scholarship immediately becomes null and void.**

#### 2. Withdrawal from the Autism Scholarship Program

If a parent withdraws their child from the program for any reason, the scholarship that was awarded to the child becomes null and void upon the date of withdrawal.

- ODE/OEC may elect to re-admit a child to the program within the same school year if the original withdrawal involved health and/or safety issues or documented extenuating circumstances.
- ODE/OEC has sole discretion to determine if any of these issues or circumstances exist or existed.
- If the withdrawal from the program did not involve health and/or safety issues or documented extenuating circumstances, the child is ineligible for reinstatement.
- If the child is not reinstated, the parent may reapply following the application process found in Section 1 of these guidelines.
- **Parents are required to meet their financial obligations to their Approved Registered Private Provider(s). Failure to meet those financial obligations could result in ODE/OEC withdrawing the parent/child from the Autism Scholarship Program.**

## Section 4

### Payment under the Autism Scholarship Program

#### 1. Amount of Scholarship

The amount of each scholarship is the lesser of the fee charged for the child by the Autism Scholarship Program provider(s) or \$20,000 per school year to provide special education and/or related services that implement the child's individualized education program (IEP). Services for which reimbursement is being made must be detailed in the student's IEP. Services not detailed in the IEP will not be reimbursed.

#### 2. Payment Schedule

For the 2008-2009 school year, the ODE/OEC will make payments for each child who is participating in the Autism Scholarship Program based on submission of a Statement of Cost form. The payment checks will include the parent's name and the provider's name and will be mailed to the provider.

- These funds will be issued within 30 days of receipt of the Statement of Cost form.
- Payment will not be made for any services rendered prior to ODE/OEC approval of the parent's Autism Scholarship Program application/affidavit.
- Payments will be made according to the schedule below:

#### 2008-2009 School Year

Services Rendered	Statement of Costs Forms Due to ODE/OEC 1 <sup>st</sup> week of	Maximum Amount
July 1 – Sept. 30	October, 2008	\$7,000 *
Oct. 1 – Dec. 31	January, 2009	\$7,000 *
Jan. 1 – March 31	April, 2009	\$7,000 *
April 1 – June 30	July, 2009	\$7,000 *

\* Total costs between July 1 and June 30 cannot exceed \$20,000 for each participating child.

The maximum amount that will be reimbursed per quarter is \$7,000. Initial payment for services will be prorated based on when a child begins to receive services after being approved for the autism scholarship program, assuming the provider has been approved. The proration rates for services provided that are less than the full three months are \$650 per week (at least one day of the week) and \$2,500 per month. Payments may also be prorated upon withdrawal from the program.

#### 3. Statement of Cost

The provider(s) **must** complete and submit the Statement of Cost form (Appendix C) to ODE/OEC for each payment period during which services were rendered under the Autism Scholarship Program. The Statement of Cost form must specify the following:

- Name of the student; Name, address, telephone number of the parent; School district of residence and county;
- Name of the Autism Scholarship Program provider;
- Services rendered payment period; Beginning and ending service dates;
- General description of the IEP services provided; Costs of the services;
- Provider and parent signatures. **(The parent signature indicates their approval and agreement of information listed on the Statement of Cost).**

(Please note that only IEP services rendered by an approved provider and their employees can be claimed on the Statement of Cost. No services can be claimed by individuals who are not employed by an approved provider.)



## Section 5

### Provider Application, Eligibility and Standards

#### 1. New Provider Application

Prospective providers must submit an application to ODE/OEC for the 2008-2009 school years. A complete application must include the signed affidavit indicating that the prospective provider meets the necessary requirements to be a provider in the Autism Scholarship Program and agrees to follow all of the program guidelines. The prospective provider is also required to list staff positions and credentials for each position relevant to the provision of IEP services.

#### 2. Current Providers

Current approved registered providers must submit a new application to ODE/OEC prior to providing services in the Autism Scholarship Program for the 2008-2009 school year.

#### 3. Registration

A private provider and all persons acting on behalf of, under the control of, or in connection with the private provider shall provide any information and assistance ODE/OEC reasonably deems necessary to determine that the requirements of the Autism Scholarship Program are met.

- At the date of registration, the provider **must** have been in operation at least one full school year,
- The provider has on file or is willing to obtain current criminal records check for all staff who will be working with the child, from the superintendent of the Ohio Bureau of Criminal Identification and Investigation,
- Verify in writing that they have sufficient capital or credit to operate during the upcoming school year,
- Provide ODE/OEC with a written statement confirming that the private provider has adequate liability and property and casualty insurance
- For the 2008-2009 school years, all 2007-2008 approved private providers and **new providers must** submit a completed application page, the signed affidavit, a written statement confirming sufficient capital or credit to operate, a written statement confirming adequate liability, property and casualty insurance, and the credential list.
- The private provider will be notified in writing if he/she is an approved registered provider by the ODE/OEC.

#### 4. Payment

No reimbursement checks, based on Statement of Cost forms signed by the parent and provider, will be issued in the program unless the private provider is on ODE/OEC's list of approved registered private providers. **If a private provider delivers services prior to ODE/OEC's issuance of an approval letter for the 2008-2009 Autism Scholarship Program, those services will not be eligible for payment under the Autism Scholarship Program.** If the child transferred to or added a new provider, payment will not be made for any services provided to the child by the new provider prior to ODE/OEC's approval of the transfer application or addition of provider.

#### 5. Revocation

If ODE/OEC, through an ORC Chapter 119 hearing, revokes the registration of a private provider, the parents and the school district of residence will be informed, in writing, of the revocation.

## Section 6

### District of Residence Requirements

#### 1. Student Eligibility

The district of residence is required to enroll the child, evaluate the child if the district suspects the child is a child with a disability and, if the child is determined eligible for services necessary, develop an Individualized Education Program (IEP) according to existing federal and state laws. This process applies for all children suspected of having a disability including children whose parents are applying to the Autism Scholarship Program. For children whose parents are applying to the Autism Scholarship Program, the district develops the IEP as if the district of residence was going to implement the IEP. There should be no mention of the Autism Scholarship Program and/or any provider in the program within the child's IEP.

#### 2. Parent Application – District Assurance Form

The district of residence is required to verify information for ODE/OEC by completing and signing the District Assurance form for any child residing in the district whose parent is applying to the Autism Scholarship Program. School age students must be specifically identified by the district of residence under the disability category of Autism and have a current and agreed to IEP to be approved for participation in the program. Preschool students, ages 3-5, require additional steps to be identified as autistic. A child who has been identified as having a “pervasive developmental disorder – not otherwise specified (PDD-NOS) is considered autistic for the purposes of the Autism Scholarship Program according to section 3301.41 of the Revised Code.

#### 3. Application Approval

ODE/OEC will review new applications and will send the parent(s) a letter informing them if the application has been approved or denied. A copy of this letter will also be sent to the child's school district of residence.

Parents of children who have been approved for participation in the Autism Scholarship Program and who have participated during the 2007-2008 school year in the program are only required to sign and return the continuation/affidavit to the ODE/OEC to continue participation in each succeeding school year. The district assurance form is not required for these children.

#### 4. Program Participation

Parents are required to inform the district of residence prior to the first day of participation that their child will begin receiving services in the Autism Scholarship Program. Children who have been approved to be in the program are not considered to be participating until they are approved and begin receiving services from their approved provider(s).

#### 5. FAPE

Districts are relieved of the requirement to provide a free and appropriate public education (FAPE) for any resident child approved and participating in the Autism Scholarship Program. Each school district of residence is responsible for initiating and conducting meetings for the purpose of developing, reviewing, and revising the IEP of a child with a disability on at least an annual basis.

#### 6. Maintenance of the IEP

If the parents of a child participating in the ASP change their district of residence, the new district of residence, within a reasonable amount of time, (two to three weeks) assumes the

responsibility for initiating and conducting meetings for the purpose of developing, reviewing, and revising the child's IEP. Parents are required to notify in writing both the old and new districts of residence and also ODE/OEC **immediately** if they change their district of residence.

#### **7. Reporting Participating Students in the EMIS**

Resident students who are participating in the ASP during the count weeks in October and February must be reported in the EMIS by the resident district in the same manner as other resident students. The Student Status should be coded as 'AS.' (This is a New EMIS Code which will begin July 1, 2008) The student record requires the student to be reported with 100% of time and some attendance. This ensures these students are counted properly in the state funding. Students who enter the district after the October or February count week and who are participating in the ASP will be included in the district's ADM based on a manual adjustment made by ODE/OEC.

**(Please note: ASP students will be counted in the district of residence's Average Daily Membership (ADM). The scholarship amount will then be deducted from the district.)**

#### **8. Transportation**

Transportation responsibilities depend on Rule 3301-51-10 of the Ohio Administrative Code and ORC Sections 3314.09 and 3327.01 through 3327.05. Situations are as follows:

- If transportation is listed on the IEP as a related service, the parent may obtain transportation from a registered private provider qualified to provide such transportation and claim it for reimbursement through the Autism Scholarship Program. The resident district is under no obligation to provide transportation as a related service.
- If transportation is NOT listed on the IEP as a related service and the parent chooses a registered private provider, the parent would be responsible for transporting the child to the registered private provider.
- If transportation is NOT listed on the IEP as a related service and the parent obtains services for their child through the Autism Scholarship Program from a nonpublic school that is chartered or operating under a letter of approval, the child is ONLY entitled to the same transportation being offered by the resident district to regular education students attending that nonpublic school, as required in ORC 3327.01.

**Section 7**  
**Reporting of Children in the Autism Scholarship Program**

**1. Provider Reporting**

**a) Progress Reports -**

The private provider **will** provide regular progress reports to the parent and to the child's **school district of residence**. (**DO NOT** send a copy of the following reports to ODE/OEC.) These reports must include the following:

- The child's progress toward the annual goals, and
- The extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year.

**b) Children in Attendance -**

By the first day of each quarterly payment period of the scholarship year, the provider will report to ODE/OEC the number of children who were in attendance and participating in the Autism Scholarship Program in a previous quarter, and who, as of the first day of the current quarter, are no longer in attendance or participating in the program.

**2. Parents Reporting to the Department**

Parents are required to report the following changes in status:

- Parents must notify ODE/OEC, in writing, **immediately**, if they change residence and/or school district of residence.
- Parents must notify ODE/OEC, in writing, **immediately**, if they are adding an additional registered approved private provider.
- Parents must notify ODE/OEC, in writing, **immediately**, if there is a concern with their registered approved private provider.

**3. Parent/District Responsibility**

Parents are required to notify the district of residence of the following:

- Prior to the first day of participation in the Autism Scholarship Program, parents are required to inform the school district of residence that their child will begin receiving services in the Autism Scholarship Program.
- Parents are required to notify, in writing, the old and new districts of residence and ODE/OEC immediately, if they change school district of residence. (If the parents of a child participating in the ASP change residence and school district, the new school district of residence **immediately** assumes the responsibility of maintaining the IEP.)



# Autism Scholarship Program Testimony

By Beth Lear, posted April 9, 2008

Written Submitted Testimony  
Concerning the Policy Matters Research on Autism Scholarships  
Senate Education Committee

Presented by Beth Lear  
Education Policy Analyst  
The Buckeye Institute  
April 8, 2008



Chairwoman Padgett, Ranking Member Roberts and members of the Senate Education Committee, thank you for the opportunity to speak with you today. My name is Beth Lear, I am a policy analyst for the Buckeye Institute, specializing in education issues, and previously served more than 8 years as a legislative aide in the Ohio House.

I intend to specifically address the testimony offered by Policy Matters last week concerning both the existing Autism Scholarship and Senate Bill 57.

The most important finding in their research is the fact that 100% of the parents they interviewed who are currently using the Autism scholarship are more satisfied than parents whose children remain in the public system.

Dismissing the satisfaction of the parents, Policy Matters claims that the Autism program is poor public policy and that it has worsened existing inequities in Ohio's public system. The Buckeye Institute maintains that the opposite of this is true, since the Autism Scholarship increases options for all families, especially middle and lower income families who, prior to its existence, could not afford the same level of care and education that were previously available only to the wealthy. Additionally, access continues to grow at a 50% a year rate, annually expanding opportunities and thus eliminating inequities inherent in the system. Senate Bill 57 will likewise increase the options for all families with special needs students.

Policy Matters claims admission is selective in three areas: cost, severity of disability and religious belief. The bottom line for all these issues is this: more families have access to educational alternatives than they did before the program. Senate Bill 57 will multiply opportunities even more for special needs children who currently have no choice.

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***The Issue of Cost***

Policy Matters full report reveals the average cost of the autistic scholarship to be \$15,000. The maximum available is \$20,000. So while some schools or services may charge in excess of \$20,000, clearly with an average cost \$5,000 less than the scholarship, most parents do not need to come up with any additional money. And both the scholarship and the average cost are substantially less than the state pays to educate autistic children in the public setting, where costs can exceed \$30,000 (according to ODE's SF-3 reports). In spite of more money being available at the local public school, parents are still choosing private schools and providers and are happy with their choices, according to the PMO study and many other independent reports on various voucher programs nationwide. So taxpayers save money and parents are more satisfied.

Similar savings have been seen in Florida with the McKay Scholarships for Students with Disabilities Program. That program, like Senate Bill 57, serves all categories of special needs. And also like SB 57, McKay scholarships are less than what the state currently pays to public schools to educate the same children.

***The Issue of Severe Disability***

Not all the private providers accepting scholarship money are able to provide services to all the autistic children. This is the same in the public school system. On page eight of their report, Policy Matters stated it this way: "School districts sometimes have difficulty consistently providing effective services to children with autism and convincing parents that everything possible is being done. As one superintendent said: "A school district can't be all things to all people." Parents of a particular child may want to try a teaching method highlighted by new research that differs from what other parents want. It can be hard to justify that effort for one student, said this superintendent. Even if a decision to proceed is made, it takes time for districts to train staff in new approaches."

Many of the private schools specialize. It is unrealistic to believe Ohio can afford to require all our public schools to provide services at the same level. It's not a one-size-fits-all system. But again, the fact remains that even parents with severely autistic children have more choices with the scholarship than without. Sixty-nine percent of the 2008 first-quarter claims from school-based providers were from those schools that accept more severely disabled children.

***The Issue of Religion***

Including religious schools is not exclusionary " these schools provide more options than families had before. However, these schools are not the only option available " they are not the majority of options. Most opponents to using public money for religious private schools believe the problem is constitutional, but that issue was resolved in *Zelman v. Harris*. The U.S. Supreme Court made it clear that giving state-funded scholarships to school children to attend private, religious schools was not unconstitutional. No parent is required to send their child to a religious school, and the same is true under SB 57.

***Wealthier Ohioans Benefit More***

Policy Matters claims that the 10 wealthiest districts account for 35% of the voucher spending, while the 10 poorest only 7%. The 10 schools districts that spend the most per pupil have 7 times the number of autistic students compared to the 10 poorest. That means the wealthier districts have 7 times more category six children, but are only spending 5 times more than the poorest districts.

***Few Providers in Rural Areas***

This is Economics 101 " supply and demand. Where demand for a good or service is low, the supply will also be low. What's truly amazing is that a scholarship program

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that serves less than 4% of the special needs children is being accessed in nearly 60% of our counties. And with Senate Bill 57, the demand for services will grow as will the number of providers. The number of private providers in Florida started at 1 when the McKay scholarship was a pilot program in 1999. It grew to 100 providers the first full year and now has over 800 private schools and service providers covering 85% of their counties. Policy Matters pointed out another important factor □ the □geographic disparity in the availability of services□predates the voucher program.□

### *Voucher Students in More Restrictive Settings*

Thanks to organizations like the ARC, people with special needs are increasingly integrated into society where they can work, live and love with more freedom and acceptance than they have ever had before. Respectfully, Senate Bill 57 is not a step backwards. Instead, it is empowerment for parents. Not every family needs or will want to move their child out of the public school. Many families are generally satisfied. But for those who are not, the special needs scholarship provides them with alternatives. Every child is different, and our one-size-fits-all system cannot meet the needs of everyone. It should be a parent□s right to decide what is best for their child. And, it□s important to note, that most of the children who have been participating in Florida□s successful McKay program for nearly a decade have been completely mainstreamed within just a few years. The majority of students complete their education with their non-disabled peers.

Policy Matters did not cover several issues that are extremely important to the overall discussion. I will add one point. Children with special needs are physically and emotionally bullied at a much higher rate than non-disabled students. The facts are in from Florida, where half of all special needs students were bullied in the public school system, 25% of them physically assaulted. Those who have benefited from the scholarship program report only 5% have been bullied in their new environments. Also, behavioral problems with special needs students fell from 40% in the public system to 19% with scholarship recipients.

The evidence is mounting that scholarship programs are successful. Those that benefit the most tend to be lower-income, minority children and their families. While Policy Matters suggests putting more money into the existing system, which research has shown is not the answer and does not improve outcomes, you have an opportunity to make a real difference for thousands of Ohio schoolchildren with the passage of Senate Bill 57. The question really is: do you believe parents should be making the decisions about how best to educate their children, or should that responsibility be delegated to the state?

Thank you for your time. I am happy to answer your questions.

###

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Chairman Aurand and Members of the Committee

Testimony in Support of HB 2227

Autism Scholarships

I am the chairman of the House/Senate Committee on Children's Issues. The Committee held three days of hearings on the education of autistic children last November and December. I have three families in my constituency with children in the school system and I have been working with them for two years. I believe I have received a fair education on this matter and I hope to share this with you briefly.

To begin with, autism as a diagnosis for afflicted children is on the rise. At present, one out of 150 children is autistic. This is a life-long condition with no medical cure and it can be an enormous burden for both the child and parents. One key understanding was produced by our hearing, namely that early intervention is crucial. Often a child is diagnosed at 2-3 years of age and if intensive, goal-directed treatment can be provided at that point, chances for successful attendance in school

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and, even the possibility of gainful employment following graduation increase substantially. Doing nothing is not an option. The disease is chronic and the dysfunctional behavior becomes more pronounced if untreated as life goes on.

Our focus, therefore, was on how these children are managed in an educational environment. Many of them are very difficult to handle and require substantial personal attention. Their behavior is often disruptive.

To our surprise the committee found that there is no general or uniform approach to providing an education for these kids. The Board of Education is of little help; there are no guidelines, policies or procedures established by the board.

Each school district has it's own approach to teaching these children. We had three districts report on how they handle disruptive students and we got three different answers. The IEP ( Individual Education Plan) developed by the educators and presented to the parents spells out the goals and expectations for the student. There is usually general agreement by all parties to the IEP. The problems encountered are with the way discipline is handled when these children cannot manage to conform to accepted classroom behavior, which is one of the manifestations of their condition, and therefore, occurs frequently.

2-2

On this issue we heard horror stories from parents. One mother found that her young son was locked into a closet for short periods of time up to six times a day. This is an extremely traumatic experience for an autistic child. Two parents filed suit against a district for what they allege were inappropriate disciplinary measures and violations of the IEP.

The schools and the teachers have difficult tasks in trying to educate these children who require very intensive intervention and one-on-one attention. As in most cases of positive educational outcomes, the teacher is the hero and special education teachers are special heroes. It is not an exaggeration to say that the quality and competence of the special ed teacher determines in large part what will become of the autistic child. It's a difficult job which is made more difficult by less guidance a uniform program might provide. We found not only significant differences among districts, but also within a school district.

The school district presently in litigation over inadequate standards is also being praised by parents who relocated to the district precisely because they find that program and teacher best suited for their child. Another group of parents moved to an adjoining district precisely because they believed that program to be better for their child. That is the dilemma. These parents bear a heavy burden and HB 2227 gives them help by

providing a choice. Awarding a scholarship allows parents to carefully investigate each district's program and approach to the education of their autistic child and choose the one best suited for them. Put parents in control, please pass HB 2227.

# Kansas Families for Education

*Demanding Excellent Public Schools for ALL*



Testimony HB2227 - House Education Committee  
February 11, 2009  
Missy Taylor - Kansas Families for Education

Mr. Chairman and Members of the Committee:

Thank you for the opportunity this morning to voice our concerns with this legislation. We have testified before this committee on more than one occasion asking you to fund 100% of the excess cost of Special Education services. In addition, we have testified before this committee asking you to fund the actual costs of educating each individual student based upon their individual need. If we truly want to better serve our students with Individual Education Plans, including students with autism, this is what will be required.

We understand that the number of children with autism has increased in Kansas and the rest of the country at an alarming rate. We certainly appreciate that the proponents of this bill are looking to better the educational outcomes of autistic students. Our organization supports SB12 which was recently heard in the Senate Financial Institutions and Insurance Committee. Early intervention is crucial to those diagnosed, and Kansas should join other states that have mandated insurance companies to cover autism spectrum disorders.

Our concern with the legislation before you this morning is that it in no way guarantees a better education or improved academic performance of students with autism, and in fact it does not require the school to follow the individual education plan that was used to calculate the scholarship amount. Actually, the academic performance could decline within the private school setting, because the "participating schools shall be given the maximum freedom to provide for the educational needs of their students without governmental control."

This bill spends our tax dollars with little or no oversight when the services are provided by a private institution. In a democracy, the expenditure of taxpayer dollars should always be done -- subject to government oversight. Otherwise, you have "taxation without representation" --- the very tyranny that our American founding fathers fought to prevent.

We understand that we have "some" students who are not achieving their full potential within "some" of our public schools. But, this legislation contains no magic-cure. And, in fact, this legislation would only serve to further exacerbate the problem by taking funds from the public schools --- where the majority of students with special needs, will inevitably remain and further languish.

The Kansas legislature has recently cut special education funding for the remainder of this school year and those cuts will only be larger in 2010. We cannot afford to send funds to private institutions that are not required to meet the same standards as our public schools and that have no accountability to the taxpayer. We instead encourage the legislature to fully fund special education for our public schools so that they can meet the needs of their students.

For these reasons, our organization opposes this bill in its current form. We urge you to continue to strengthen the current public education system of Kansas and retain oversight of our tax dollars.

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Attachment # 3

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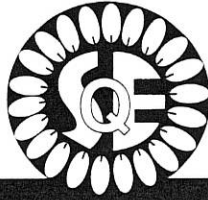
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# Schools for Quality Education

007 Bluemont Hall, 1100 Mid-Campus Drive, Manhattan, KS 66506 • (785) 532-5886 • www.coe.ksu.edu/sqe

Testimony on HB2227: Autism Scholarships  
February 11, 2009  
Val DeFever

Chairman Aurand and members of the House Education Committee,

Thank you for letting me come before you this morning to talk about HB 2227. I grew up with a sister who was born with cerebral palsy. I lived daily with the challenges of helping a family member who had special needs. But that experience gave me only a very slight idea of the frustration and heart break of having a beautiful child who did not interact with me or the world around her. As the number of babies with autism has soared I have been a very anxious grandmother with the birth of each new grandchild. The sudden rise in the incidence of autism makes us all anxious to help these children and their families. None-the-less I must rise in opposition to HB2227. *My concern centers around the ability of my small schools to address the needs of any special population outside the established setting, the shortage of special education teachers and the fact that there are efforts underway to more fully meet the needs of these children.*

*Please consider:*

- All the school districts and special education coops in Kansas schools are striving to help educate all special needs students.
- The Kansas State Board of Education issues a larger number of waivers for special education positions because we have a shortage of teachers in this area.
- Small schools in rural Kansas have a more difficult time finding special education teachers.
- Two special task forces have been directed by the legislature to work on special education issues. The Autism Task Force has been working tirelessly for the past two years. The Special Education Task Forces began it's work this past summer. The recommendations of both these groups could have a great impact on how we address the needs of our juvenile autistic population in Kansas.
- As a result of the groups recommendations additional autism Medicaid waivers were made available last year.
- The task forces has asked the legislature to establish scholarship programs to support the education of professionals in the field of autism who agree to serve in under-served areas of the state.
- The Autism Task Force has asked for legislation which requires that health insurance policies cover the diagnosis and appropriate treatment of individuals with autisms.
- Special Education dollars are limited. Federal funding has been cut back in recent years and now state funding is in danger of being significantly reduced too. With the very certain cuts that local school districts are facing the possibility of stretching these fund thinner or minimizing their effectiveness is not realistic.
- Efficiency studies have suggested that the best way to deliver special education services is for private school student to come to the public school setting. Generally this has to do with the number of students needing to be served in both settings.
- As education dollars are threatened we must look at how best to meet the needs of *all students with IEPs.*

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Attachment # 4

"Rural is Quality"





Mark Desetti, Testimony  
House Education Committee  
February 11, 2009

House Bill 2227

Mister Chairman, members of the committee, thank you for the opportunity to come before you today to discuss House Bill 2227.

Our public schools have been working under the requirements of the Individuals with Disabilities Education Act since the 1970's to meet the needs of students with special needs. What does the state hope to gain by moving some children out of public schools and into private institutions?

One of the things of which we are most proud in the public education system is that we turn no child away. Regardless of what a child brings to our schools, we take that child in. If we have no more desks, we take the child in. If the child speaks no English, we take the child in. If the child is gifted or severely handicapped, we take the child in. It is our mission to serve every child within our borders and we do it gladly.

That is the great difference between public and private education. The private school can and does discriminate. The private school can set admissions criteria to turn away students who are likely not to meet high standards and HB 2227 allows this. The private school can turn away a child with a discipline history or expel a child for a disciplinary infraction and HB 2227 allows this. A private school can cap its enrollment and turn children away and HB 2227 allows this. The private school can charge tuition above and beyond the voucher granted and HB 2227 allows this. Then, HB 2227 takes money away from public schools to do all this.

Is there a fiscal note?

***This bill is carefully crafted to ensure that you can never get an accurate fiscal note.*** On page 2, lines 35 through 39, it says the Department of Education shall determine the voucher amount any child receives – every voucher is different. Lines 21 through 24 on the same page say the amount shall be “the estimated cost of the services to be provided under the individualized education plan for the eligible student.” It goes a little further though on lines 29 through 34 to allow a voucher calculation by adding BSAPP plus \$20,000 plus 75% of any tuition above that amount. This is a mind-boggling amount of money at a time when the state can't even fund base state aid per pupil for any children and budget deliberations have included reductions in special education funding.

And while the voucher is initially based on the cost of implementing the IEP, the private school has no obligation to honor the IEP at all. The school gets paid for all the services, but is obligated to provide none of them. (See page 3, lines 2-4: “nothing in this act shall be construed as requiring the participating school to abide by the individual education plan.”)

The proponents will likely argue that there is not fiscal impact on the public school system and that this simply takes a student (and his/her state funding) out of the public schools.

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## In truth, there is a potentially large fiscal note to the resident school district.

HB 2227 lays out at least three additional areas where the resident school district will be left to pick up the expenses of the child.

- Section 5(d) requires the state (or maybe the resident school district) to provide transportation.
- Section 5(f) bills the resident school district if the parent wants the child to take the state assessment. (p3, lines 24-28)
- While not specifically state in the bill, we assume that participation in this program is “a nonpublic placement for purposes of the individuals with disabilities education act.” Public schools, under IDEA, must provide special education services to resident students in private schools. This bill does not count voucher students in the resident school district but then could hold the public school responsible for providing services.

## All those resources and no accountability.

Surely with this dramatic amount of resources being drained from the state budget for the benefit of a private school, the accountability measures must be great. That’s what one would think, however, the opposite is true.

Section 8(a) beginning on page 4, line 8, spells out what a school must do to be eligible. There are only four requirements. But there is one telling omission. **The school does not have to be accredited.** We assumed that back in section 5(f) in which we learned these schools were under no obligation to give state assessments (p3, lines 24-28). Accredited schools must give state assessments.

This is further spelled out in section 8(e)(1) where the authors say, “The state board or any other state agency may not in any way regulate the educational program of a participating non-public school that accepts an autism scholarship.”

And how will the state know this is a successful program. That is assured by the carefully crafted “study of the program.”

Four of the six issues to be assessed are designed to show perfect results.

1. Are the students satisfied?
2. Are their parents satisfied?
3. “The percentage of participating students who were victimized because of their special needs status at their resident school compared to the percentage so victimized at their participating school.”
4. “The percentage of participating students who exhibited behavioral problems at their resident school district compared to the percentage exhibiting behavioral problems at their participating school.” That one is easy to calculate since section 2(c) allows the voucher school to throw out any student who does not “comply fully with a participating school’s written code of conduct.” We can tell you now, it will be 0% at the voucher school.

**Who does this bill benefit?**

If one assumes that the intent is to allow children with autism to attend schools that specialize in autism, where are those schools? In past years we have heard from one or two in the Kansas City metropolitan area. We note that the sponsors of the bill are also from that area. If that is the intent then for large sections of Kansas this is no help.

Then again, the bill does not require the school to have any particular expertise or experience in working with children with autism. These vouchers are available to any non-public school.

What is most telling about this bill is what these schools do not have. They have no accreditation, no state assessments, no accountability, no expertise in working with special needs students or students with autism, and no identified program for working with these students.

House Bill 2227 is a terrible idea. Its sole purpose is to drain funds from the state that might otherwise be available to public schools under the guise of helping students with autism. It is bad public policy and we urge you to reject House Bill 2227.

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Testimony on  
**HB 2227 – Autism Scholarship Program**

Before the  
**House Committee on Education**

**By Mark Tallman, Assistant Executive Director/Advocacy**

February 11, 2009

Mr. Chair, Members of the Committee:

**HB 2227** would establish a private school voucher program for students with autism. KASB believes that if a school receives public funding, it must serve all students without any preconditions or eligibility requirements, as public schools do; it must be governed by the same rules and regulations that the Legislature, the Kansas State Board of Education and the federal government has established for all other public-funded schools; and it must be accountable to the public and taxpayers through the locally elected school board (as provided in the state constitution.) We oppose this bill because it meets none of those standards.

**HB 2227 allows private schools to accept students the school chooses, not the parents.**

School voucher advocates usually say their goal is to allow parents more choice in their education options. Yet this bill, like every school choice bill we can recall that was introduced in the Kansas Legislature in the last 20 years, does nothing to guarantee that option beyond current law. The bill does not require private schools to accept all children who apply; nor does it limit the cost of tuition to private schools. Therefore, this bill could simply add a state-funded subsidy for parents who could already afford a private placement, and do nothing for those who cannot.

By combining public funds equal to what public schools would spend with tuition and other private dollars, private schools offering programs for students with autism could provide higher salaries, better working conditions and more supportive parents; thereby drawing the limited number of highly qualified autism providers out of the public school system.

**HB 2227 provides funding for private education without requirements for special services.**

The amount of the scholarship or voucher is essentially based on what the child's Individualized Education Plan (IEP) would cost if provided by the local public school district. However, section 4 states the private school is not required to follow the IEP. The private school's cost of serving the child is not limited to special education services. Therefore, this bill would direct state special education funds to be used for educational services that are not special education, or cost less than the amount of the voucher. Public schools, on the other hand, must use special education funds only for special education, and must follow the IEP.

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Private school students in Kansas are already entitled to receive special education services from public schools. Under **HB 2227**, a student could continue to receive free special education services from the student's public school district, and at the same time, receive a voucher to cover the "regular" costs of attending the private school. The bill does not require the private school to provide any special services.

Section 2 (c) allows a parent to transfer the child from the private school to a public school or other participating school "at any time." If the parents use the voucher to transfer the child to a private school, the school district may be able to reduce costs of special services – special staffing, equipment, etc. – required by a student's IEP. However, if "at any time" the parents are dissatisfied with the private school, they can immediately return the child to the public school, which must immediately restore the services required by law, regardless of cost. But participating private schools are not required to accept the child in mid-year.

**HB 2227 does not require oversight and accountability for public funding.**

Section 8 (e) specifically states that the private school is not subject to public oversight or regulation, despite the fact that it is accepting public education dollars – even while Legislators continue to call for MORE requirements on public schools, such as new accounting systems. Under this bill, private schools would not be subject to the Kansas Open Records or Kansas Open Meetings Acts, or account for funding like public schools. Since the only required financial report is limited to "records that are necessary for the State Board to make payments to schools for scholarships," it is hard to see what information could be required other than a mailing address.

Section 9 authorizes an evaluation that seems to be designed to produce a biased result. Such a study is supposed to assess parent and student satisfaction with the program without defining how satisfaction is to be measured, and to assess students who were "victimized" because of their special needs at their resident school compared to the percentage so victimized at the participating school. It doesn't define what is meant by "victimized" or how this is to be measured, and it ignores the fact that public schools must report certain incidents to law enforcement and many private schools are not. It calls for a comparison of "behavior problems." We readily concede that a public school, which is legally required to accept all students, including those with behavior problems, will have more students with behavior problems than a private school which can exclude or expel such students.

However, the study of the Autism Scholarship Program contained in this bill is not required to assess anything having to do with either "autism" or "scholarship," such as academic, social progress or special services to students. Section 5 specifically indicates the students will only be required to take state academic assessments if the parents choose, so there will be no common measurement with public school programs.

**"School Choice" programs do not improve education.**

Finally, we would share these facts. First, states that have experimented with "school choice" programs tend to have LOWER student achievement than Kansas on national assessments. Second, a recent study from the U.S. Department of Education found that private schools have no better academic results compared to public schools with similar student characteristics. Third, public and private schools face such "different rules" that any sense of competition is meaningless. I would be happy to provide background information on each of these points.

We urge you to reject this bill. Thank you for your consideration.

# Kansas Families for Education

*Demanding Excellent Public Schools for ALL*



Testimony HB2184  
House Education Committee  
February 11, 2009  
Missy Taylor  
Kansas Families for Education

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Pete Roman



Andy Sandler

Mr. Chairman and Members of the Committee:

Thank you for the opportunity this morning to speak in favor of House Bill 2184. We all know that the choices our youth make can have a life-long impact. We believe that this bill will equip our students with the age appropriate, medically accurate information that they need.

Our organization believes that abstinence is the best policy for teens, but we are also realistic and unafraid to admit that often our children make choices that put them at risk for disease and unexpected pregnancies. We cannot rob them of knowledge that could one day save their lives.

Students in Kansas can only benefit by having the necessary knowledge provided by a trained professional. We are not alone in supporting an abstinence plus human sexuality curriculum. The American Academy of Pediatrics, the American Medical Association, the Society of Adolescent Medicine and many religious organizations support giving our children the facts they need to make informed decisions.

We also support the bill's provision that a parent may choose for their student to opt out of any or all portions of their district's human sexuality curriculum.

Please give Kansas students access to necessary factual information and support this legislation.

Thank you.



**Testimony of Holly Weatherford, J.D.**

**Kansas Public Affairs Manager of  
Planned Parenthood of Kansas & Mid-Missouri,  
proponent to House Bill No. 2184**

**before the**

**House Committee on Education  
of the Kansas Legislature**

**February 11, 2009**

House Education Committee

Date 2-11-09

Attachment # 8



Good morning. My name is Holly Weatherford and I am the Kansas Public Affairs Manager for Planned Parenthood of Kansas and Mid-Missouri (PPKM). Thank you for this opportunity to present testimony in support of HB 2184.

To many people, PPKM is best known for our top-rate reproductive health care services that we provide at our four health centers in Kansas (Hays, Lawrence, Wichita and Overland Park). But PPKM is much more than that. Planned Parenthood offers a wide range of education programs designed to bring sexual health information directly to young people, adults who work with them and parents.

Planned Parenthood is here this morning to offer testimony from our unique perspective as a provider of education, information and health services and promote Abstinence + education in Kansas public schools.

We have a preventable public health problem in this country—an estimated 750,000 American teens aged 15 - 19 will become pregnant this year and nearly four million will contract a sexually transmitted infection (Guttmacher Institute, 2006). From the early 1990s through the early 2000s, rates of teen pregnancy, birth and abortion in the United States all declined dramatically—primarily but not exclusively because of increased and more effective contraceptive use among sexually active teens. These declines have since stalled, however, and new data from the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) indicate that teen birthrates are on the rise. NCHS reports a 3% national increase between 2005 and 2006 (from 40.5 to 41.9 births per 1,000 females aged 15–19).

Eighty-two percent of teen pregnancies are unplanned, accounting for about one in five of all unintended pregnancies (Guttmacher Institute, 2006). Teenagers need to know how to protect themselves against unintended pregnancy, HIV/AIDS and other sexually transmitted infections. It is critical that young people have access to accurate information and services in order to help them make responsible decisions about their bodies and their relationships.

Planned Parenthood believes parents should be the primary educators in a child's life. Sometimes parents need help talking with their children about sex.

We need education programs in our schools that will keep young people healthy — by including information about abstinence as well as pregnancy prevention, healthy communication and relationships, responsible decision making, and prevention of sexually transmitted infections. The Abstinence Plus (A+) Education Act does just.

As a health care provider, Planned Parenthood knows firsthand the power of education to help young people make responsible decisions about their health and believes in comprehensive sex education because there is considerable scientific evidence that it is effective. Research shows comprehensive sex education—programs that are age-appropriate, medically accurate and teach about abstinence and contraception—helps young people postpone intercourse, reduce the frequency of sexual intercourse, reduce the number of sexual partners, and increase the use of condoms and other forms of contraception (Kirby, D., *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, 2007).

To grow into healthy adults, young people need skills and information to help them delay sexual activity and to protect themselves when they do become sexually active. That is why PPKM encourages members of this committee to support HB 2184.

Thank you.

## Facts on American Teens' Sexual and Reproductive Health

### SEXUAL ACTIVITY

- Nearly half (46%) of all 15–19-year-olds in the United States have had sex at least once.

- By age 15, only 13% of teens have ever had sex. However, by the time they reach age 19, seven in 10 teens have engaged in sexual intercourse.

- Most young people have sex for the first time at about age 17, but do not marry until their middle or late 20s. This means that young adults are at risk of unwanted pregnancy and sexually transmitted infections (STIs) for nearly a decade.

- Teens are waiting longer to have sex than they did in the past. Some 13% of females and 15% of males aged 15–19 in 2002 had had sex before age 15, compared with 19% and 21%, respectively, in 1995.

- The majority (59%) of sexually experienced teen females had a first sexual partner who was 1–3 years their senior. Only 8% had first partners who were six or more years older.

- More than three-quarters of teen females report that their first sexual experience was with a steady boyfriend, a fiancé, a husband or a cohabiting partner.

- Ten percent of young women aged 18–24 who had sex before age 20 reported that their first sex was involuntary. The younger they were at first intercourse, the higher the proportion.

- Twelve percent of teen males and 10% of teen females have had heterosexual oral sex but not vaginal intercourse.

- The proportion of teens who had ever had sex declined from 49% to 46% among females and from 55% to 46% among males between 1995 and 2002.

### CONTRACEPTIVE USE

- A sexually active teen who does not use contraceptives has a 90% chance of becoming pregnant within a year.

- The majority of sexually experienced teens (74% of females and 82% of males) used contraceptives the first time they had sex.

- The condom is the most common contraceptive method used at first intercourse; it was used by 66% of sexually experienced females and 71% of males.

- Nearly all sexually active females (98% in 2002) have used at least one method of birth control. The most common methods used are the condom (used at least once by 94%) and the pill (used at least once by 61%).

- Nearly one-quarter of teens who used contraceptives the last time they had sex combined two methods, primarily the condom and a hormonal method.

- At most recent sex, 83% of teen females and 91% of teen males used contraceptives. These proportions represent a marked improvement since 1995, when only 71% of teen females and 82% of teen males had used a contraceptive method at last sex.

### ACCESS TO CONTRACEPTIVE SERVICES

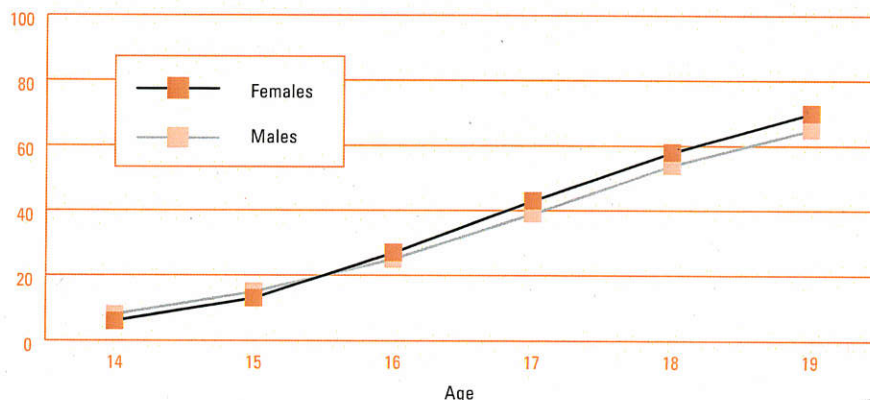
- Twenty-one states and the District of Columbia explicitly allow all minors to consent to contraceptive services without a parent's involvement (as of August 2006). Two states (Texas and Utah) require parental consent for contraceptive services in state-funded family planning programs.

- Ninety percent of publicly funded family planning clinics counsel clients younger than 18 about abstinence and the impor-

### Sexual Activity

Sex is rare among very young teens, but becomes more common in the later teenage years.

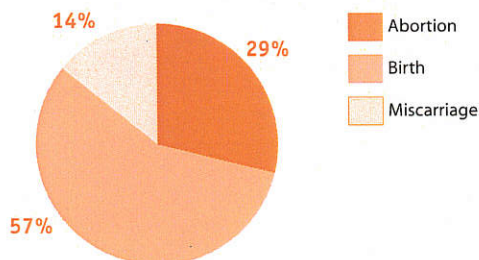
% who have had intercourse, 2002





## Teen Pregnancy Outcomes

Nearly a third of all teen pregnancies end in abortion.



tance of communicating with parents about sex.

- Sixty percent of teens younger than 18 who use a clinic for sexual health services say their parents know they are there.
- Among those whose parents do not know, 70% would not use the clinic for prescription contraception if the law required that their parents be notified.
- One in five teens whose parents do not know they obtain contraceptive services would continue to have sex but would either rely on withdrawal or not use any contraceptives if the law required that their parents be notified of their visit.
- Only 1% of all minor adolescents who use sexual health services indicate that their only reaction to a law requiring their parents' involvement for prescription contraception would be to stop having sex.

### STIs

- Of the 18.9 million new cases of STIs each year, 9.1 million (48%) occur among 15–24-year-olds.
- Although 15–24-year-olds represent only one-quarter of the sexually active population, they account for nearly half of all new STIs each year.
- Human papillomavirus (HPV) infections account for about half of STIs diagnosed among

15–24-year-olds each year. HPV is extremely common, often asymptomatic and generally harmless. However, certain types, if left undetected and untreated, can lead to cervical cancer.

- In June 2006, the U.S. Food and Drug Administration approved the vaccine Gardasil as safe and effective for use among girls and women aged 9–26. The vaccine prevents infection with the types of HPV most likely to lead to cervical cancer.

### PREGNANCY

- Each year, almost 750,000 women aged 15–19 become pregnant. Overall, 75 pregnancies occur every year per 1,000 women aged 15–19; this rate has declined 36% since its peak in 1990.
- The majority of the decline in teen pregnancy rates is due to more consistent contraceptive use; the rest is due to higher proportions of teens choosing to delay sexual activity.
- Black women have the highest teen pregnancy rate (134 per 1,000 women aged 15–19), followed by Hispanics (131 per 1,000) and non-Hispanic whites (48 per 1,000).
- The pregnancy rate among black teens decreased 40% between 1990 and 2000, more than the overall U.S. teen preg-

nancy rate declined during the same period (36%).

- Eighty-two percent of teen pregnancies are unplanned; they account for about one in five of all unintended pregnancies annually.
- Two-thirds of all teen pregnancies occur among 18–19-year-olds.
- Teen pregnancy rates are much higher in the United States than in many other developed countries—twice as high as in England and Wales or Canada, and eight times as high as in the Netherlands or Japan.

### CHILDBEARING

- Eleven percent of all U.S. births are to teens.
- Fifty-seven percent of pregnancies among 15–19-year-olds ended in birth in 2002, compared with 64% among all women.
- In 2002, there were 43 births per 1,000 women aged 15–19. The rate has dropped by 31% since 1991, when it was 62 per 1,000.
- Seven percent of teen mothers receive late or no prenatal care. Babies born to teens are more likely to be low-birth-weight than are those born to women in their 20s and 30s.
- Teen mothers are now more likely than in the past to complete high school or obtain a GED, but they are still less likely than women who delay childbearing to go on to college.

### ABORTION

- There were 214,750 abortions among 15–19-year-olds in 2002.
- Twenty-nine percent of pregnancies among 15–19-year-olds ended in abortion in 2002, compared with 21% among all women.

- The reasons teens give most frequently for having an abortion are concern about how having a baby would change their lives, inability to afford a baby now and feeling insufficiently mature to raise a child.
- Thirty-four states (as of August 2006) require that a minor seeking an abortion involve her parents in the decision.
- Six in 10 minors who have abortions do so with at least one parent's knowledge. The great majority of parents support their daughter's decision to have an abortion.

*Most data in this fact sheet are from research conducted by the Guttmacher Institute or published in its peer-reviewed journals. An additional source is the Centers for Disease Control and Prevention.*



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## Sexuality Education

### Sex and Pregnancy Among Teenagers

- By their 18th birthday, 6 in 10 teenage women and nearly 7 in 10 teenage men have had sexual intercourse.
- A sexually active teenager who does not use contraception has a 90% chance of becoming pregnant within a year.
- Of the approximately 950,000 teenage pregnancies that occur each year, more than 3 in 4 are unintended. Over 1/4 of these pregnancies end in abortion.
- The pregnancy rate among U.S. women aged 15-19 has declined steadily—from 117 pregnancies per 1,000 women in 1990 to 93 per 1,000 women in 1997. Analysis of the teenage pregnancy rate decline between 1988 and 1995 found that approximately 1/4 of the decline was due to delayed onset of sexual intercourse among teenagers, while 3/4 was due to the increased use of highly effective and long-acting contraceptive methods among sexually experienced teenagers.
- Despite the decline, the United States continues to have one of the highest teenage pregnancy rates in the developed world—twice as high as those in England, Wales or Canada and nine times as high as rates in the Netherlands and Japan.
- Every year, roughly 4 million new sexually transmitted disease (STD) infections occur among teenagers in the United States. Compared with rates among teens in other developed countries, rates of gonorrhea and chlamydia among U.S. teenagers are extremely high.
- Though teenagers in the

United States have levels of sexual activity similar to their Canadian, English, French and Swedish peers, they are more likely to have shorter and more sporadic sexual relationships and less likely to use contraception.

### Local Sexuality Education Policy

- More than 2 out of 3 public school districts have a policy to teach sexuality education. The remaining 33% of districts leave policy decisions up to individual schools or teachers.
- 86% of the public school districts that have a policy to teach sexuality education require that abstinence be promoted. 35% require abstinence to be taught as the *only option* for unmarried people and either prohibit the discussion of contraception altogether or limit discussion to its ineffectiveness. The other 51% have a policy to teach abstinence as the *preferred option* for teens and permit discussion of contraception as an effective means of preventing pregnancy and STDs.
- Only 14% of public school districts with a policy to teach

sexuality education address abstinence as *one option* in a broader educational program to prepare adolescents to become sexually healthy adults.

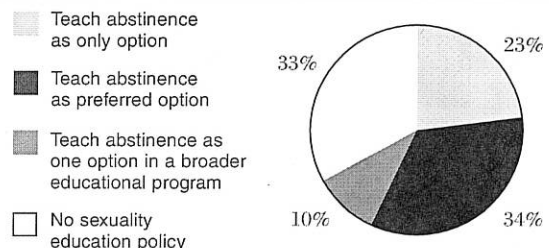
- Over 1/2 of the districts in the South with a policy to teach sexuality education have an abstinence-only policy, compared with 20% of such districts in the Northeast.
- While most states require schools to teach sexuality education, STD education or both, many also give local policymakers wide latitude in crafting their own policies. The latest information on state-level policies is available at [www.guttmacher.org/pubs/spib\\_SSEP.pdf](http://www.guttmacher.org/pubs/spib_SSEP.pdf).

### Sexuality Education in the Classroom

- Sexuality education teachers are more likely to focus on abstinence and less likely to provide students with information on birth control, how to obtain contraceptive services, sexual orientation and abortion than they were 15 years ago.
- The proportion of sexuality

chart a  
Sex Education Policies

Most school districts promote abstinence.



Source: Landry DJ, Kaeser L and Richards CL. Abstinence promotion and the provision of information about contraception in public school district sexuality education policies, *Family Planning Perspectives*, 1999, 31(6):230-236.



Education teachers who taught abstinence as the only way to prevent pregnancy and STDs increased from 1 in 50 in 1988 to 1 in 4 in 1999.

- The overwhelming majority of sexuality education teachers believe that by the end of the 7th grade, students should have been taught about puberty, how HIV is transmitted, STDs, how to resist peer pressure to have sex, implications of teenage parenthood, abstinence from intercourse, dating, sexual abuse and nonsexual ways to show affection.
- The majority of teachers believe that topics such as birth control methods and how to obtain them, the correct way to use a condom, sexual orientation, and factual and ethical information about abortion should also be taught by the end of the 12th grade. These topics are currently being taught less often

and later than teachers think they should be.

- More than 9 in 10 teachers believe that students should be taught about contraception, but 1 in 4 are prohibited from doing so.
- 1 in 5 teachers believe that restrictions imposed on sexuality education are preventing them from meeting their students' needs.
- The majority of Americans favor more comprehensive sexuality education over abstinence-only education.
- At least 3/4 of parents say that in addition to abstinence, sexuality education should cover how to use condoms and other forms of birth control, abortion, sexual orientation, pressures to have sex and the emotional consequences of having sex.
- At least 40% of students report that topics such as STDs and HIV, birth control,

how to use and where to obtain birth control, and how to handle pressure to have sex either were not covered in their most recent sexuality education course or were not covered sufficiently.

### Government Support of Abstinence-Only Education

- There are currently 3 federal programs dedicated to funding restrictive abstinence-only education—Section 510 of the Social Security Act, the Adolescent Family Life Act's teenage pregnancy prevention component, and the Special Projects of Regional and National Significance program (SPRANS)—with total annual funding of \$102 million for FY 2002.
- Federal law establishes a stringent 8-point definition of "abstinence-only education" that requires programs to teach that sexual activity outside of marriage is wrong and harmful—for people of any age—and prohibits them from advocating contraceptive use or discussing contraceptive methods except to emphasize their failure rates.

• There is currently no federal program dedicated to supporting comprehensive sexuality education that teaches young people about both abstinence and contraception.

• Despite years of evaluation in this area, there is no evidence to date that abstinence-only education delays teenage sexual activity. Moreover, recent research shows that abstinence-only strategies may deter contraceptive use among sexually active teenagers, increasing their risk of unintended pregnancy and STDs.

• Evidence shows that com-

prehensive sexuality education programs that provide information about both abstinence and contraception can help delay the onset of sexual activity in teenagers, reduce their number of sexual partners and increase contraceptive use when they become sexually active. These findings were underscored in *Call to Action to Promote Sexual Health and Responsible Sexual Behavior*, issued by former Surgeon General David Satcher in June 2001.

### Sources of Data

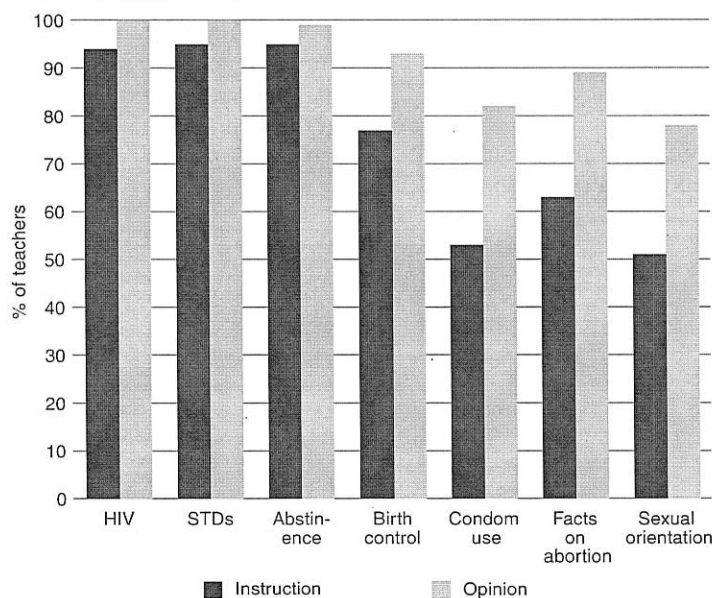
The data in this fact sheet are the most current available. Most of the data are from research conducted by The Alan Guttmacher Institute (AGI) and published in:

*Why is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use; Teenage Sexual and Reproductive Behavior in Developed Countries: Can More Progress Be Made?;* and the peer-reviewed journal *Perspectives on Sexual and Reproductive Health* (formerly *Family Planning Perspectives*).

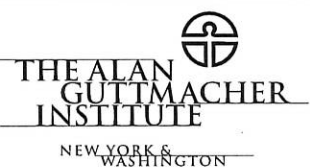
Additional sources include the Kaiser Family Foundation and the National Campaign to Prevent Teen Pregnancy.

chart b  
**Thinking vs. Doing**

There is a large gap between what teachers think should be taught and what they teach when it comes to birth control, abortion and sexual orientation.



Source: Darroch JE, Landry DJ and Singh S, Changing emphasis in sexuality education in U.S. public secondary schools, 1988-1999, *Family Planning Perspectives*, 2000, 32(5):204-211 & 265.



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**Kansas Education Committee**  
**Written Testimony in Support of the Abstinence Plus Education Act**  
**HB 2841**

**Hannah Kapp-Klote**  
**Free State High School Student**

Good morning. I would like to thank the members of the committee for the chance to provide this testimony. My name is Hannah Kapp-Klote, and I am a senior at Lawrence Free State High School. Comprehensive sex education is very important to me, primarily because my peers and I are directly impacted by how sex education taught in schools. Since a comprehensive sex education program is not mandated in the usd497 school district, I have seen firsthand the impact when abstinence is emphasized in schools to the exclusion of all other forms of instruction, including contraception information, pregnancy prevention, and the avoidance of STI's.

As a student who was able to take a sex education course during junior high school, I feel that comprehensive sex education program has not only given me information I would otherwise have no access to, but has also made me more responsible in dealing with my sexuality, and more confident when dealing with others. Friends who have taken the course, most of whom remain abstinent, report that they felt empowered to make decisions for themselves about sex. Rather than succumbing to peer pressure, they felt that the information they have been given in the classroom made them responsible for their sexual health, and took appropriate action. None of them saw abstinence and comprehensive sex education as mutually exclusive ideas. Most felt that such a comprehensive plan did not just teach them about STI prevention and the consequences of being sexually active, but it also taught them about interpersonal relationships, and how to combat the societal pressure to engage in intercourse. Perhaps most importantly, they felt that receiving valid information in an open, unrestricted setting eliminated some of the mysteries about sex, making them more comfortable with remaining abstinent.

Though taking a comprehensive sex education course made me aware of the numerous consequences of unsafe sex, they remained an abstract concept for me until a friend pulled me aside during fourth period a year ago. She confessed that, though she had taken a purity oath a few months before, she and her boyfriend had engaged in unprotected sex, and she was pregnant. Her boyfriend had convinced her that it was impossible to contract STI's or become pregnant the first time intercourse occurred, and without access to correct information, she believed him. No one had ever began a dialogue with her on the problems created by sex beyond the scope of abstinence, and her experiences with such a complex issue were limited to what she had seen on TV and in the movies. Feeling that her parents and friends would ostracize her because of her actions, my friend had no way to cope with her problems, and ended up getting an abortion that may have been prevented through access to comprehensive sex education. Others I know with only exposure to abstinence education engage in similarly risky acts, feeling that there are no consequences for risky behavior like unprotected anal and oral sex since they are technically remaining abstinent. These actions have long lasting effects on all who engage in it, and it stems from a deficiency in information given to students in abstinence only programs. It seems that when adolescents have no access to comprehensive sex education and are protected from the realities of sex, teens are

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deprived of the ability to make safe, responsible decisions about sexual relationships, and their future.

Though these examples may seem anecdotal, I feel that my peers are representative of Kansas teens as a whole: though they may take unnecessary risks once in a while, they all deserve the tools needed to make educated, responsible decisions about sexual intercourse and its consequences. I truly believe that a comprehensive sex education plan, as outlined in the Abstinence Plus Education Act is the best way to combat the rising levels of STI's and unplanned pregnancies among Kansas teens. Teenagers, like adults, make mistakes, and must be equipped with the information necessary to make responsible decision and avoid making mistakes that could have life altering consequences. Regardless of the sex education teaching strategy one believes is the most effective, we can all agree that we want to see fewer adolescents with STI's and unintended pregnancies. As a high school student, seeing the struggles of those without access to comprehensive sex education everyday, I believe that the Abstinence Plus Education Act is the best way to achieve this goal. I am happy to answer any questions the committee might have.

**Kansas House Education Committee**

**Written testimony in support of**

**The Abstinence Plus Education Act- HB 2184**

**By: Pamela Crandall**

**Metropolitan Coalition for Responsible Sex Education**

Chairman Aurand and Honorable members of the education committee:

Thank you for the opportunity to testify today on behalf of the Abstinence Plus Education Act. I am here today representing the Metropolitan Coalition for Responsible Sex Education. I am a member of this coalition because I am a parent of two daughters and licensed master social worker who cares passionately about adolescents. I am deeply concerned about the health and well being of our young people and I believe there is a public health crisis that is currently facing the state of Kansas and the nation; a crisis that requires us as responsible adults to provide adolescents with sex education classes that are comprehensive and medically accurate. Armed with this complete information, adolescents can take the steps necessary to make responsible decisions about their sexual health.

Teenage pregnancies are often the focal point of the discussions surrounding sex education. However, there is an even more urgent health issue that needs to be addressed. Sexually transmitted infections are steadily increasing in the United States and in Kansas. On an annual basis, the CDC estimates that there are 19 million cases of sexually transmitted infections (Center for Disease Control, 2007). Despite the fact that adolescents (ages 15-24) account for only 25 % of the sexually active population in the United States, they account for almost half of the new cases of sexually transmitted infections each year (Weinstock, Berman and Cates, 2004). The Kaiser Foundation estimates that by age 24, one out of every four individuals in the United States will have contracted a sexually transmitted infection (Kaiser Family Foundation, 2006). A CDC study released in 2008 found that one in four teenage girls have a sexually transmitted infection (CDC, 2008).

Adolescents are inclined toward risky behavior. It is critical as parents that we instill our values as they mature so that when faced with the pull of risky choices, they have the foundation to make responsible decisions. Abstinence should be the cornerstone of any sex education program. But teaching abstinence without providing medically accurate, research based information regarding sexually transmitted infections, including how to reduce the risk of contacting or spreading these infections, puts the health of these youth at risk.

Research has shown that values alone are often not enough to prevent teens from engaging in risky behavior such as sexual activity. It is our responsibility to provide the knowledge that enables them to further evaluate their choices and help mitigate that risk.

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The Youth Behavior Surveillance System is a survey of high school youth coordinated by the Center for Disease Control. It monitors six specific categories of risky behavior that pose health risks to adolescents. Included in these surveys are questions regarding sexual behaviors that could result in unintended pregnancy and sexually transmitted infections. The Kansas Department of Health and Environment conducted the YRBSS in 49 high schools throughout Kansas in 2007. In a comparison with the national numbers, Kansas students were found to engage in the risky behaviors on an equal basis with their national peers. The 2007 Kansas survey indicated that 45% of students surveyed have had sexual intercourse (Kansas Youth Risk Behavior Survey, 2007). This number increases to 62.6% for 12<sup>th</sup> graders. Over one third of the students who engaged in sexual intercourse did not use a condom. More frightening is the statistic that 15.4% of these teens had sex with four or more persons during their life.

What do these statistics mean? These risky behaviors lead to major social and health problems. In 2007, 7674 Kansas adolescents contracted Chlamydia, gonorrhea, or syphilis (KDHE, Bureau of Epidemiology). These numbers do not include the countless number of teens that have contracted genital herpes nor the teens that have tested positive for HIV. In 2006, there were 2219 individuals living in Kansas infected with HIV/AIDs (Kansas HIV /AIDS Program, 2006). Nationally, approximately 5,259 youth from 35 states were diagnosed with HIV/AIDS (CDC HIV/Aids Surveillance report, 2006).

Many of these teens are unaware that they have contracted these infections and continue to have unprotected sex and pass the infections on to others. They assume if their sexual behavior does not include intercourse that they are not at risk for infection. They are ashamed and afraid to seek treatment. Some of these infections can be cured with appropriate drugs and treatment. Many teens will not seek treatment until the infections have had a permanent affect on their health or ability to bear children in the future. They are unaware that many infections cannot be cured but that appropriate treatment can reduce symptoms. The Abstinence Plus Education Act will ensure that students receive accurate knowledge regarding these diseases, their transmission and the appropriate treatment.

The numbers and statistics that I have shared with you today show that the approach we have taken with respect to sex education is not working. Adolescents continue to engage in risky behavior and endanger their health and well-being. The public health consequences are growing and much more dangerous than they were twenty years ago. Adolescents remain ill informed as to how to reduce these risks or deal with the consequences once they have engaged in risky activities. We owe it to our youth to provide medically accurate, complete information so the consequences of risky youthful behavior do not follow them into their adult years or endanger others.

Thank you. I'll stand for questions.



**Kari Ann Rinker**  
**Testimony for**  
**House Education Committee**  
**February 11, 2009**  
**HB 2184**  
**PROPONENT**

House Education Committee  
Date 2-11-09  
Attachment # 11

### **Introduction:**

Thank you Mr. Chairman and members of the Committee for the opportunity to testify as a proponent of HB 2184 the Abstinence + Education Act. I am the lobbyist for the Kansas National Organization for Women, but I speak to you today as a parent.

### **My Daughter:**

My daughter Chloe is 10 years old. She is a fourth grader at Price Harris Elementary School in Wichita, Kansas. Her current interests are Laura Ingalls Wilder books, American Idol, her iPod, her friends and much to my dismay...boys. She is my first child and this interest in boys has come about much sooner than I had anticipated. When I start to feel "panicky" about it, I remember that as her parent I have the power to initiate and encourage open and honest discourse about sexuality. I can help her to discern fact from fiction in regard to the information she receives from her friends. I can encourage her to wait for the right boy at the right time....like when she's 32. As a parent, I have the power over all of these things. That wards off the "panicky" feeling...for awhile at least. Then, when I am in the midst of bestowing upon her my infinite wisdom about one of the many topics that I am vastly knowledgeable in....she rolls her eyes and walks away! She is 10 and she walks away...she is 10 and she already thinks that she knows more than I do! She is 10 and she just delivered her mother a reality check. I might know that I know best, but the reality is that she may not always listen to me.



### **The Benefits of Abstinence +**

Abstinence + is a comprehensive human sexuality educational program. It will teach up to date information about abstinence, STD's, AIDS and pregnancy prevention. Certified teachers who will have the most accurate information about sexuality education will teach it. It will be medically accurate and age appropriate. It would serve as an additional tool for parents like me. Parents who worry their words alone may not be enough to persuade their child to practice abstinence first and prevention second. I am a firm believer that education is vital in the prevention of pregnancy and sexually transmitted diseases...knowledge gives one the power to make wise choices. It would be selfish for me to demand that I be the only one to bestow it upon daughter. I would rather gain some comfort in the prospect that she may be willing to hear it from a trained, reliable, caring educator who has my daughter's best interests at heart. After all...the most important thing that I can do as a parent is keep my child happy and safe. The Abstinence + Education Act would serve as a tool to help me to achieve that goal as it pertains to my child's sexual well-being. Thank you allowing me to submit my testimony.



Our mission is to end discrimination based on sexual orientation and gender identity, and to ensure the dignity, safety, and legal equality of all Kansans

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(785) 825-7847

#### Riley/Geary Counties

PO Box 1512  
Manhattan, KS 66505  
(785) 587-8890

#### Southeast Kansas

PO Box 1194  
Pittsburg, KS 66762  
(620) 704-7588

#### Southwest Kansas

PO Box 1261  
Dodge City, KS 67801  
(620) 635-5213

#### Topeka

PO Box 4214  
Topeka, KS 66604  
(785) 234-5932

#### Wichita/Sedgwick County

6505 E. Central PMB 219  
Wichita, Kansas 67206  
(316) 260-4863  
fax (316) 858-7196

Testimony of Thomas Witt, Kansas Equality Coalition  
House Committee on Education, HB 2184  
February 11, 2009

Good morning Mr. Chairman and members of the committee.

I've come to testify today as both a parent and an advocate. I have a daughter, who is now a young adult attending college. When she was a teen living at home, it was very important to our family that she get accurate, complete information about human sexuality and reproduction, about pregnancy, and about sexually transmitted infections.

Born in 1987, my daughter was in middle school and high school when Kansas and many other states embarked on what was, in retrospect, a very dangerous experiment in sex education. At the beginning of this decade, the "Abstinence Only" sex education program was introduced into Kansas schools. A careful look at KDHE statistics over the past decade shows that instead of protecting our children from the consequences of sex, "Abstinence Only" has left our kids vulnerable and increasingly at risk.

Since 2000, the number of Kansas kids between the ages 15 to 19 years has declined from 209,187 to 201,815. Yet during this time period, the number of cases of Chlamydia has increased from 2406 to 2773; the number of cases of Chlamydia among young adults between the ages of 20 to 24 has increased from 2359 to 3326. These are the age groups that have been directly impacted by the policy of "Abstinence Only" education. These numbers, straight from the attached KDHE reports, are truly horrifying.

None of us, as parents, as policymakers, as educators, want our teenagers to be sexually active outside a long term, committed relationship. But we have to understand: our kids are kids, and they have to be taught. If we don't teach them how to protect themselves from the negative consequences of sex, we only increase their risk of serious illness and unplanned pregnancies.

In 2006, my daughter testified on an earlier bill identical to this one. She told the Senate Committee on Education how kids will fill any gap in information with misinformation. She told the Senate about schoolyard gossip that said pregnancy never happens on the first time or if you do it while standing up, that condoms never work, that you can't "catch anything" from oral sex, and more.

I'll close with my daughter's words from her 2006 statement:

*Do you really think that by teaching abstinence only, that we are going to listen? Kids and teenagers alike do not like rules – in fact we have a total disregard for them. So instead of ignoring that disregard, how about educating us, so that when we make a dumb mistake, we know what's going on? We deserve to know. We deserve to be taught, to be educated, not to be left in the dark.*

For our children's safety and future, I urge you to recommend passage of HB2184. Thank you for your attention.

House Education Committee

Date 2-11-09

Attachment # 12

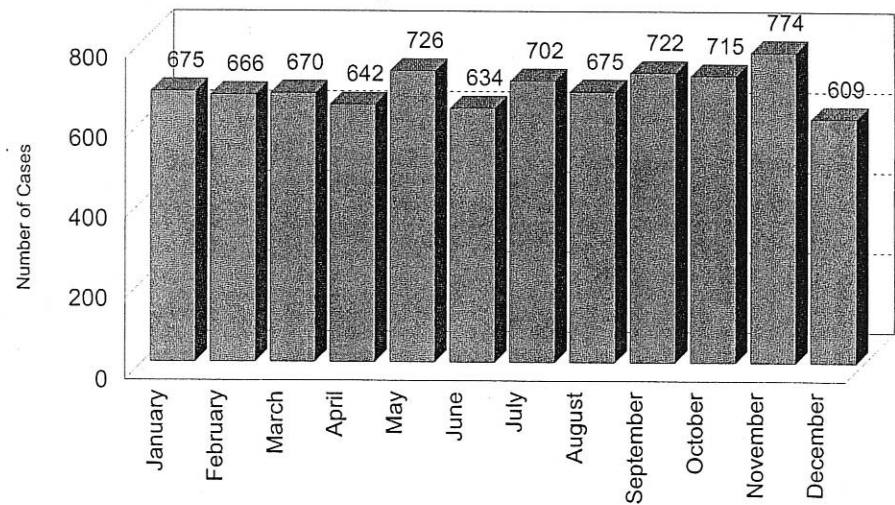
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
 BUREAU OF DISEASE CONTROL & PREVENTION  
 SEXUALLY TRANSMITTED DISEASE PROGRAM

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7.....	Reported Cases of Gonorrhea by Month
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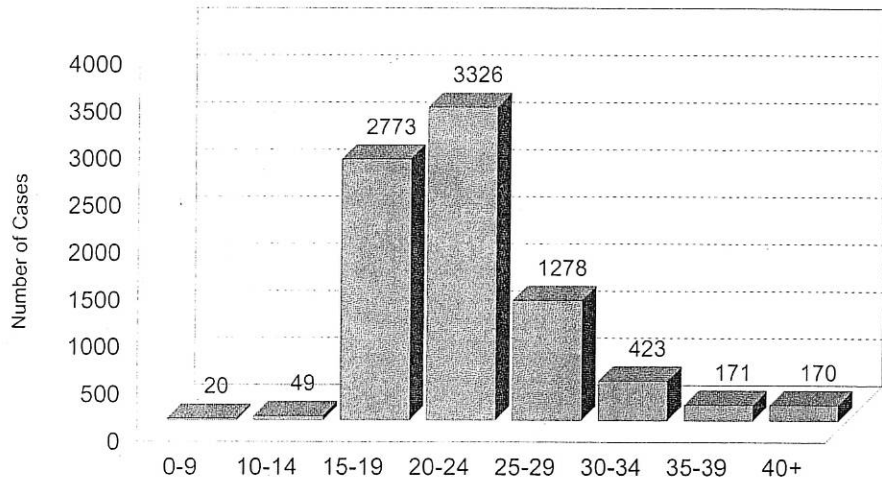
State of Kansas  
 Reported Cases of Chlamydia by Month  
 January - December 2007



Total: 8210

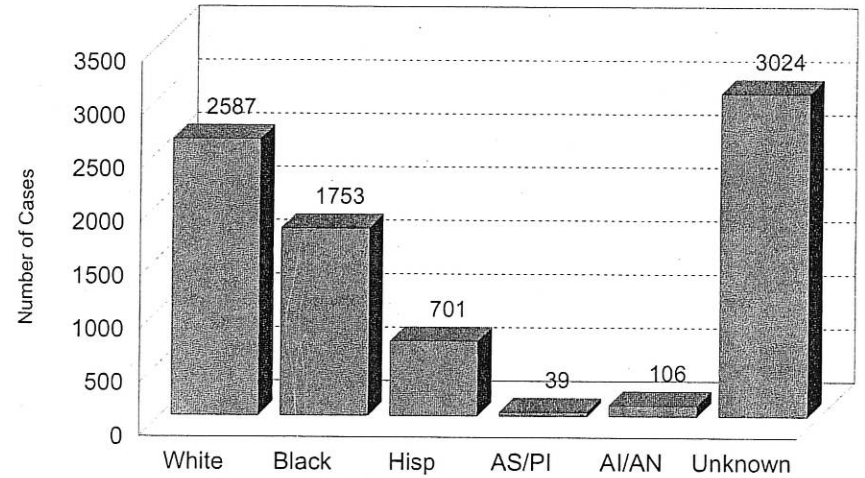
12-2

State of Kansas  
Reported Cases of Chlamydia by Age  
January - December 2007



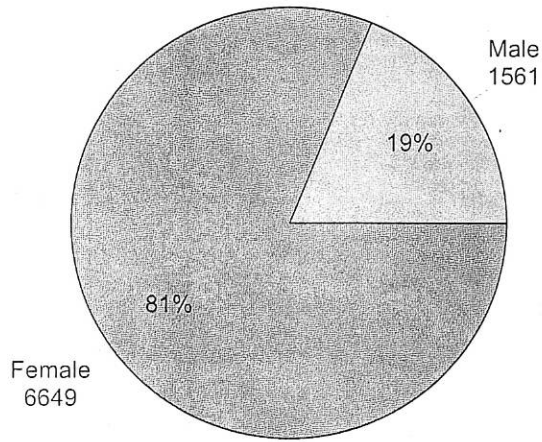
Total: 8210

State of Kansas  
Reported Cases of Chlamydia by Race  
January - December 2007



Total: 8210

State of Kansas  
 Reported Cases of Chlamydia by Sex  
 January - December 2007



Total: 8210

State of Kansas  
 Reported Cases of Chlamydia by County  
 January - December 2007

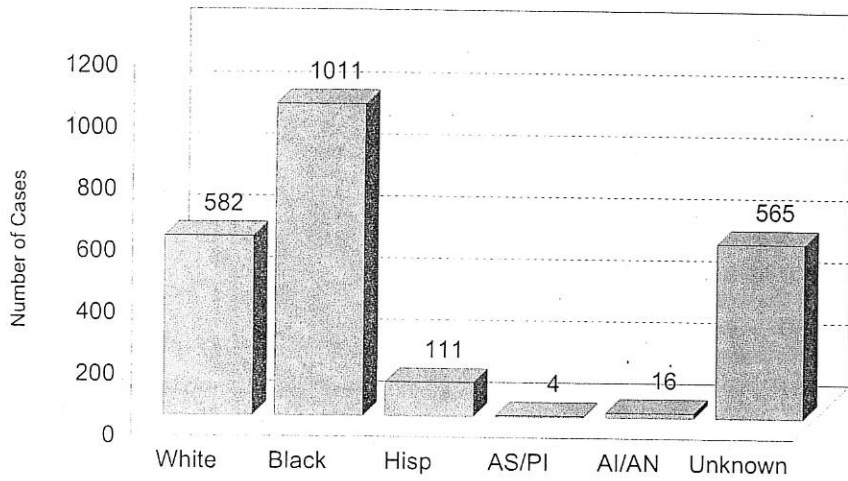
CHEYENNE	RAWLINS	DECATUR	NORTON	PHILLIPS	SMITH	JEWELL	REPUBLIC	WASHINGTON	MARSHALL	NEMAH	BROWN	DOUGLASS	1	1	1	1	2	1		6	9	12	19	20	
SHERMAN	THOMAS	SHERIDAN	GRAHAM	ROOKS	OSBORNE	MITCHELL	CLOUD	CLAY	ROTTAWA	JACKSON	ATCHISON	DOUGLASS	5	4	1	1	3	3	7	21	17	20	20	41	20
WALLACE	LOGAN	GOVE	TREGG	WHEELER	RUSSELL	LINCOLN	OTTAWA	RILEY	DECATUR	SHAWNEE	JEFFERSON	LEAVENWORTH				7	52	3	9	315	20	688	21	154	1031
GREELEY	WICHITA	SCOTT	LANE	NESS	RUSH	BARTON	ELLSWORTH	DICKINSON	SAINE	WASHTAW	FRANKLIN	FRANKLIN		1		1		2	3	34	4	3	24	383	989
HAMILTON	HEARLEY	FINNEY	HODGEMAN	PAYNE	STAFFORD	RENCE	THAYER	MCPHERSON	MARION	CHAS	ALLEN	FRANKLIN	4	10	106	1	6	12	146	49	39	11	105	37	31
ELWORTH	GRANT	WASSELL	GRAY	FORD	EDWARDS	PLATT	SEDGWICK	BUTLER	GREENWOOD	WAGONER	ANDERSON	LINN	1	12	4	6	74	3	43	100	6	6	24	15	
MORTON	STEVENS	BEWARD	MEADE	CLARK	COMANCHE	SARBER	HARPER	SUMNER	COYLE	CHAUTAUGUA	MONTGOMERY	WAGNER	5	7	62	2	1	1	4	7	27	103	2	59	52

Total: 8210



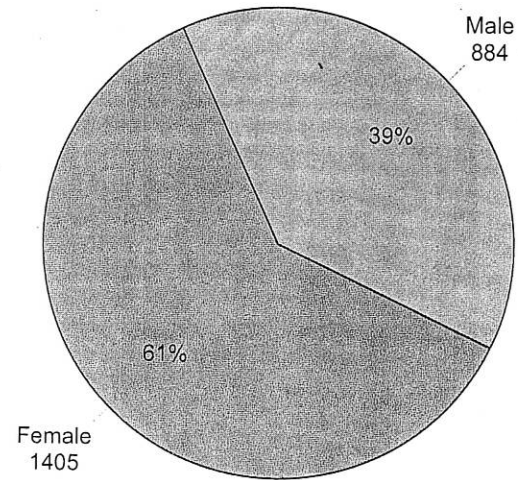
12-6

State of Kansas  
Reported Cases of Gonorrhea by Race  
January - December 2007



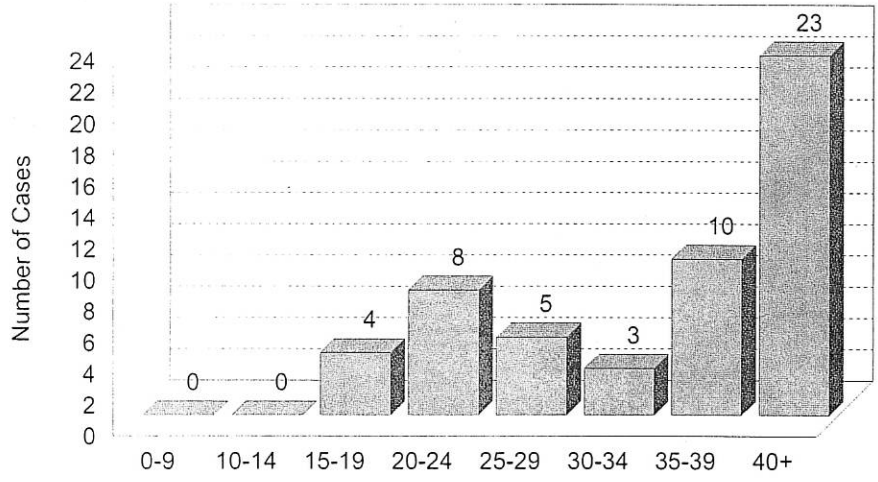
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State of Kansas  
Reported Cases of Gonorrhea by Sex  
January - December 2007



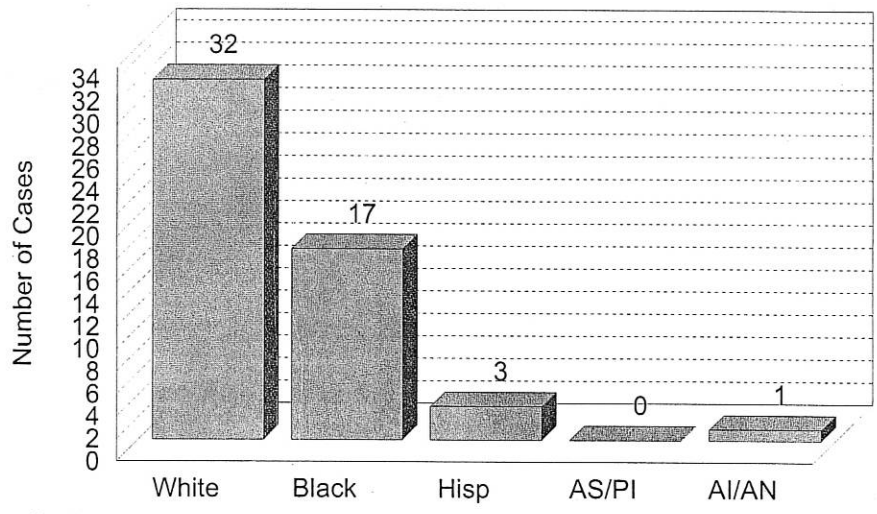
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State of Kansas  
Reported Cases of Early Syphilis By Age  
January - December 2007



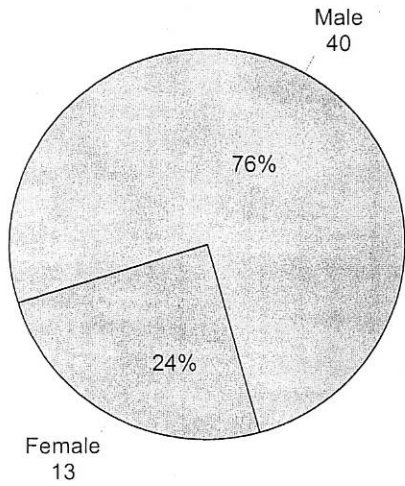
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State of Kansas  
Reported Cases of Early Syphilis By Race  
January - December 2007



Total: 53

### State of Kansas Reported Cases of Early Syphilis By Sex January - December 2007



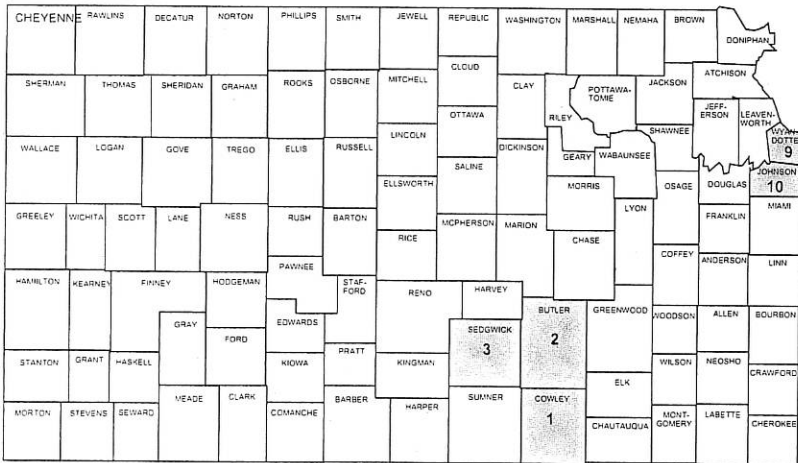
Total: 53

### State of Kansas Reported Cases of Primary and Secondary Syphilis by County January - December 2007

CHEYENNE	RAWLINS	DECATUR	NORTON	PHILLIPS	SMITH	JEWELL	REPUBLIC	WASHINGTON	MARSHALL	NEIHAHA	BROWN	DONIPHAN
SHERMAN	THOMAS	SHERIDAN	GRAHAM	ROCKS	OSBORNE	MITCHELL	CLOUD	CLAY	4	POTTAWATOMIE	JACKSON	ATCHISON
WALLACE	LOGAN	GOVE	TREGG	ELLIS	RUSSELL	LINCOLN	OTTAWA	RILEY	1	SHAWNEE	JEFFERSON	LEAVENWORTH
GREELEY	WICHITA	SCOTT	LANE	NESS	RUSH	BARTON	ELLSWORTH	DICKINSON	GEARY	WABALNSEE	OSAGE	DOUGLAS
HAMILTON	KEARNEY	FINNEY	HODGEMAN	PAWNEE	STARBUCK	RENO	HARVEY	MCPHERSON	MARION	LYON	FRANKLIN	JOHNSON
STANTON	GRANT	HASKELL	GRAY	FORD	EDWARDS	PIRATT	KINGMAN	RICE	CHASE	MORRIS	COFFEY	ANDERSON
MORTON	STEVENS	SEWARD	MEADE	CLARK	COMANCHE	BARBER	HARPER	SUMNER	COWLEY	CHAUTAULQUIA	MONTGOMERY	LABETTE
												MIAMI
												1
												6
												16

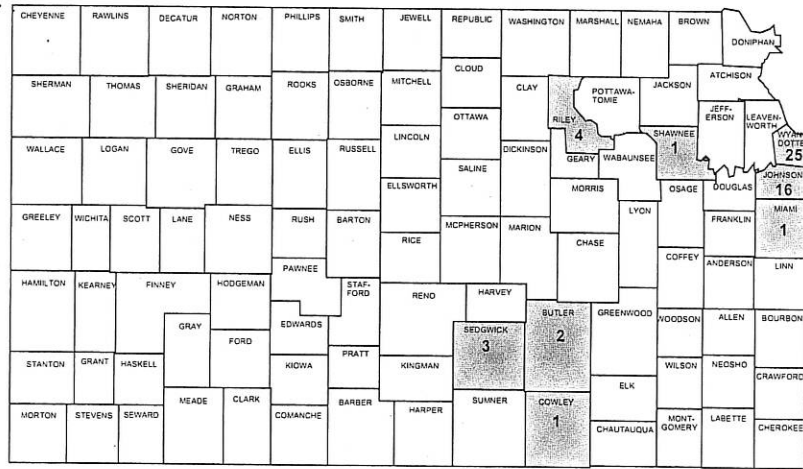
Total: 28

### State of Kansas Reported Cases of Early Latent Syphilis by County January - December 2007



Total: 25

### State of Kansas Reported Cases of Early Syphilis by County January - December 2007



Total: 53

Provided on: Tuesday, February 10, 2009 by Kansas Information for Communities.  
 Center for Health and Environmental Statistics  
 Kansas Department of Health and Environment

12-11

Population for the State of Kansas																			
Age Group																			
	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 and up	All
Year	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number
2000	186,387	192,261	200,923	209,187	193,625	173,165	177,135	206,839	214,350	195,085	164,757	123,010	99,540	89,818	85,469	75,171	53,623	52,212	2,692,557
2007	196,138	190,372	188,823	201,815	208,881	192,375	168,969	178,965	188,346	208,624	196,954	167,110	128,409	95,499	78,553	69,335	56,117	60,712	2,775,997
2000&2007	382,525	382,633	389,746	411,002	402,506	365,540	346,104	385,804	402,696	403,709	361,711	290,120	227,949	185,317	164,022	144,506	109,740	112,924	5,468,554
<u>Rotate</u>										<u>Download</u>									
Footnote	# Indicates Confidentiality Rule																		

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[Birth Query](#)	[Cancer Query](#)	[Death Query](#)	[Discharge Query](#)	[Population Query](#)	[Pregnancy Query](#)
[Users Guide](#)	[Notes and Limitations](#)	[E-Mail KIC Staff](#)	[Center for Health and Environmental Statistics](#)		
[Office of Health Assessment](#)	[Office of Vital Statistics](#)	[KDHE Home](#)			



February 11, 2009

Barbara Holzmark  
3016 W. 84<sup>th</sup> Street  
Leawood, Kansas 66206  
913-381-8222

Chairman Clay Aurand and Members of the House Education Committee,

I am sending testimony today in support of HB 2184 as a Concerned Volunteer in the State of Kansas and Kansas Public Affairs Chair of the National Council of Jewish Women, Greater Kansas City Section.

I was "Chair" of the Committee responsible for the "Human Sexuality and Aids Education" Mandate, K - 12 that began in the fall of 1987. This Committee was formed under the Kansas Governor's Commission on Education for Parenthood. I represented the Governor's Commission as the Parenting Chair for the Kansas State PTA, in January, 1985. After serving two years on the State PTA, I remained on the Commission as Kansas Public Affairs Chair for NCJW, until 1996 when the Commission was dissolved, during my term as President.

The Mandate was accepted by the Kansas State Board of Education in May of 1987, and implemented that fall. All accredited schools in the state were to implement a comprehensive program in Human Sexuality and AIDS Education at the Elementary and Secondary level by September 1988, or lose their accreditation. There was no time limit placed upon the mandate. As years passed and the composition of the State Board changed, the board took away the necessity of accreditation and then later placed a deadline for the Sex Education program as June of 2005.

The mandate K - 12 as approved in 1987, followed the guidelines that are presented to you in HB 2184 today. All Sex Education programs were to be developed BY and IN LOCAL School Districts. Such programs were to be chaired by the LOCAL Superintendent or designee, and include the following on the developing committee: a building administrator, a school counselor, social worker or psychologist, representatives of elementary, middle and high school teachers, parents to represent each grade level, representation from the clergy, a civic or youth organization leader, a medical professional or local health department official and a current or recently graduated student.

The Mandate further stated that LOCAL school districts would exercise care during the development of sex education programs so that topics covered would be age appropriate and that colleges provide courses and school districts provide training to teachers responsible for teaching sex education. In developing a comprehensive program in human sexuality and AIDS education, guidelines for assisting parents with educating their children would also be developed. Parents were also given the opportunity to "opt-out" their child from the class.

HB 2184 is necessary. In 1986 schools were not teaching much sex education, and parents did not have the tools to want to speak to their children. Progress has been made and today, those avenues can be emphasized by Schools Districts designing their own curriculums, as was set out in the 1987 mandate. HB 2184 allows for a comprehensive program in sex education which emphasizes the benefits of abstinence, while providing information about sexually transmitted infections and diseases, especially AIDS, as was the original intent of the mandate in 1987.

HB 2184 is consistent with NCJW and one of its National Priority Resolutions, to Advance the Well-Being of Children and Families. Most specifically, we endorse and resolve to work for "Comprehensive, medically accurate, age-appropriate sexuality education in public schools.

I and NCJW urge this committee to pass HB 2184 and further improve upon the original mandate in 1987. I further urge you to support HB 2184 on the floor of the House.

Thank you. Barbara Holzmark

House Education Committee  
Date 2-11-09  
Attachment # 13

To the Kansas House Committee on Education:

Kansas State University Students for Choice supports HB 2184 and encourages passage of this bill.

This bill would provide education to students in Kansas schools that is sorely needed.

Due to the 2002 lapse of requirements for comprehensive sexuality education by the Kansas School Board, all students who attended a Kansas public high school, and are sophomores and below at Kansas State University most likely did not receive comprehensive sexuality education. This represents a large part of the K-State student population.

By not receiving information on sexually transmitted infections (STIs) and healthy sexuality, these students are at higher risk for STIs, which are already prevalent in college environments. In 2009, Riley County reported 392 cases of chlamydia, including cases reported by the K-State Lafene Health Center. This is a distinct rise from 2007 (with 315 cases), and has been increasing for the last several years. This number could be positively affected with comprehensive sexuality education.

Although students at Kansas State University would not be directly impacted by this bill, we feel that it is sorely needed. This would provide huge benefits to our communities, and families. Many of us still have friends and younger siblings in the Kansas public school system.

Once again, we encourage you to pass HB 2184.

Erin Doughty  
President  
K-State Students for Choice

erinkd@ksu.edu

House Education Committee  
Date 2-11-09  
Attachment # 14



## Schools for Quality Education

007 Bluemont Hall, 1100 Mid-Campus Drive, Manhattan, KS 66506 • (785) 532-5886 • [www.coe.ksu.edu/sqe](http://www.coe.ksu.edu/sqe)

Testimony for HB2184: Abstinence Plus (A+) Education Act  
February 11, 2009  
Val DeFever

Dear Chairman Aurand and Education Committee Members,

Thank you for allowing me to share my concerns regarding HB2184. My small rural Kansas school districts believe strongly in local control. They have involved their patrons in developing a plan to carry out the state requirement of providing a comprehensive education program in human sexuality. This is a very sensitive area and our school boards and staff are distinctly aware of the concerns of their communities. Many are presently teaching abstinence, although that might not be the only approach, in every instance.

To my knowledge the legislature has not adopted a specific program for any other course of study or any other education discipline. In all other areas of study the state board sets standards for grade levels, but does not set curriculum. This bill would seem to depart from policy on curriculum requirements.

*"Rural is Quality"*

House Education Committee

Date 2-11-07

Attachment # 15



KANSAS  
ASSOCIATION



OF  
SCHOOL  
BOARDS

1420 SW Arrowhead Road • Topeka, Kansas 66604-4024  
785-273-3600

Testimony on  
**HB 2184 – Abstinence Plus Education Act**

Before the  
**House Committee on Education**

**By Mark Tallman, Assistant Executive Director/Advocacy**

February 11, 2009

Mr. Chair, Members of the Committee:

Thank you for the opportunity to comment on **HB 2184**. We rise in opposition to this measure not because of the contents of the bill but because we firmly believe this kind of curriculum matter should be determined by local schools and their staff, parents and community members.

For many years, at both the national and state levels, battles have raged over sex education: abstinence only vs. abstinence plus, parental opt out vs. opt in, etc. The reality is that state laws and policies probably have a limited impact on how and what is actually taught in Kansas classrooms regarding sex education. KASB's position is that in this case, the state doesn't always know what works best in every community.

However, we also note that this bill would not only require a particular type of sex education program, it would require that all teachers hold appropriate certification, and require that teachers and building administrators have "appropriate academic preparation or in-service training designed to develop a basic knowledge of, and a sensitivity to, the area of human sexuality." How that is defined, measured or enforced is not specified, as a result, it is impossible to determine the potential cost.

This is the second bill in as many days in this committee that would impose new requirements on school districts and mandate additional "non-instructional" spending. At the same time, the House Education Budget Committee is preparing to develop a budget for the Kansas State Department of Education that will certainly include reductions in school district funding. We have heard a lot of discussion this session about the "structural deficit" facing the state general fund. School districts face their own structural deficit: between what the Legislature, the Kansas State Board of Education and the public seems want to schools to do (always more), and what we are willing to pay (at least for now, less).

For these reasons, we urge you to not advance this bill. Thank you for your consideration, and I would be happy to answer any questions.

House Education Committee

Date 2-11-09

Attachment # 16