



The Path Forward: 2025 SIECUS Legislative Mid-Year Report

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A photograph of the United States Capitol building in Washington, D.C. The image shows the iconic white dome topped with a statue, and the neoclassical facade with columns. A wide, grand staircase leads up to the entrance. An American flag is visible on the left. A large, leafy tree is on the right side of the frame. The sky is blue with scattered white clouds.

Executive Summary

Executive Summary

January 20, 2025, marked the transition into a new presidency and a new administration, with President Trump being sworn into office as the 47th President of the United States. [Within the first 100 days](#) of the Trump administration, a flurry of executive orders were signed impacting abortion access; gender-affirming care; and diversity, equity, and inclusion (DEI). These actions also led to the dismantlement of key agencies dedicated to supporting domestic and global public health infrastructures, such as the dissolution of the United States Agency for International Development (USAID) and [pausing the United States President's Emergency Plan for AIDS Relief \(PEPFAR\) funding](#), seriously risking all the progress made to end the global HIV/AIDS epidemic. [Federal funding cuts at the National Institutes of Health](#) (NIH) threaten to stall essential research in menstrual disorders, pregnancy complications, chronic diseases, and mental health, areas already characterized by a lack of scientific literature. These reductions not only widen existing knowledge gaps but also obstruct breakthroughs urgently needed to improve health outcomes for millions.

These actions have been doubled down on at the state level, with increasing state executive and legislative attacks on civil and reproductive rights, in line with the [promise of Project 2025 and ongoing efforts](#) of the past few years. Of the state legislation signed into law tracked by SIECUS, **almost 80% seeks to restrict the rights of Americans**, especially young people, in the education and healthcare system. According to [data from the American Civil Liberties Union](#), anti-LGBTQIA+ legislation has steadily increased over the past few years, with **at least 588 anti-LGBTQIA+ bills** being tracked in 2025. State Supreme Courts in [Missouri](#) and [Florida](#) have lifted temporary injunctions on restrictive laws or struck down certain protections, such as judicial bypass for minors, exacerbating existing gaps in abortion access. These attacks on abortion are not limited to the political sphere but are also being propagated within the education system.

Groups like LiveAction, an extremist anti-abortion advocacy group, have worked with oppositional lawmakers across the country to pass laws requiring fetal development to be taught in sex education and requiring the viewing of ultrasound videos, promoting their own misleading and medically inaccurate "Meet Baby Olivia" animation. While the National Sex Education Standards (NSES) do recommend instruction on pregnancy and reproduction, detailed information on fetal development through an ultrasound is not recommended, and these bills are not about increasing knowledge. Rather, they are an effort to indoctrinate young students with anti-abortion ideology through misleading imagery and information. Moreover, the same opposition is also trying to reframe sex education through mandating instruction on "success sequencing," yet another rebrand for "abstinence only until marriage" (AOUM) programming. Such programming shames and puts the blame on individuals by asserting that students can "avoid poverty" only if they follow a specific life trajectory that includes waiting until marriage to have sex and kids – a path that might work for some people but is not representative of the choices many Americans, either willingly or out of necessity, must make. In fact, **SIECUS tracked 115 bills** that would attempt to restrict or negatively impact sex education, **a 35% increase in regressive sex ed legislation** in 2025 from the [2024 SIECUS Mid-Year Report](#).

Through all this political strategizing and narrative shifting, the opposition has been able to capitalize on two things: the collective lack of understanding and education about our bodies, health, and well-being, and the fear and confusion that result from not having this information. These attacks are not going unnoticed by – nor are they being accepted by – the [general public](#), advocates on the ground, and sexual and reproductive rights organizations like ours. For over 60 years, SIECUS has stood on the belief that sexuality exists and develops across the lifespan and that having the information to understand our sexual health is the key to our well-being.

Through public policy engagement and advocacy work, SIECUS pushes for the advancement of sex education, which will serve as a vehicle for change in society by addressing issues related to gender and racial equity, sexuality, personal safety, and bodily autonomy. To this end, SIECUS monitors and analyzes the rapidly changing political and legislative landscape for sexual and reproductive health freedom as it impacts young people. SIECUS works with **60 partners across 30 states** to fight back against censorship of the information critical to our health, pleasure, and wholeness, and to push for more inclusive, affirming, and comprehensive sex education. At the midpoint of 2025, we tracked over **650 bills**, of which **almost 25% impact young people's access to quality sex education.**

Three decades of research have shown that comprehensive sex education can provide many benefits, including:

- reducing rates of intimate partner violence
- lowering rates of unplanned pregnancy and sexually transmitted infections (STIs)
- improving mental health outcomes
- promoting knowledge on how to access sexual and reproductive health care.

These benefits are significant when considering our country's performance on specific health indicators. While overall STI rates have [been on the decline](#), different parts of the country experience a higher burden of disease than others, such as in the South, with states like Louisiana and Mississippi having much higher rates of syphilis, chlamydia, and gonorrhea cases than the United States' average. Further, adolescents aged 15–24 still [make up over half of reported new cases](#). [Similar statistics exist](#) for HIV/AIDS prevalence in the United States. It's also important to note that actual cases may be significantly higher, as many young people do not have access to STI testing and treatment services. Access is being hindered further by legislation that would require parental consent for these services or that would change the age of medical consent.

To make matters more complicated, much of this data is collected from federal agencies that are [experiencing mass layoffs](#) and restrictions on funding that will prevent us from obtaining the latest information on these sexual and reproductive health indicators at the federal and state levels.

Rates of unintended pregnancy, especially among adolescents, have been on the decline, in part due to increasing contraceptive access and sex education. Restrictions on abortion access and attacks on specific forms of birth control, such as emergency contraception, however, threaten to reverse this. In states where abortion is either banned or increasingly difficult to obtain legally, maternal outcomes are also trending downwards, with pregnant people receiving inadequate care to treat miscarriages and leaving them at risk of developing complications, further feeding into the [existing maternal mortality crisis](#). Beyond the healthcare system, young people are also experiencing high rates of intimate partner violence, or teen dating violence. According to [CDC's Youth Behavior Risk Surveillance](#), about one in 12 teens experience physical dating violence, and one in 10 experience sexual dating violence, underscoring the need for education on healthy relationships, consent, boundaries, and communication strategies.

For this reason, sex education must be invested in as an upstream solution to alleviate health disparities and also target underlying factors that exacerbate these disparities, such as gender, racial, and economic inequities. Further, in states where access to sexual and reproductive health services, such as abortion and contraceptives, is being limited, having access to quality and comprehensive education as a preventative measure is all the more important. Sex education, according to the NSES, addresses sexual development throughout the lifespan, including covering the topics of puberty, anatomy, STIs and pregnancy prevention and options, consent and bodily autonomy, healthy relationships, media/Internet safety and literacy, mental health, and much more.

In a political reality where “forced birth” states are doubling down on restricting reproductive decision-making, federal agencies are rolling back decades of scientific research about the safety and efficacy of contraception and medication abortion or discontinuing data collection altogether. At the same time, unwarranted backlash against librarians and sex educators is feeding into the censorship of inclusive learning materials, making access to medically accurate and evidence-based sex education critical for young people. The fight for quality, comprehensive sex education cannot wait and must continue throughout the remainder of this volatile legislative session and beyond.

The Importance of Centering Youth Leadership in Advancing Sex Education: Rasana’s Story

As we look to the future and seek to continue fighting back against harmful policies while advancing comprehensive sex education across the United States, it is critical that we center young people in this work. Youth are not only directly impacted by sex education policies, but they are also some of the most powerful advocates for change. Our movement must meaningfully engage with, listen to, and lift up their voices, lived experiences, and leadership. By investing in youth-led advocacy and creating spaces where young people are empowered to shape the conversation, we strengthen the fight for inclusive, medically accurate, and affirming sex education for all.

Minnesota is currently updating its health education standards following the passage of [House File 5237](#) in 2024, and youth leaders like Rasana Mamdani are ensuring that students’ lived experiences shape the path forward.

A rising high school senior and youth member of the 2025 Minnesota Health Education Standards Committee, Rasana brings both personal insight and policy acumen to the table. She is one of just three student representatives on the [2025 Health Standards Committee](#) and shared, “Being the only young person in that room who attends an inner-city school, I really do feel the weight of representing [my peers] through these standards.” While student members of the committee go unnamed, their role on the committee is far more than symbolic: it’s a powerful reminder of why youth voices must be central to health education policy. Rasana is proud of her lasting impact in this important work, which is why she is coming forward today.


Rasana’s recollection of her own school-based health education experience in 10th grade paints a vivid picture of what’s at stake in Minnesota. Over the course of a semester-long, every-other-day health class taught by a non-certified teacher, just one day was spent discussing birth control and STIs, and one day was spent on consent – very limited time on topics crucial and foundational to all other aspects of sexual health and decision-making. *“My teacher was a gym teacher, not licensed in health education, and that was evident,”* she said. While grateful for her earlier, more comprehensive Our Whole Lives (OWL) program she attended from 5th – 8th grade at her church, Rasana emphasized that not all students are so lucky: ***“MN students don’t deserve the bare minimum—they deserve the very best we have to offer.”*** During our interview and in her [testimony shared](#) at the Minnesota State Capitol in defense of Senate File 1048, in addition to updated standards, she emphasized the need for medically accurate, inclusive, and empowering sexual health education.

That belief fuels her passion on the standards committee, and she is particularly focused on protecting the standards as they are currently drafted regarding sex education and violence prevention.

"We've done a really good job creating a robust curriculum that is age-appropriate and scientifically backed for all ages of MN students," she explained. "I would really love to see the commissioners trust that the committee has some very talented and brilliant people on it ... and trust in the standards we've created." For this youth leader, comprehensive health education is about more than content; it's about helping young people feel seen, supported, and empowered. *"Creating a good health curriculum forces students to be viewed as more than their academic achievements and seen as whole people," she said. **"Empowerment and the ability to trust themselves—that's what I want students to walk away with."*** Rasana's leadership is a powerful call for us all to trust young people and to build policy *with* them - not just *for* them.



Rasana Mamdani, Student Activist

The image shows the interior of a grand, domed hall, likely a legislative chamber. A large, ornate chandelier hangs from the center of the dome. The dome itself is decorated with a series of small, square, gold-colored medallions. The walls are made of light-colored marble, and the floor is also made of marble. In the foreground, there are two large, ornate, gold-colored pedestals, each holding several flags. The overall atmosphere is one of grandeur and formality.

2025: The State of Sex Education at the Midpoint

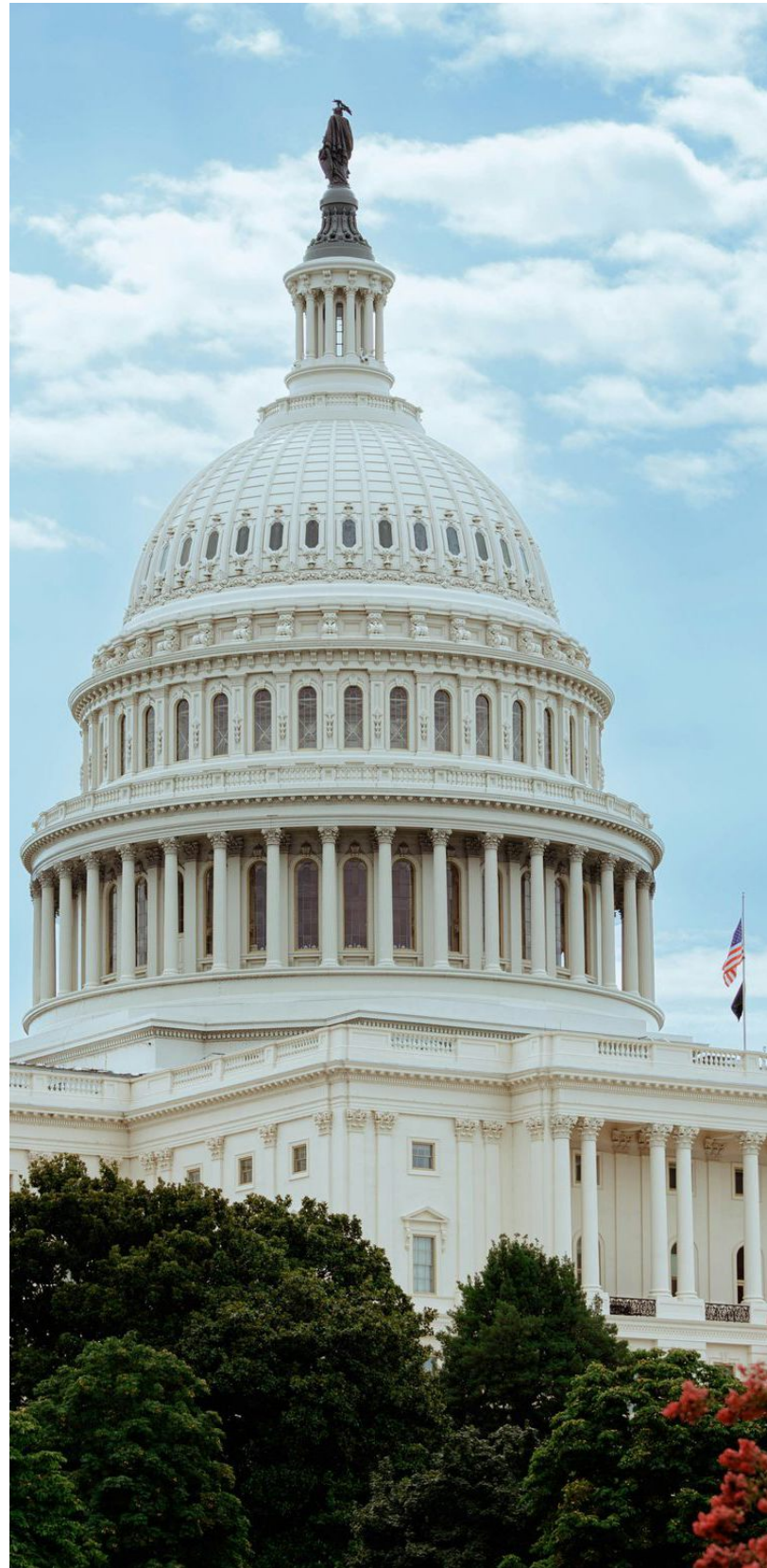
2025: The State of Sex Education at the Midpoint

In 2025, SIECUS continued its unwavering commitment to advancing comprehensive sex education across the United States. Since January, SIECUS has been actively monitoring legislation, championing inclusive and affirming policies, and providing critical support to our partners to ensure that all young people, regardless of who they are or where they live, have access to the information and services they need to make healthy, informed decisions. Tracking at the federal, state, and even local levels, SIECUS has worked to expand equitable access to sex education, foster a culture of respect for diversity in schools, and strengthen pathways to sexual and reproductive health care both within and beyond the classroom.

Federal

The federal landscape for sexual and reproductive health and rights remains increasingly uncertain. Delays in passing the Fiscal Year 2025 (FY25) budget, ongoing administrative layoffs, federal agencies being dismantled and restructured, and a rise in executive actions continue to present challenges that impact the health and well-being of young people, LGBTQIA+ individuals, marginalized populations, and underserved communities nationwide.

Meanwhile, the growing spread of misinformation continues to negatively affect our state-level partners and the communities they serve. Online disinformation campaigns, politicized school board debates, and coordinated legislative efforts have created a hostile environment for educators, advocates, and families working to ensure that youth have access to inclusive, developmentally appropriate, and medically accurate information. These efforts often exploit fear, stigma, and moral panic to distort public understanding of what sex education is and why it matters. To counter these challenges, consistent, science-informed federal guidance remains critical.



Federal agencies must continue to set clear, evidence-based standards for sex education, fund programs that reflect best practices, and actively combat disinformation through public education and media campaigns. Federal leadership provides a vital safeguard and helps ensure that all young people have access to the education and resources they need to lead healthy lives.

In response, SIECUS, in collaboration with coalition partners, has worked diligently to advance inclusive and evidence-based approaches to sexual and reproductive health through key federal funding streams—such as the Teen Pregnancy Prevention Program (TPPP), the Division of Adolescent and School Health (DASH), and the Personal Responsibility Education Program (PREP)—as well as through the support of federal resolutions and legislation, including the reintroduction of the Real Education and Access for Healthy Youth Act (REAHYA) and the designation of May as Sex Ed for All Month.

Executive Actions

In early 2025, the Trump administration issued a series of executive orders that marked a sweeping rollback of federal DEI and gender-related protections and initiatives. These actions reflect a broad ideological shift away from the policies of the Biden administration and are part of a deliberate strategy to eliminate what the administration calls “radical ideologies” in government, education, and public life.

A series of executive orders have also dismantled DEI initiatives across the federal workforce. These initiatives previously advanced equitable practices in hiring practices and fostered inclusive workplaces. The executive orders have led to significant setbacks, including major cuts to critical research streams such as HIV/AIDS funding, particularly for programs grounded in equity-based approaches.

Among these orders, “[Ending Illegal Discrimination and Restoring Merit-Based Opportunity](#)” eliminated DEI policies in federal hiring and contracting and directed agencies to take action against DEI policies in the private sector. “[Ending Radical and Wasteful Government DEI Programs and Preferencing](#)” further dismantled DEI and accessibility offices across federal agencies and among federal contractors. Additionally, the “[Initial Rescissions of Harmful Executive Orders and Actions](#)” revoked Executive Order 14035, which had required agencies to embed DEIA principles into their core operations. The combined impact of these orders has not only undermined progress on workplace equity but also jeopardized public health efforts by terminating vital grants and stalling HIV/AIDS research centered on historically underserved communities.

Beyond DEI-specific reversals, the administration expanded its campaign to target gender-identity protections and education policy. The “[Keeping Men Out of Women’s Sports](#)” order bars transgender athletes participating in women’s sports or using female locker rooms, and directs the Department of Education to prioritize Title IX enforcement against schools that do not comply, effectively targeting transgender students and undermining their rights to equal participation. Similarly, the “[Protecting Children from Chemical and Surgical Mutilation](#)” order restricts federal research and education grants to institutions that provide gender-affirming care to minors, ends coverage of such care through government-funded health benefits, and instructs the Department of Justice to prioritize enforcement actions related to female genital mutilation, ultimately conflating gender-affirming medical treatment with a harmful and unrelated practice. Additionally, the “[Enforcing the Hyde Amendment](#)” order rescinds Executive Order 14079, which had recognized abortion as essential healthcare, and prohibits the use of federal funds to support or promote elective abortion services. These orders confirm an intent to erase transgender identities and encourage a binary view of sex and gender.

As if the dismantling of DEI programs weren't enough, the attack on our youth's education has intensified, with an executive order intending to end "radical indoctrination" in K-12 schooling. These alleged topics of indoctrination include "gender ideology" and "equity ideology," which signals a target on inclusive curricula. The executive order "[Ending Radical Indoctrination in K-12 Schooling](#)" has already begun to produce ripple effects beyond the classroom, particularly as federal agencies begin aligning funding decisions with the administration's anti-DEI agenda, further jeopardizing educational equity and marginalizing the voices and needs of historically excluded students.

Recently, the Department of Health and Human Services (HHS) issued a policy notice to TPPP grantees, clarifying that Federal funds may not be used to "indoctrinate America's children with radical ideologies or other inappropriate materials." The notice further states that grantees must cease using content not in compliance with this new policy and the current administration's Executive Orders as mentioned above. It further "affirms" TPPP but through a means of uplifting abstinence and avoidance of topics discussing adolescent sexual health in a diverse and intersectional manner. Programs such as TPPP and other sexual health programming are targets for funding removal for simply providing inclusive information. This move poses a significant threat to the future of public health-driven sex education nationwide, potentially undermining years of progress in favor of a narrow, ideologically defined vision of an acceptable curriculum.

As a collective, these executive actions mark a dramatic and coordinated effort to dismantle federal support for DEI, gender equity, and LGBTQIA+ protections. Framed around themes of "merit," "parental rights," and "biological sex," these orders roll back longstanding civil rights frameworks and significantly alter the federal government's approach to equality, inclusion, and education in both public and private sectors.

However, it is important to note that **executive orders are not codified law**. These orders do not carry the same legal weight as legislation passed by Congress, and, while they guide executive branch operations, they can be reversed by future administrations and are not entirely binding. Despite this, many agencies, institutions, and contractors are complying with these orders out of genuine fear for their funding and for the life of their programs.

Budget Reconciliation

Although the federal government is intended to be funded through a regular annual appropriations process, prolonged delays and political gridlock have disrupted this timeline. The annual appropriations process is the standard way Congress funds the federal government. Each year, lawmakers are supposed to pass 12 individual bills covering areas like health, education, defense, and housing before the new fiscal year starts on October 1. Through this process, programs like Medicaid, Title X, and TPPP typically receive their funding.

Separately, the budget reconciliation process is a special, fast-tracked tool that allows Congress to change federal spending with only a simple majority in the Senate. This process is intended to make it easier to pass major legislation and vast policy changes. Because reconciliation replaced the traditional funding process for FY25 (through the passage of the "One Big Beautiful Bill"), many vital programs were cut without the normal public debate or committee review.

On July 4, 2025, President Trump signed the "One Big Beautiful Bill" into law. This sweeping reconciliation package will dramatically reshape the landscape of federal healthcare, housing, and social safety net programs. Framed as a "budget-cutting" and "values-driven" piece of legislation, the bill introduces severe restrictions on public health funding, particularly targeting reproductive health, gender-affirming care, HIV/AIDS prevention, and housing stability for vulnerable populations.

In short, the “One Big Beautiful Bill” represents a dangerous realignment of federal priorities away from inclusive, evidence-based public health and housing policy.

According to the Congressional Budget Office, this legislation will add [\\$3.4 trillion to the federal deficit](#) over the next 10 years and will result in over [10 million Americans](#) losing health coverage. Upwards of [22.3 million American families](#) will lose some or all of their SNAP benefits. In addition to the financial implications of the law, there is now a ban on federal Medicaid and CHIP funding for gender-affirming care, not only for minors but for people of all ages. By eliminating coverage for treatments such as hormone therapy and gender-affirming surgeries, the law effectively blocks low-income transgender individuals from accessing essential medical care, even in states that have legal protections for such services.

The bill also directly targets Planned Parenthood and similar reproductive health providers by prohibiting all Medicaid reimbursements for a 1-year period to any provider that primarily offers family planning services, provides abortion, and receives over \$1 million in Medicaid funding in 2024. While it does not explicitly name Planned Parenthood, the criteria are clearly designed to defund the organization. This move jeopardizes access to a wide range of healthcare services such as birth control, STI testing, and cancer screenings for the millions of people who rely on these clinics each year.

Additionally, the bill makes deep cuts to federal reproductive health programs, including significant reductions in Title X family planning funding, which has long served as a critical source of free or low-cost reproductive health care for low-income individuals. It is anticipated that the funding reductions will lead to widespread clinic closures and loss of contraception access, especially hurting rural communities.

In the realm of HIV/AIDS prevention and treatment, the bill slashes federal support across multiple programs. These include extreme cuts to HIV/AIDS research, prevention grants, and care infrastructure, along with reductions in the Housing Opportunities for Persons With AIDS (HOPWA) program. Housing and homelessness services also received a severe blow.

The bill eliminates the Youth Homelessness Demonstration Program, which had funded community-based responses to the high rates of homelessness among LGBTQIA+ youth and youth aging out of foster care.

In short, the “One Big Beautiful Bill” represents a dangerous realignment of federal priorities away from inclusive, evidence-based public health and housing policy. While framed as a “fiscal necessity,” the bill’s provisions disproportionately harm underserved populations, particularly low-income communities, women, the LGBTQIA+ community, people living with HIV/AIDS, and communities of color by restricting access to critical care and destabilizing the infrastructure that supports them.

FY25 Appropriations

The FY25 federal appropriations process has been marked by significant gridlock, leading Congress to pass a full-year continuing resolution (CR) in March 2025, which funds the government at largely Fiscal Year 2024 (FY24) spending levels through September 30, 2025. While the CR avoided a government shutdown, it also locked in harmful funding decisions, particularly in the area of public health and reproductive care.

Under the House-passed version of the Labor, Health and Human Services, Education (LHHS) appropriations bill, the CR eliminates funding for the TPPP entirely. However, this proposed cut has not been enacted, as the Senate has not yet taken up the bill, and the current CR remains in effect until September 2025.

This cut is aligned with broader priorities laid out in the FY25 HHS budget, which slashes funding to other critical reproductive health programs such as Title X Family Planning, a longstanding source of low-cost birth control and sexual health services. The CR also includes provisions that block funding for Planned Parenthood health centers, effectively restricting access to a wide range of reproductive health services, including cancer screenings, STI testing, and contraception, particularly for low-income and marginalized communities.

In addition to harmful reproductive health cuts, the CR and House appropriations proposal significantly weaken maternal and child health programs, most notably by eliminating the Healthy Start initiative, which provides crucial services to reduce infant mortality and support families in medically underserved areas. These funding decisions reflect a growing trend in Congress to dismantle comprehensive public health strategies, especially those that benefit young people, women, and communities of color. While not yet adopted into law, the House-passed version signals dangerous intent.

Delays of the appropriations processes, along with funding cuts, not only harm individuals; they place immense pressure on states to fill in the gaps. In states that want to maintain access to sexual health programs and services, this uncertainty makes it increasingly difficult to plan, sustain, or expand services that support adolescent health and education. In the absence of stable federal investment, state systems are left strained, and young people pay the price.

REAHYA in 2025

REAHYA ([H.R. 3527](#)) was reintroduced in May of 2025 by Representatives Alma Adams (NC-12) and Pramila Jayapal (WA-07) with a Senate companion bill ([S 1910](#)) reintroduced by Senators Cory Booker (NJ) and Mazie Hirono (HI).

REAHYA would provide dedicated funding for comprehensive sex education and support the health of young people by providing them with comprehensive and affirming sex education while increasing access to sexual and reproductive health care.

This reintroduction comes at a pivotal time of mass threats to the reproductive and sexual health care of our youth by a hostile Administration dedicated to the elimination of sexual health freedoms like abortion. With the proposed elimination of integral adolescent sexual health programs like TPPP, it is important now more than ever to implement federal standards to protect the access our youth should have to the resources and services that will help them be successful in achieving their reproductive health goals. **As of the print date of this report, REAHYA has six cosponsors in the Senate and 18 cosponsors in the House.**

Our elected officials are operating in an unprecedented landscape—facing a hostile administration, working tirelessly to protect vulnerable communities, and doing everything they can to preserve the foundations of our democracy. We're deeply grateful that, even amidst so many urgent crises, this legislation remains a priority.



Sex Ed for All Month

Alongside the reintroduction of REAHYA on May 22, 2025, Representative Pramila Jayapal (D-WA) reintroduced House Resolution [H.Res.445](#), which officially designates May as Sex Ed for All Month. This resolution underscores the ongoing need for comprehensive, inclusive sex education. As coordinated attacks continue to restrict access to reproductive care, censor classrooms, and dismantle federal education infrastructure, federal legislation like this highlights the importance that sex education has in protecting our youth.



Why Do We Need REAHYA? Hear from Our Co-Sponsors!

Sen. Cory Booker



"Young people need access to comprehensive sex education and sexual health services in order to make informed, responsible, and healthy decisions," said Senator Booker. "Too many young adults are still receiving outdated and inaccurate information when it comes to making decisions about their sexual health, especially in underserved communities. This legislation aims to ensure sex education and sexual health programs are accessible and inclusive to everyone."



Sen. Mazie Hirono

"For too long, young people in our country have faced barriers to comprehensive, evidence-informed sex education and access to sexual health services, especially in underserved communities," said Senator Hirono. "I am proud to reintroduce this legislation to help provide young people with the tools and knowledge they need to make informed decisions regarding their sexual health and to help them develop healthy relationships, while also promoting gender equity and offering education that is inclusive to people of all identities, expressions, and sexual orientations."

Rep. Alma Adams



"For too long, our country's sex education and sexual health resources have not met the needs of our young people, especially in underserved communities," said Congresswoman Adams. "The Real Education and Access for Healthy Youth Act will arm our youth with the information and resources they need to make informed decisions on their bodies and their futures. Together we can work to reduce health disparities in our underserved communities and build a healthier future for generations to come."



Rep. Pramila Jayapal

"As the Trump administration continues to attack our reproductive rights and bodily autonomy and restricting access to scientifically accurate health information, this legislation is critical to protect and enhance young people's access to comprehensive, culturally responsive, and equitable sex education," said Congresswoman Jayapal. "REAHYA will equip young people with the necessary tools to make informed decisions about their relationships, sexual health, and overall well-being. This is an important step toward addressing disparities related to race, gender, and sexuality in current sex education programs, while also working to reduce rates of teen pregnancy and sexually transmitted infections."

Congressional Activity

In addition to supporting REAHYA, SIECUS tracks a wide range of federal legislation that has the potential to impact the sexual and reproductive health of Americans. At the midpoint of 2025, SIECUS tracked 34 federal bills. Below are some examples of federal legislation we tracked, including bills for which we either signed endorsements or publicly opposed:

The **Global HER Act (S 280/HR 764)**, reintroduced on January 28, 2025, by Sens. Jeanne Shaheen (NH) and Lisa Murkowski (AK) and Reps. Lois Frankel (FL-22) and Jan Schakowsky (IL-9), aims to permanently repeal the "global gag rule," a policy that prohibits foreign non-governmental organizations (NGOs) from receiving U.S. global health assistance if they provide abortion services, counseling, or referrals, even if these activities are conducted using their non-U.S. funding. This policy has historically restricted access to comprehensive sexual and reproductive health care worldwide, particularly affecting young people, women, and other marginalized communities. Abortion is one of the many pregnancy options that are discussed within sex education from a non-judgmental and unbiased perspective, according to the NSES. Further, many of these global NGOs also provide comprehensive sex education, and losing access to funding means millions of young people worldwide will lose out on life-saving health information. As such, restrictions on abortion care and sex education are [inextricably linked](#).

The **Defiance Act of 2025 (HR 3562/S 1837)**, reintroduced on May 21, 2025, by Sens. Dick Durbin (IL) and Lindsey Graham (SC) and Reps. Alexandria Ocasio-Cortez (NY-14) and Laurel Lee (FL-15), is a federal bill to combat the creation of nonconsensual, sexually explicit AI-generated content, commonly known as "deepfakes." This legislation empowers victims to pursue civil legal action against individuals who knowingly produce, distribute, or possess such content without consent.

One of the core concepts in sex education is recognizing sexual violence and social media safety, which teaches kids from a young age how to responsibly engage online with their peers and protect themselves from "deepfakes." Sex education is a [strategy for assault and abuse prevention](#) because it teaches kids about boundaries and autonomy from a young age and guides them toward trusted adults and resources should they need assistance.

The **Right to Contraception Act (S 422/HR 999)**, reintroduced on February 5, 2025, by Sens. Ed Markey (MA), Mazie Hirono (HI), and Tammy Duckworth (IL) and Rep. Lizzie Fletcher (TX-07), would establish a statutory right to access contraception and for healthcare professionals to be able to provide it. Globally recognized as a human right within international treaties and by international bodies,* the right to contraception is increasingly important in a sociopolitical climate where access to abortion is limited and sex education is being restricted, if taught at all. Instruction on contraception is a [key part of teaching pregnancy and STI prevention in sex education](#) classrooms; thus, having protected access to this is a necessity for the sexual and reproductive well-being of young people.

The **Do Not Harm Act (S 894/HR 1954)**, reintroduced on March 6, 2025 by Sens. Booker (NJ) and Chris Van Hollen (MD) and Reps. Bobby Scott (VA-3) and Jaime Raskin (MD-8), aims to add exceptions to the Religious Freedom Restoration Act (RFRA) of 1993, which would not allow for it to be applied where federal law prevents harm to others. These instances include protections against discrimination, promotion of equal opportunity, and other areas such as access to healthcare. Religious refusal impacts young people within healthcare by denying them the information and care (which can include contraception, STI treatment, and abortion) that they need to be healthy. While religious liberty is necessary, it cannot obstruct someone's access to healthcare, putting them in harm's way. When it comes to sex education, RFRA has been invoked to assert parental control over school curricula and to allow teachers free license to discriminate against LGBTQIA+ students.

*The United States has signed but not ratified both the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC), international treaties that require signatories to provide access to family planning services for all citizens. The United States remains one of few United Nations member states to not guarantee this right.

The Do Not Harm Act would prevent unchecked usage of RFRA to deny care and disrespect young people.

The **Protecting Sensitive Locations Act (S 455/HR 1061)**, reintroduced on February 7, 2025, by Sens. Richard Blumenthal (CT) and Dick Durbin (IL) and Reps. Adriano Espaillat (NY-13) and Jim McGovern (MA-2), codifies protections for immigrants in specific locations, including schools and healthcare facilities. This would protect immigrant families from violence and detainment by Immigration and Customs Enforcement (ICE), which has [significantly increased the number of arrests and raids](#) under the current administration. This legislation is increasingly necessary to ensure young people, regardless of their immigration status, feel safe in the classroom and can learn without fear of reprisal by authorities barging into their schools. Additionally, some schools across the country provide sex education and sexual and reproductive health services through school-based health centers (SBHCs), which allow for students from immigrant families to have easier access to services they might not otherwise be able to seek. Raids and arrests near school campuses may deter these students from regularly attending school, thereby being unable to receive these services and ultimately affecting their health.

The **“Protection of Women and Girls in Sports Act of 2025” (S 9/HR 28)**, introduced on January 3, 2025, by Sens. Tommy Tuberville (AL) and Jim Risch (ID) and Reps. Greg Steube (FL-17) and Tim Walberg (R-MI-5), targets transgender student athletes by preventing their participation in interscholastic sports. Unfortunately, the bill has passed the House and is currently in the Senate. Legislation like this creates a hostile learning environment for young transgender students, who are already burdened by [higher rates of poor mental health](#) outcomes from bullying and the lack of inclusive and affirming spaces. Transgender and non-binary students [deserve to be affirmed](#).

The **“Born-Alive Abortion Survivors Protection Act” (S 6/HR 21)**, introduced on January 15, 2025, by Sens. James Lankford (OK) and Jim Banks (IN) and Reps. Ann Wagner (MO-2) and Steve Scalise (LA-1), attacks reproductive decision-making by requiring health care practitioners providing abortion care to “provide the same level of care” to a fetus who “survives” an attempted abortion. This type of law is unnecessary and exists only as a fear tactic designed to criminalize providers who provide abortions in later pregnancy. The legislation stigmatizes pregnant patients in need of an abortion later in pregnancy and perpetuates harmful myths about abortion. Further, it is contrary to what is taught through medically accurate sex education.

While the federal bills SIECUS is tracking may not explicitly refer to sex education, they all carry the potential of impacting the sexual and reproductive well-being of young people in the education and healthcare systems, due to sex education’s intersectional nature. SIECUS will continue to monitor their progress and work with partners in advocacy efforts throughout the remainder of the federal legislative session.

SCOTUS: Court Decisions Impacting SRH

Following the *Dobbs v. Jackson* decision, which overturned decades of precedent, it became clear that the Supreme Court of the United States (SCOTUS) is reshaping constitutional rights under a cloud of increasingly overt political partisanship and ethical controversy. The Court’s actions now demand closer public scrutiny, not only because of the impact on sexual and reproductive freedom but because of what they signal about the future of justice in this country. This year alone, the Supreme Court has heard several pivotal cases that could further restrict bodily autonomy and civil liberties, leaving the American public waiting to see how far the Court will go in rolling back rights, especially those affecting young people. Some key cases that SIECUS has been following this year include the following:

United States v. Skrmetti – In 2023, several states, including Tennessee, enacted medical care bans that prohibit gender-affirming care for minors. As a result, a group of transgender students and their parents, represented by organizations [including the American Civil Liberties Union and Lambda Legal](#), are challenging the laws in court under the Equal Protection and Due Process clauses. Had it been successful, transgender youth in Tennessee would have been able to regain access to gender-affirming care, and subsequent litigative strategies could be used in other restrictive states. Unfortunately, on June 18, the Supreme Court [issued their ruling](#) upholding the Tennessee law, meaning transgender young people in Tennessee and similar restrictive states will be subject to bans, which will invariably impact their physical and mental health. It may also create a legal precedent that would lead to anti-trans lawmakers in other states considering bans to receive the green light to move forward.

Medina v. Planned Parenthood South Atlantic – In April 2025, the Supreme Court heard arguments in a South Carolina case where a Medicaid beneficiary was blocked from receiving reimbursement for care provided at their local Planned Parenthood health clinic due to an executive order by South Carolina's governor removing clinics that provide abortion care from the state Medicaid program. The petitioner was suing to block the executive order and to ensure their right to choose their provider under Medicaid. Had it been successful, this case would have protected Medicaid beneficiaries' right to go to the health clinic of their choice, especially to access sexual and reproductive health care. Unfortunately, on June 26, 2025, the Supreme Court decided in favor of the state. This case [may now have ramifications](#) for other states considering limiting what providers are reimbursed under their state Medicaid plan.

Mahmoud v. Taylor – On June 27, 2025, the Supreme Court's decision in *Mahmoud v. Taylor* dealt a devastating blow to inclusive public education

The Court has destabilized a foundational principle of public education: that schools serve all students, not the moral preferences of a few.

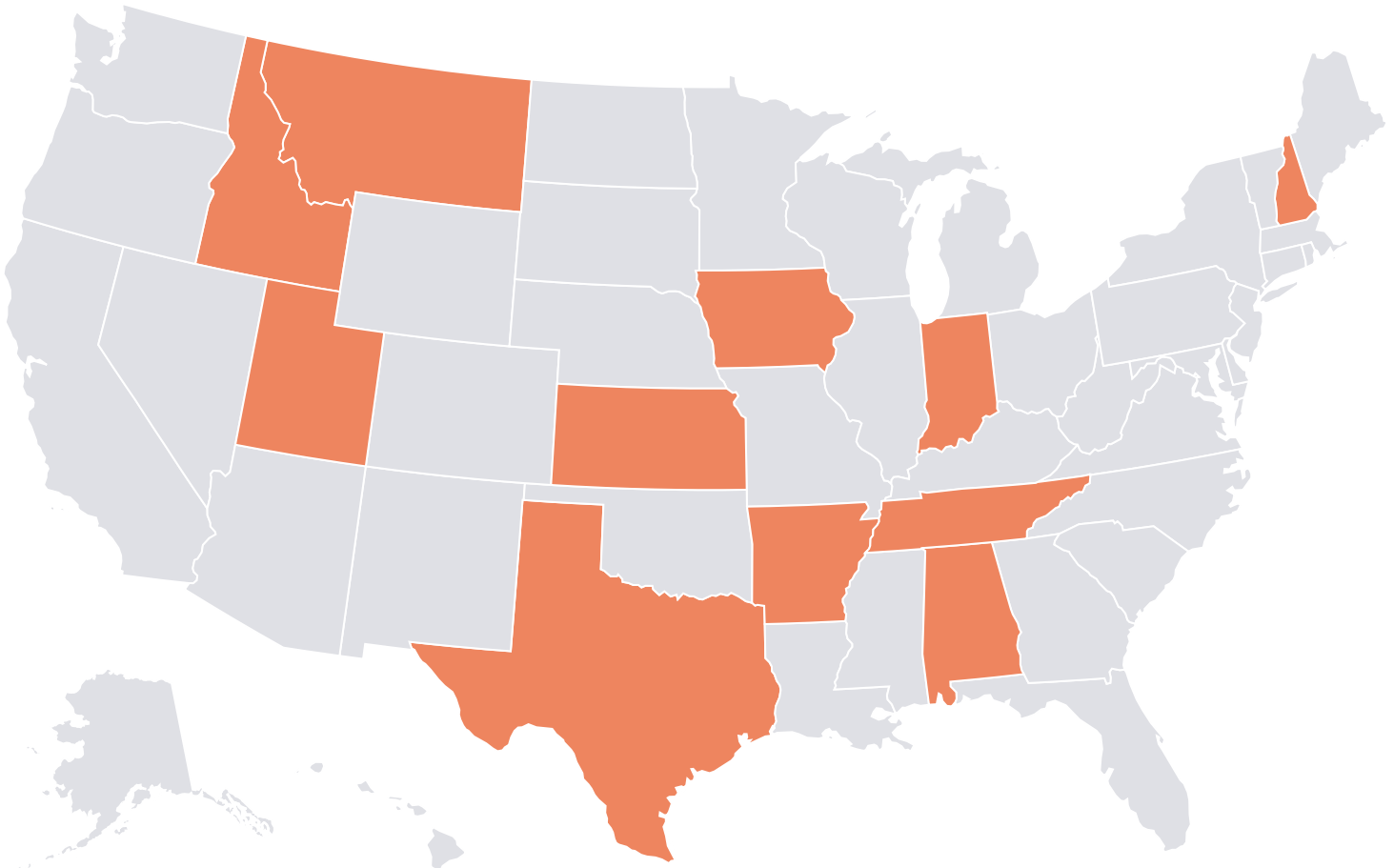
The majority of the court ruled that LGBTQIA+ inclusive storybooks – books that merely depict same-sex families or affirm the existence of transgender people – can constitute a “substantial interference” with religious upbringing and therefore violate the First Amendment’s “Free Exercise Clause.” By framing exposure to difference as “coercion,” the court is allowing parental objections to override democratically determined curriculum standards. The Court has destabilized a foundational principle of public education: that schools serve all students, not the moral preferences of a few. This decision also opens the door to possible widespread objections that could create imposed and unworkable burdens on educators and censors inclusive classroom content. Justice Sotomayor, in a forceful dissent, warned that the ruling “constitutionalizes a parental veto power over curricular choices long left to the democratic process,” and strikes at the heart of public education’s purpose: learning from a broad range of perspectives. As Justice Sotomayor concluded: **“The reverberations of the Court’s error will be felt, I fear, for generations.”**

As the Supreme Court takes on new cases in the latter half of the year, SIECUS remains steadfast in our commitment to supporting young people who may be directly impacted by these decisions. We will illuminate the critical connections between these legal outcomes and the broader fight for sex education for all.

State

In 2025, all 50 states and the District of Columbia (DC) held legislative sessions, of which 27 and DC are still active or currently in recess at the time of this publication's release.* SIECUS primarily tracks legislative activity across the country that would impact young people's access to sex education. As such, we are tracking **162 sex education bills across 40 states** as of June 17, 2025. At the midpoint of this year, **15 regressive laws about sex education** have been enacted, and all will negatively impact thousands of young people as they return to the classroom this fall.

New Sex Ed Laws: What Passed and What Failed?



*Four states - Montana, Nevada, North Dakota, and Texas - only hold legislative sessions in odd-numbered years.



In **Alabama**, [Senate Bill 289](#) was signed into law on May 14, 2025. This now requires instruction on “success sequencing” at least twice before graduating from high school. As mentioned before, success sequencing continues to be pushed by the opposition as another tactic to promote abstinence-only rhetoric in the classroom. This means that young Alabamians will now be forced to learn about the “success sequence” and feel stigmatized if their lived experiences and decision-making do not align with the trajectory outlined by this theory.



In **Arkansas**, two new sex education laws have been enacted. The first, [Senate Bill 332](#), was signed into law on April 10, and is an appropriations bill that allocates \$4 million toward “sexual risk avoidance” programming. “Sexual risk avoidance education” (SRAE) is another name for AOUM, which harms young people by emphasizing abstinence as the only way to prevent unplanned pregnancy and (STIs and typically promotes heteronormativity, stigmatizing both sexually active young people and LGBTQIA+ youth. The second bill, [Senate Bill 450](#), was signed into law on April 22, 2025, and would require human fetal growth and development discussions to be included in the next revision of the Arkansas Academic Standards. This discussion includes the viewing of a high-definition ultrasound and the process of fertilization as well as fetal development, constituting a [“Baby Olivia” law](#). The passage of both of these bills indicates that the future of quality and comprehensive sex education in Arkansas is at risk.



In **Idaho**, two new regressive sex education laws have been enacted. The first, [Senate Bill 1046](#), was signed into law on March 27, 2025, and is another [“Baby Olivia” law](#). This law requires the inclusion of two videos in grades 5–12 related to fetal development. The second, [House Bill 239](#), was signed into law on April 1 and requires parental permission before human sexuality instruction, an [opt-in policy](#). This bill also redefines sex education with stigmatizing and inaccurate terminology, such as including instruction on “eroticism, pornography, gender ideology, and conversion”– which is just another attempt from anti-sex education opponents to villainize sex education.



In **Indiana**, [Senate Bill 442](#) was signed into law on May 6, 2025. This law also expands the procedure for parental permission before human sexuality instruction. It adds clauses that require schools to publish detailed information, including who will be teaching sex education, whether the classroom will be gender-segregated, what topics will be covered, and more. These efforts only create additional administrative hurdles that schools must cross to be able to teach sex education, if they decide to teach it. The bill was further amended to include a [“Baby Olivia”](#) requirement, as well as required instruction on consent.



In **Iowa**, **Senate File 175** was signed into law on June 6, 2025, and is a [“Baby Olivia”](#) law that requires fetal development instruction, including viewing a video, in grades 4–12. It also removes experts such as the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics, and the National Association of School Nurses (NASN) from the definition of “research-based” within sex education. This will inevitably allow for medically inaccurate and biased information to flood classrooms across Iowa, severely reducing the quality of education young Iowans receive.



In **Kansas**, **House Bill 2382** was signed into law on April 10, 2025, and is a [“Baby Olivia”](#) law that requires fetal development instruction, including a video, in all human sexuality classes. Initially vetoed by Governor Kelly, the veto was unfortunately later overridden by the legislature.



In **Montana**, **House Bill 471** was signed into law on May 5, 2025. This law states that the only school-based activity that parents can withdraw their child from is sex education and that no student may attend “identity instruction,” or instruction on sexual orientation and gender identity, without parental permission.

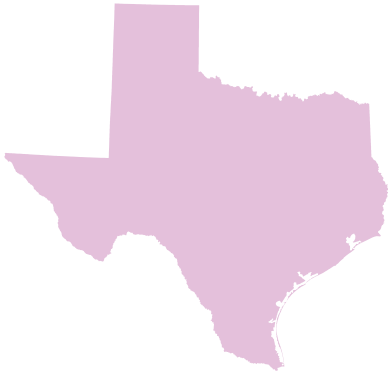
It also expands the procedure for parental notification by requiring parents to be notified 2 to 10 days ahead of sex education being administered.



In **New Hampshire**, **House Bill 10** was signed into law on June 11, 2025, and is primarily a “parental rights” bill that puts further administrative burden on schools and teachers by requiring transparency and parental notification procedures under the guise of strengthening “parental rights.” In reality, they instituted parental oversight in the classroom (see “Parental Rights” section below). This specific bill also prohibits school employees from withholding any information about a child from their parents and includes disciplinary measures against teachers who “coerce” a student to withhold information from their parents, also considered a [“forced outing”](#) clause. Regarding sex education, this bill emphasizes that parents have the right to remove their child from sex education and further requires each school to adopt procedures to allow parents to remove their child from health education, sex education, or instruction on HIV/AIDS, something that already exists in current district policies.



In **Tennessee**, **Senate Bill 471** was signed into law on April 29, 2025, and requires “success sequencing” to be added to family life education, or sex education.

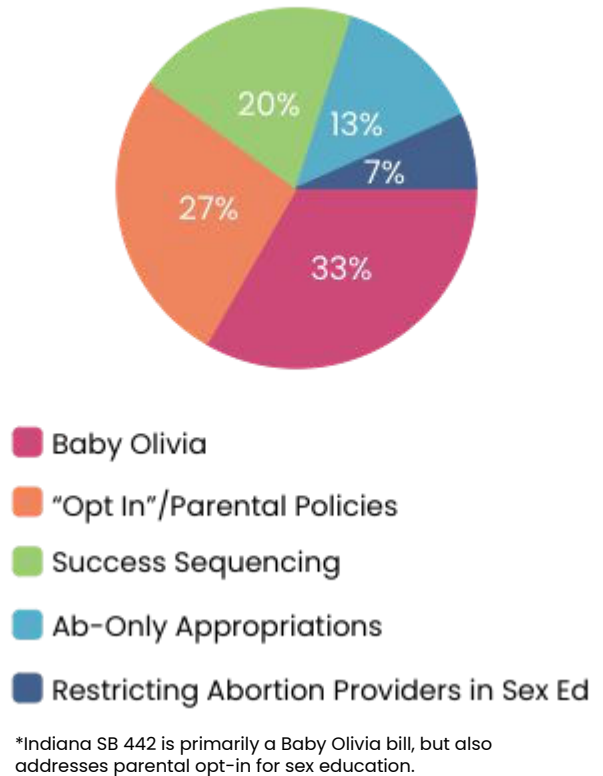


In **Texas**, **Senate Bill 12** was signed into law on June 20, 2025, and permanently implements an “opt-in” policy for sex education after the earlier clause expired last year. Additionally, it bans instruction on sexual orientation and gender identity in elementary and secondary schools. Governor Greg Abbott also signed **Senate Bill 1** on June 22, 2025, and this general appropriations bill appropriates \$6 million to abstinence-only education and prohibits funding from going to organizations that use materials provided by abortion providers.

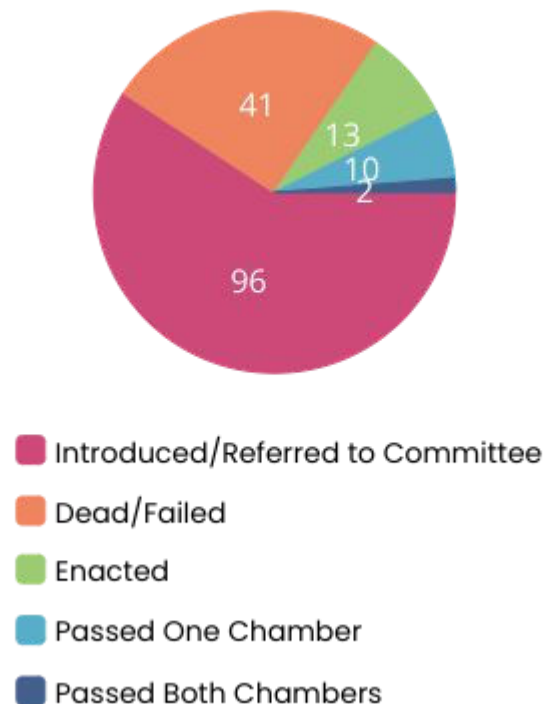


In **Utah**, two sex education laws have been passed thus far: The first, **House Bill 281**, was signed into law on March 26, 2025, and requires instruction on success sequencing in addition to redefining and restricting what is taught in required health education versus sex education. It prohibits the state board from requiring instruction on contraception and prohibits instruction on contraception from including any discussion on abortion. Instead, it emphasizes instruction on adoption, establishing a clear bias. The second, **House Bill 233**, signed into law on the same day, doubles down on this anti-abortion stance by prohibiting abortion providers from furnishing sex education curriculum or instructing on health education in Utah public schools.

Type of Sex Ed Law Enacted



2025 Sex Education Bill Stats



*As of June 2025

Sex Ed Week of Action

Each year, SIECUS hosts **Sex Education Week of Action**, a national initiative where our Sexuality Education Policy Action Council (SEPAC) partners mobilize in coordinated efforts to champion quality sex education in their communities and reshape the public narrative around it. These grassroots activations – powered by SIECUS’ microgrant program – are driving the sex ed movement forward in real time, from training youth advocates and engaging parents and school boards on comprehensive curricula, to organizing advocacy days in statehouses across the country.

This year’s Week of Action took place from February 10–14, 2025, with a theme centered on Health Equity, responding to the persistent threats facing public health policy across the country. **SIECUS proudly distributed 13 microgrants totaling over \$10,000** to support the critical, on-the-ground work of our SEPAC partners. These microgrants supported a wide range of activations across 11 states with partners organizing data collection, social media, and in-person activities that highlight the need for supportive sex education policies. In Texas and Alabama, SEPAC recipients organized advocacy days at their respective state capitols and transported 50+ young people to participate in legislative advocacy – some for the very first time. Other microgrant recipients used their funds to train Youth Advocacy Councils and create compelling social media campaigns, and our youth partners in Illinois even hosted an in-person self-defense class for students and peer educators.

In addition to microgrant support and daily activation themes, SIECUS partnered with the [National Women’s Law Center \(NWLC\)](#) to release a new edition of our If/Then series: [If You Care About Achieving Health Equity for All, Then You Should Care About Sex Education](#).

The release was accompanied by a powerful webinar – **Health Equity & Sex Ed: Addressing Inequities and Building Lasting Solutions** – led by authors Lexi Rummel, Josia Klein, and Miranda Estes.

The week proved what we already know to be true: **when we come together, we are unstoppable**. Let’s keep fighting, organizing, and building toward a future where all young people have access to the education and healthcare they deserve.



Tides are Turning in Florida: Advocates Resistance During the 2025 Legislative Session

Florida's 2025 legislative session revealed both the resilience of our movement and the persistent, evolving threats to inclusive education. While many of the harmful bills that advanced this year lacked the flash of previous sessions, their impact was no less dangerous. Yet, amidst this climate of restriction, **advocates rose!** Thanks to the tireless efforts of PRISM FL, Equality Florida, Planned Parenthood of Southwest and Central Florida, and a broad coalition of student and community leaders, **every explicitly anti-LGBTQ+ bill was defeated this session!** Attempts to ban Pride flags, restrict pronoun use, and gut DEI programs were met with sustained resistance and powerful testimony. This is a victory worth celebrating and a reminder that bold, intersectional, community-led advocacy is not only possible but transformational.

Perhaps most inspiring was the groundswell of youth leadership in Tallahassee this session. Through PRISM FL's "Youth Power at the Capitol" days, hundreds of young people – many engaging for the first time – filled the halls of power demanding inclusive education, bodily autonomy, and a future rooted in justice and care. Their voices are a testament to what's possible when we invest in young people as storytellers, leaders, and changemakers.

According to PRISM's Executive Director Maxx Fenning, ***"It's absolutely necessary that young people are in every room where decisions are made about their bodies, their schools, and their humanity. Sometimes, Tallahassee can feel like an entirely separate world for young people here in South Florida – but once they get a taste of that world and discover that their voices are powerful, they won't shut up – and Florida is better for it!"***

SIECUS honors the courage, vision, and relentless hope of all who organized, testified, and showed up for a better Florida. This work moves us closer to a world where every young person can learn, thrive, and live with dignity – and we're not done yet!





Exploring State Legislative Trends in 2025 So Far

Exploring State Legislative Trends in 2025 So Far

SIECUS tracks state legislation beyond sex education that has the potential to impact the health and well-being of young people across the country. This includes access to contraception, abortion, gender-affirming care, and STI treatment for minors. It also provides legislation that enhances diversity and inclusion in schools, encompassing the curriculum, classroom, and extracurricular activities, including interscholastic sports. For this reason, **SIECUS has tracked over 600 bills** in this session. The fight for sex education for all goes hand in hand with the larger fight for sexual and reproductive freedom for young people. At the halfway point of the year, several legislative trends have emerged that could make or break a sex-positive future for everyone.

Progressive Legislative Trends

In 2025, SIECUS has tracked 213 bills so far that have the potential to positively impact the health and well-being of young people. Some major trends that emerged in our policy analysis include efforts to improve sex education, menstrual equity in schools, and expanding access to sexual and reproductive health services for young people. Meanwhile, the growing spread of misinformation continues to negatively affect our state-level partners and the communities they serve. Online disinformation campaigns, politicized school board debates, and coordinated legislative efforts have created a hostile environment for educators, advocates, and families working to ensure that youth have access to inclusive, developmentally appropriate, and medically accurate information. These efforts often exploit fear, stigma, and moral panic to distort public understanding of what sex education is and why it matters. To counter these challenges, consistent, science-informed federal guidance remains critical.

Mandating Quality, Inclusive, Comprehensive Sex Education

Amidst never-ending attempts to restrict honest and inclusive sex education, state lawmakers and state advocacy organizations brought forth **42 bills this session in 16 states that would improve sex education**. This includes bills that would switch from opt-in to opt-out policies, update existing education standards or curriculum framework, and add content such as instruction on assault and violence prevention.

Opt In vs Opt Out

The effectiveness of sex education [relies on supportive parents creating a safe space](#) for open communication with their child about sexual and reproductive health. Quality sex education promotes parent-youth communication, and the [majority of parents across the board support school-based sex education](#). That said, one of the ways restrictive states try to block access to sex education is through “opt-in policies,” which require parents or guardians to sign a permission slip before their child receives sex education. Without a signed permission slip, the student will not receive any instruction. This means that a student may not receive sex education simply due to a missed permission slip hidden at the bottom of their backpack. Conversely, an “opt-out policy” ensures that every child is enrolled in sex education and, if a parent objects to it, they can sign a letter to remove them from instruction. So far, **6 bills have been introduced in 3 states (KY, NV, TX)** in 2025 to switch from an opt-in to an opt-out policy, allowing more students to have access to sex education.

In Nevada, [Assembly Bill 205](#) was introduced on February 3, 2025, by Rep Heather Goulding (NV-27) and passed both legislative chambers before being vetoed by Governor Joe Lombardo.

This bill would have shifted the current opt-in policy for sex education to opt-out, so that more young Nevadans would be able to receive sex education. Unfortunately, similar to past years' progressive sex ed legislation, this bill was also struck down.

Updating Sex Ed Standards

In recent years, states such as New Jersey, Minnesota, and Massachusetts have led efforts to update their state health education standards to promote sex education that is comprehensive and inclusive. In New Jersey, public schools are legally required to follow the Comprehensive Health Education Framework, which is based on the NSES. This means public school students receive comprehensive sex education (CSE) even without a specific state law mandating it.

In contrast, Massachusetts offers a different model. Although the state's health education standards are aligned with the NSES, there is no law requiring schools to adopt them, which leaves the decision up to individual districts. As a result, students' access to CSE varies across the state unless legislation is passed to mandate adherence. In states where schools are required to follow state-approved standards, updating those standards can be an effective way to improve sex education. By relying on educational experts, such bills can enhance the quality and consistency of instruction. So far this year, legislation has been **introduced in at least 9 states** (California, Massachusetts, Maryland, Minnesota, Mississippi, Nevada, New York, New Mexico, Texas) that would require creating, updating, or complying with existing state academic standards for health education, which includes sex education.

Notably, in Maryland, Delegate Vanessa Atterbeary reintroduced [House Bill 161](#), which would have legally required the Maryland Department of Education to work with the Department of Health on creating minimum standards for comprehensive health education that would include instruction on sexual orientation and gender identity.

This bill would have required compliance with the Comprehensive Health Education Framework. This bill would have required compliance with the Comprehensive Health Education Framework. Unfortunately, right before its passage, the bill was gutted of all language about health education and instead was enacted into law, simply requiring the development of compliance procedures to address any "discrepancy" between school curricula and state standards.

Instruction on Assault and Violence Prevention

According to the [latest Youth Risk Behavior Surveillance data](#), the percentage of adolescent girls who reported experiencing sexual violence increased. Sex education is a [critical prevention strategy](#) for addressing the issue of gender-based violence. The NSES recommends instruction in topics such as consent, healthy relationships, bodily autonomy, and recognizing forms of abuse that all fall under assault and violence prevention. In 2025 so far, **28 bills have been introduced in 14 states** that would make education more robust by expanding content to include more abuse and assault prevention topic areas.

Two bills, Montana's [Senate Bill 107](#) and North Dakota's [Senate Bill 2330](#), were enacted earlier this year and would require instruction in human trafficking prevention. Human trafficking prevention education helps young students recognize the signs of exploitative situations and learn ways to protect themselves from becoming victims. Interestingly, both states have [enacted measures in recent years](#) that reduce the quality of sex education provided. While violence prevention instruction is important, it must occur in tandem with quality and medically accurate sex education that teaches kids about their bodies, their autonomy, how to access a trusted adult, and other strategies that protect them from being vulnerable.

Addressing Period Poverty

When schools provide both products and accurate information, it helps reduce stigma, promotes knowledge about our bodies, and fosters a supportive learning environment for all students.

Menstrual equity legislation is essential to ensuring that all students can participate fully in their education and access the resources they need to thrive. Lack of access to menstrual products, often referred to as “period poverty,” remains a widespread issue. According to a [2023 survey by Thinx and PERIOD](#), **nearly one in four students in the U.S. has struggled to afford period products**, a barrier that disproportionately affects low-income, Black, and Latinx youth.

Providing free menstrual products in schools is a policy that directly improves students’ health, dignity, and educational outcomes. It also creates an opening to address menstruation within comprehensive sex education, as recommended by the NSES. When schools provide both products and accurate information, it helps reduce stigma, promotes knowledge about our bodies, and fosters a supportive learning environment for all students. A **whopping 41 bills** have been introduced across the country that would improve access to free period products in schools to eliminate this barrier. Some of these bills also include an educational component, requiring additional instruction on menstrual health or menstrual disorders.

While no school menstrual equity bill has yet passed this session, Alabama enacted [House Bill 152](#), pushed by reproductive rights advocates on the ground, which [eliminates sales tax from period products](#) in an effort to make it more affordable and accessible for everyone, including young people.



Expanding Healthcare Access for Young People

Access to sexual and reproductive health care is an essential counterpart to sexual health education. Comprehensive sex education teaches young people how to understand their bodies and health needs, know when to get help, and know how to access the care they need.

Sex education alone is not enough to ensure youth can live their healthiest and fullest lives; access to confidential care such as family-planning services, STI testing and treatment, and mental health care is critical. Several states have introduced legislation aimed at reducing the minimum age for medical consent, expanding minors' access to contraception, STI testing, abortion, and more, and protecting their confidentiality in the provision of care. By allowing adolescents to consent to certain healthcare services without unnecessary roadblocks like parental notification or consent laws, policymakers can affirm that young people are capable of making informed decisions about their bodies and well-being. To this end, **28 bills have been introduced thus far across 12 states** that would expand healthcare access for young people.

In Massachusetts alone, **4 bills** ([H 1815](#)/[S 1244](#), [S 1579](#)/[H 1991](#)) have been introduced to repeal statutory language that requires minors under age 16 to undergo a judicial bypass procedure to get an abortion without parental consent. "[Judicial bypass](#)" is one of the many barriers faced by young people trying to access abortion care, requiring them to get special permission from the courts to avoid parental consent, often delaying treatment and incurring more costs.

Protecting Libraries, Librarians, and Educators

Libraries that provide accessible and inclusive materials and are supported by librarians who are protected from attempts to censor or vilify them are important for students' growth and development.

Since 2021, [PEN America has documented nearly 16,000 instances of school book bans](#), with more than 10,000 occurring during the 2023–24 school year alone. Books typically objected to include ones that include any mention of same-sex relationships or LGBTQIA+ identities, or provide any age-appropriate sexual health information. Further, these book bans not only remove learning material from shelves but also seek to penalize and criminalize librarians and educators for providing access in the first place.

Advocates are continuing to respond to these attacks by pushing for counter-legislation. Across the country, states are introducing bills designed to protect access to diverse, inclusive books and affirm librarians' and educators' expertise. These laws help ensure students have the opportunity to engage with materials that foster critical thinking, empathy, and appreciation of diversity. This year, **12 bills have been introduced to counter book-banning efforts in 10 states.**

In Colorado, [Senate Bill 63](#) was signed into law on May 1, 2025, and requires schools to develop a policy on how to handle challenges to books, require a thorough investigation process, allow challenges only from parents of students at a respective school, and restrict material from being challenged more than once every two years.

Unfinished Business: EQNM's Bold Move Toward Inclusive Sex Ed

In 2025, [Equality New Mexico \(EQNM\)](#) led efforts to advance [Senate Bill 258](#), a bold piece of legislation aimed at providing access to inclusive, accurate, and comprehensive sexual health education for New Mexico's youth. SB 258 would have required comprehensive human sexuality education to be included in middle and high school health courses beginning in the 2027 – 2028 school year and make one-half unit of health education a graduation requirement.

While the bill ultimately died in committee at the close of the legislative session on March 22, 2025, it marked a critical step forward – building momentum, raising visibility, and laying a strong foundation to reintroduce the legislation in the next session.

To support the grassroots power behind this legislative push, during the 2025 Sex Ed Week of Action, EQNM received a SIECUS microgrant to help amplify the voices of LGBTQIA+ New Mexicans – particularly those in rural communities. Through their Legislative Fellowship program, they launched a statewide survey to collect stories and feedback on people's experiences with sex education. The responses they gathered not only informed the Fellows' advocacy but ensured that lived experience remained central to the policy conversation.

EQNM also brought the data to life online, creating compelling Instagram posts like *"Sex Ed Data Pull"* and *"Sex Ed Stories as Told by New Mexicans,"* which sparked engagement and community dialogue. As Gauge Burnett, Development and Engagement Strategist at EQNM, explained, *"We wanted to shine a light on how comprehensive sexual education can uplift, protect, and empower young New Mexicans as they explore relationships, often for the first time. Our survey showed that LGBTQ students in particular need access to sex ed that addresses the unique challenges they may face in the future."* Beyond its social impact, the project modeled ethical and inclusive story collection practices, protecting respondent privacy and centering youth agency.

Even without passage this year, the campaign made it clear: **young people in New Mexico are ready for comprehensive sex education**, and EQNM is leading the charge to make that a reality.

SHARE YOUR SEX ED STORY!

Take our survey to help EQNM advocate for comprehensive sexual health education with SB-258.

Regressive Legislative Trends

In 2025, SIECUS has tracked **420 bills** that would seek to restrict the rights of young people in the education, healthcare, and legal system. Of these, **114 bills specifically restrict sex education**, slightly higher than previous years. Among these bills, several trends have emerged, including misleading fetal development and stigmatizing “success sequencing” instruction requirements, parental notification and consent for healthcare services, and attacks on LGBTQIA+ youth.

“Baby Olivia” and Fetal Development Instruction

By the three-year anniversary of the Dobbs decision that led to the fall of Roe v. Wade and pushed the fate of abortion access back to the states, [12 states have banned abortion](#) almost entirely. According to the Center for Reproductive Rights, 11 states are considered hostile for abortion due to their strict gestational limits. This has led to a huge access gap, especially for Southern states. Many of these states also fall short on sex education policy, with states like Arkansas, Louisiana, and Florida being rated “F”, according to [2025 SIECUS State Report Card](#) data. Knowledge and access to abortion care intersects with sex education because quality sex education teaches about all pregnancy outcomes, including abortion, in a non-judgmental and unbiased manner. Additionally, young people learn how to navigate sexual and reproductive healthcare and decision-making through comprehensive sex education.

Unfortunately, after successfully banning abortion in many states, the anti-abortion opposition now has their sights set on restricting sex education to reflect the movement’s anti-choice stance. **46 bills have been introduced across 23 states** that seek to stigmatize abortion in sex education curricula. Of these, **39 “Baby Olivia” bills have been introduced** this session.

These bills typically require students to be shown the stigmatizing and medically inaccurate fetal ultrasound video, “Meet Baby Olivia,” developed by the anti-abortion extremist group LiveAction. While seemingly innocuous, LiveAction created these videos and distort fetal development stages to make it appear that fetuses are viable earlier than what most medical professionals recognize in order to introduce “fetal personhood” arguments to elementary school age children in an effort to indoctrinate them with “life begins at conception” ideology, which is anti-abortion messaging pushed by evangelical Christians and conservative lawmakers. This ideology is not rooted in science nor supported by leading medical agencies. As of June 2025, **7 states** (Arkansas, Idaho, Iowa, Indiana, Kansas, North Dakota, Tennessee) **have enacted “Baby Olivia” laws**. Many of these states, except for Kansas, also have some of the most restrictive abortion bans in effect. Two successful examples of these bills are examined in the call-out box below.

Success Sequencing

Another trend that emerged in regressive sex ed legislation were bills that require instruction on “success sequencing” either within existing sex ed curricula or in general school curricula. This instruction asserts that individual “success” should follow a rigid sequence of life events typically involving graduating from high school, getting a college degree, obtaining full-time employment, then getting married and having kids. However, “success sequencing” completely [erases the reality of systemic barriers](#) that exist and cause poverty and inequality by shifting the blame onto young people. Beyond this, this theory simply fails to encompass the reality that everyone’s life paths differ and not all young people are afforded the same opportunities. It essentially disregards the unequal experiences of systems-impacted youth, young parents, young people of color, LGBTQIA+ youth, and more. Further, it is yet another rebrand of the same ineffective and stigmatizing AOUM rhetoric and funding that this country has [wasted billions of dollars](#) on.

This session, **11 bills were introduced in 7 states** (Alabama, Arkansas, Mississippi, Ohio, Tennessee, Texas, and Utah) that would require instruction on success sequencing. Of these, 3 were signed into law.

Utah's [House Bill 281](#) was enacted on March 26, 2025, and is one example of a "success sequencing" bill. This bill goes a step further and redefines health education to include instruction on "success sequencing," "marriage and safe dating practices," and character development. It doubles down on abstinence and promotes a moralistic viewpoint within sex education that does not account for all sexual decision-making that pushes young people, who may already be vulnerable, to the fringe and increases the risk of negative mental and physical health outcomes. Moreover, young Utahns will be largely unprepared when they do decide to be sexually active without instruction on consent, contraception, and STI prevention.

Parental Rights and Parental Consent

Since 2021, states continue to propose bills under titles such as "Parental Bill of Rights" and other seemingly innocuous labels. Marketed as a means to empower parents, these measures largely replicate rights already protected by existing state statutes or local school district policies. Instead, these bills are veiled attempts to assert conservative control over public school curricula by pretending that parents do not have a right to oversee their child's education, undermining educators' expertise, and insinuating that teachers and school administrators have a hidden agenda that their child must be protected against. These bills encourage parents to litigate against public school systems and create a chilling bureaucratic nightmare for school administrators and teachers when teaching issues of diversity, inclusion, or science that rub against conservative viewpoints. Additionally, these bills can, and have, led to school staff, schools, and school districts being vulnerable to lawsuits that expend much-needed and already lacking funding.

While the "parental rights" movement continues to clamp down on students' rights within the school system, the healthcare system is yet another arena where conservative lawmakers and parents have tried to infringe on the autonomy and agency of young people.

States like Florida have gone so far as to establish an [Office of Parental Rights](#) under the Attorney General's office to investigate said "violations" by schools, leaving them vulnerable to expensive litigation. Many districts report teacher shortages, in part [due to increased administrative burdens and fear of litigation](#).

This session, **161 bills have been introduced in 40 states** that would establish "parental rights" clauses for the education system. Many of these bills also impact sex education; in fact **44 bills** were introduced that fall under both sex education and "parental rights" legislation.

An example of this legislation is Indiana's [House Bill 143](#), signed into law on April 22, 2025, which "establishes" parental rights within the education system and prohibits school employees from withholding any information about a student. This broad bill language complicates young people's right to confidentiality and turns teachers into watchdogs who are forced to "out" students' identities, views, and experiences. Advocates have called out this bill for being "[anti-transgender](#)."

While the "parental rights" movement continues to clamp down on students' rights within the school system, the healthcare system is yet another arena where conservative lawmakers and parents have tried to infringe on the autonomy and agency of young people.

34 bills were introduced that would limit minors' consent to healthcare services such as abortion, family planning, STI treatment, and mental health care. Of these, **2 bills were signed into law** and will now impact how, if at all, young people are able to confidently and confidentially navigate the healthcare system on their own without parental involvement.

While exceptions are made for determining or preventing pregnancy and STIs, this could have a chilling effect on young people trying to access sexual and reproductive health care who aren't sure what information will be shared with parents. While teens can still get contraception and STI treatment, their records will not be guaranteed to be confidential, which may lead them to delay or defer care.

In Alabama, [Senate Bill 101](#) was signed into law on May 21, 2025, and moves the age of consent for healthcare from 14 to 16, requiring parental consent for any medical or mental health services provided to minors 16 and younger. Additionally, the bill prohibits health care providers from withholding medical records from parents. It also requires school counselors to ask for parental permission before providing individual counseling.

Sexual Orientation and Gender Identity (SOGI) Bans and Anti-LGBTQIA+ School Environments

Affirming school environments has never been more essential or more under threat for LGBTQIA+ youth, particularly transgender and non-binary students in 2025. The American Civil Liberties Union has **tracked over 250 bills this session that would restrict** LGBTQIA+ youth rights in the education system. Legislation that bans or discourages the use of correct pronouns, shields staff who deliberately misgender students, and mandates parental consent before recognizing a student's affirmed name or gender identity on school records denies LGBTQIA+ students their dignity and is harmful to their mental and physical well-being. Research continues to show that affirming environments dramatically lower rates of depression, anxiety, and suicide attempts among LGBTQIA+ students.

Sometimes these bans are encompassed within "parental rights" legislation, but many present themselves in standalone bills. These policies include dangerous legislation such as "Don't Say Gay" bills that prohibit classroom discussion on sexual orientation and gender identity, contributing to the erasure of their identity and feelings of safety within the school system. For comprehensive tracking of anti-LGBTQIA+ bills targeting students, see ACLU's [tracker](#).

Idaho's [House Bill 352](#) is one of several bills tracked by SIECUS that was signed into law and will ban instruction on sexual orientation and gender identity in grades kindergarten through 12, adding the restrictions to existing "parental rights" laws.

Tennessee enacted [House Bill 937](#), which protects employees who misgender and disregard a student's name or pronouns and goes a step further to require parental consent for any changes in name or pronoun, constituting a "forced outing" clause. Laws like this are bound to have long-term mental health implications on young people residing in these states.

Examining New Hampshire HB 667 and Indiana SB 442

Two recently passed laws* in New Hampshire and Indiana that force schools to show fetal-development videos in health classes have created a confusing dilemma for sex educators. In New Hampshire, [HB 667](#) requires sex education to be both medically accurate and age appropriate, while simultaneously mandating that students watch a "high-quality computer-generated animation or ultrasound video" of early organ development. This requirement raises red flags because such videos are not developmentally appropriate, often drawn from inaccurate anti-abortion propaganda rather than peer-reviewed medical sources, creating tension within the law's own standard for accuracy.

As of July 23, New Hampshire HB 667 has been vetoed by the Governor.

Additionally, schools must track student compliance and may impose penalties on those who opt out, effectively undermining student autonomy and introducing punitive measures into what should be an inclusive educational environment.

In Indiana, [SB 442](#) requires consent education, which is a major component of comprehensive sex education but undermines itself by giving school boards the power to annually approve all sex-ed materials, a process often used to invite political interference and public scrutiny. Furthermore, when human growth and development is taught, educators must include a several-minute ultrasound or animation of fetal development. Requiring consent education while also forcing them to use questionable, politically driven materials sends mixed messages and creates a confusing and harmful approach to health education.

The challenge is in the seemingly contradictory language of the legislation. The bills discuss medical accuracy and age-appropriateness in sex education, which are two pillars of comprehensive sex education, while at the same time mandating the viewing of ultrasound footage that uses manipulative language and scientifically inaccurate concepts about gestational development intended to promote “fetal personhood” ideology. Showing misleading and inaccurate content alongside medically accurate and age-appropriate information risks skewing lessons toward shame or fear, or creating confusion on what is and is not fact-based information, instead of providing students a balanced, science-based education. Without proper discussion and support, the videos might do more harm than good.

To handle these issues, sex educators need to guard against ideological content. School districts that are required to show some form of fetal development content should work with medical experts or trusted organizations to pick or create videos that genuinely match scientific standards and are developmentally appropriate, and then document that process so school boards can’t slip in anti-abortion content.

Those videos should be shown as one part of a broader curricula that includes anatomy, consent, contraception, STI prevention, and unbiased info on pregnancy options where allowed by law. Teachers and administrators should explain clearly to parents why videos are used and how they fit into the bigger picture, offering previews or meetings to ease worries. For schools required to show the LiveAction video, having a guided discussion afterwards that encourages critical thinking through media literacy and addresses misinformation depicted in the video is one way that states with this law can work in the interim to combat their impact.

By making sure any required fetal-development videos are carefully chosen and always set within complete, unbiased curricula, and by pushing for clear rules and support from districts, educators can reduce the risk that these laws turn classrooms into venues for ideological propaganda. If they do not address these concerns, there is a real danger that sex education will drift away from factual, inclusive teaching and toward ideological content that harms and misinforms students.



Implications for the Future of Sex Ed

Implications for the Future of Sex Ed

At the midpoint of the year, several legislative sessions remain active, and SIECUS will continue to review pending legislation including ones that have the potential to impact sex education. Many of the trends discussed above will continue to be observed across the country in next year's sessions, and we are always on the lookout to see what new trends emerge that have the potential to influence young people's access to quality education and comprehensive health services. One glaring pattern among these trends is that many of these legislative attacks center around age. Whether through early childhood sex education bans, parental oversight in the classroom and healthcare settings, or censorship of our libraries, oppositional lawmakers continue to restrict young students' access to knowledge and resources that are critical for their healthy development. Typically, it is simply because it goes against how they view children, which is as [an extension of their "property"](#) and not as an individual person deserving of every right afforded to adults. Ultimately, the anti-sex education opposition (aka Regressive Minority) do not recognize young people's agency and their right to make healthy decisions to determine their own futures. However, SIECUS remains committed to monitoring the legislative landscape for sex education and the broader fight for sexual and reproductive health rights of young people. Through our efforts, we hope to continue to provide resources that help advocates be vigilant and prepare for our opposition's agenda throughout the remainder of the year and onward.

2025 Elections Watch

2025 is an off-year election season where a limited number of states will be holding elections, of which some have already occurred. Two out of five special Congressional elections in Florida have been held due to vacancies left by appointees to President Trump's cabinet.



Three special Congressional elections will be held in September and November to fill seats left behind by representatives who passed away this year. It remains to be seen how the election of these new representatives will influence the fight for sex education and the advancement of REAHYA.

At the state level, Virginia and New Jersey will be holding elections for the executive offices of governor and lieutenant governor. Virginia will also be holding elections for attorney general. These offices will generally decide the fate of state law and policies that govern young people's access to honest and inclusive education and reproductive healthcare. Virginia, in particular, will be a critical race to watch as the incumbent Governor Glenn Youngkin, who is not running for re-election, had won with a politically charged "parental rights" campaign that led to harmful policies that re-shaped public education in the state. Currently, Virginia schools are not required to teach sex education, also known as family life education, but many school districts do and have faced backlash from conservative extremist groups such as Moms for Liberty. The next Governor will set the tone for the sexual and reproductive health rights policy and advocacy for the next four years, including protecting access to school-based sex education. In New Jersey, Governor Phil Murphy is term-limited, thus opening the election to new candidates, but his [narrow win](#) in the last election puts additional pressure on advocates to support a candidate who supports sexual and reproductive freedom. It was under Governor Murphy's administration that New Jersey adopted its improved 2020 [Comprehensive Health and Physical Education](#) standards that advanced the quality and content of sex education in the state. Both Virginia and New Jersey will also be holding state legislative elections which will decide the make-up of both states' respective legislatures and the policymakers who will be introducing and voting on policies that impact youth. While so far no candidate has made clear [their stance on sex education](#), it is clear that [public education will be a core issue](#) on many campaign trails this year.

At the local level, there will be 37 mayoral elections this year that could impact the implementation of and funding for sex education in cities like New York City, where [the mayor holds primary authority](#) over the city's educational system. Given the localized nature of sex education policy in the United States, school boards are responsible for making decisions that impact students' access to inclusive and comprehensive sex education curricula. This year, thousands of school board positions have either held elections or will hold elections later in the year. These elections will give an opportunity for local advocates to push back on harmful school board policies such as [singling out LGBTQIA+ students or preventing book bans](#).

This year there are no ballot measures related to abortion; however, advocates should prepare for upcoming ballot measures in 2026 that seek to protect or restrict access to abortion care in Missouri, Nevada, and Virginia.



Progress Report on Project 2025 and Rise of Conservative Movements

The first half of 2025 has made it clear: the opposition is executing a coordinated, well-funded, and deeply ideological campaign to roll back hard-won civil, reproductive, and human rights. Under the guidance of Project 2025, the Regressive Minority continues to target young people's access to honest, inclusive sex education as part of a larger agenda to reshape the country through control, censorship, and fear.

From the federal administration down to state legislatures, the Regressive Minority is advancing policies that restrict abortion access; erase LGBTQIA+ identities; ban books; and insert conservative, Christian ideology into public education. These attacks are deeply strategic, rooted in efforts to entrench outdated gender norms and maintain power through the suppression of truth and autonomy. At the heart of their agenda is a simple but dangerous belief: young people, especially those with uteruses, should not be trusted to know or control their own bodies.

The Rise of Pronatalism and “Trad Wife” Culture: A New Face of an Old Agenda

What we're up against isn't just policy, it's a broader counter-cultural backlash that's pushing outdated ideas about gender, sexuality, and family back into the mainstream. This year, [the rise of pronatalist rhetoric](#) and [“trad wife” culture](#) has become increasingly visible and politically powerful. These movements, often fueled by white nationalism and Christian fundamentalism, argue that declining birth rates are a national crisis that can only be solved by encouraging (or coercing) people, especially white women, to have more children.

On the surface, it may look like a personal lifestyle choice of women leaving the workforce to raise families and influencers posting about homemaking and conforming to “traditional” gender roles in marriage. But underneath is the more dangerous ideology that is rooted in White Christian Nationalism and upheld by systems of racism and patriarchy: that a woman's highest value is in their reproductive capacity, that gender roles should be rigid and state-sanctioned, and that bodily autonomy is something we should willingly surrender for the sake of a narrowly defined vision of the nation. This ideology not only reinforces white supremacy by idealizing white motherhood as central to the nation's future but also systematically excludes and harms communities of color, LGBTQIA+ individuals, and anyone whose identity challenges this manufactured norm.

This ideology isn't just showing up online; it's making its way into laws and public policies. From attacks on contraception and abortion access to restrictions on gender-affirming care, the message is clear: you don't get to decide what's best for your own body or life. But it doesn't stop there. Efforts to ban DEI initiatives, censor honest and inclusive history, and undermine public education are all part of the same authoritarian playbook. These measures work in tandem to erase marginalized identities, uphold white supremacy, and silence any dissent from a rigid, state-approved version of gender, family, and national identity.

All this is happening against a backdrop of persistent public health inequities. STI rates remain disproportionately high among young people, especially in the South. HIV continues to impact Black and Latinx youth at alarmingly disproportionately higher rates than white youth. Many adolescents still lack access to basic STI information, testing, and healthcare. Meanwhile, states continue to pass laws requiring parental consent or limiting the age of medical consent which only further pushes care out of reach. While abortion bans are making it harder for pregnant people to access timely and appropriate care, especially in emergencies or when facing pregnancy loss.

We're already seeing the consequences of these misguided policies – from rising maternal mortality rates to worsening reproductive health outcomes. Additionally, young people are experiencing intimate partner violence and sexual violence at unnecessarily high rates.

We know that if the Regressive Minority truly cared about children and women, supported families, or valued life, their agenda would look very different. They would be fighting for paid parental leave, affordable childcare, and comprehensive maternal health care. They would be working to reduce the maternal mortality crisis with science-based, evidence-informed policies. And they would trust people with honest education, accurate information, and the freedom to make decisions about their bodies and their futures without coercion, censorship, or propaganda. But that's not their goal; their goal is control. That's why we must keep pushing back with truth, community, and a vision of justice that centers autonomy, equity, and care. Looking ahead to the remainder of 2025, we must be clear-eyed about what's at stake. The opposition will continue pushing harmful policies under the guise of "protecting children" while doing nothing to address the real needs of families and communities. Without a course correction, we'll see further erosion of reproductive rights; deepening health disparities; and growing censorship of vital, life-saving information.

Parents Are Pushing Back: The Fight for Sex Ed and Against Censorship

Parent advocates are on the frontlines of the fight for honest, inclusive, and age-appropriate sex education, and they are a powerful force against censorship in schools and libraries. Across the country, parents are demanding that their children are instructed on medically accurate information and taught the critical thinking skills they need to make healthy decisions.

They're speaking out against efforts to ban books, silence classroom discussions, and restrict access to sex ed, recognizing that withholding information doesn't protect children – it can actually put them at risk. Their stories make clear that censorship hurts families and communities. Hear from some of our parent advocates:

"It is important to understand sex education as a young person to make good choices for your future. I grew up in a conservative southern family where we didn't discuss this. As a result, I didn't pass on important information to my children about sex education." – Julie R., Texas

"I was fortunate to have a comprehensive, non-abstinence-based sex ed experience when I was in high school in a suburb of Philadelphia in the late '80s. My own sons did not enjoy this same kind of education at their school in Ohio in the 2010s, so we had to fill in all the gaps. I find it irresponsible of a culture which throws sex at everyone through advertising and popular media not to educate everyone about safe sex and consent." – Rebecca L., Ohio

"SIECUS has been a major force for holistic sexuality education for more than half a century. Over the years, I have relied on SIECUS as a researcher, community member, and parent. We know that sex ed matters – all of the research shows that it makes a difference for youth, and that the vast majority of parents and families want it for their children. Because of that, I have supported SIECUS for years." – Stephen R., Texas

SIECUS is proud to stand with parents who are refusing to stay silent while their children's education and futures are on the line. We're committed to amplifying their voices, supporting their advocacy, and fighting alongside them to protect access to the sexuality education materials that young people deserve.

The Fight To Advance Sex Education Policy, REAHYA, and More

With the majority of legislative sessions coming to a close and the FY25 appropriations process completed with a full-year continuing resolution in place, SIECUS is focused now on the future of Fiscal Year 2026 (FY26) appropriations, the progress of REAHYA, and the few remaining active legislative sessions in states across the country to advance sex education policy. SIECUS continues to develop and create opportunities and resources to support on-the-ground advocates in their fight for better sex education.

Appropriations (FY26) and The Future of REAHYA

The FY26 appropriations process is now underway, yet the future of critical programs such as the TPPP, Title X, Planned Parenthood funding, and maternal and child health initiatives remain uncertain. Despite strong advocacy from representatives like Senator Cory Booker and Congresswoman Alma Adams – who are both leading the reintroduction of the REAHYA effort and who have requested robust increases in funding – Congress has shown little indication of committing to expanded support. Their push includes a \$150 million funding request for TPPP, significant investment in CDC’s DASH, and the removal of abstinence-only program funding. However, with the FY25 full-year continuing resolution locking federal spending at FY24 levels and ongoing gridlock in appropriations, the administration and lawmakers face an uphill battle to secure these funds.

Moreover, current proposals continue to threaten critical components of the nation’s reproductive health programming. Title X and Planned Parenthood and other reproductive health clinics – cornerstones of reproductive health and preventive care – remain vulnerable to cuts in upcoming spending bills.

Similarly, the elimination of programs like Healthy Start and the rollback of funding for maternal and child health mirrors disturbing trends seen in FY25. Until Congress finalizes the FY26 appropriations package, the fate of these services hangs in the balance.

2025 Active Legislation On Our Radar

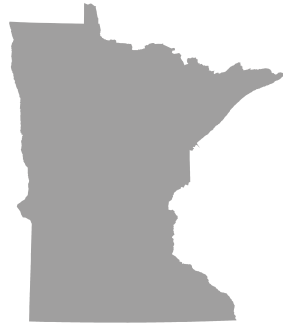
At least 10 states have full-time legislatures, which means bills can still be considered throughout the remainder of the year. Further, the federal legislative session lasts for one year, and there are two sessions within a Congress, meaning that a federal bill has two years to pass before being effectively “dead” and needing reintroduction in the next Congress.



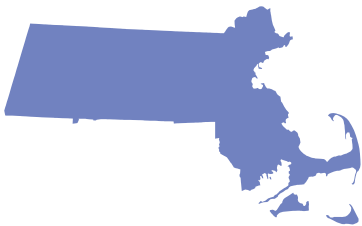
In **California**, [Senate Bill 334](#) passed the first chamber on May 28, 2025, a week prior to their crossover deadline. Currently being considered in the Assembly, this bill would strengthen the California Healthy Youth Act (CHYA) – comprehensive sex education law passed in 2017 – by requiring the Instructional Quality Commission to consider including in curriculum framework information on the Uniform Compliant Procedures, Title IX, and what a pupil should do if they suspect someone has experienced sexual abuse or assault. This recommendation will be considered as a part of the next review of the Health Education Framework. As mentioned, sexual assault prevention is a vital part of sex education, and sex education can be a prevention strategy to address the issue of sexual violence.



In **Hawaii**, [House Bill 899](#) has been introduced and is another “Baby Olivia” bill that would require comprehensive fetal growth and development as a part of sex education, including viewing an ultrasound video and animation. Hawaii already teaches comprehensive sex education through a 2015 Board of Education policy that schools are required to follow. While this bill has not progressed thus far and a similar bill failed last session, it will still be critical to follow this bill and ensure it is defeated given its success in several states in this legislative cycle. Hawaii legislature is currently in recess until January 2026, after which legislation that did not pass in 2025 can be reconsidered.



In **Minnesota**, [House File 65](#) was introduced and seeks to upend last year’s successful education omnibus bill that requires the health education standards to be updated and implemented. It would allow local school districts to adopt their own standards and not be required to follow statewide ones. The bill has been re-referred to the Education Finance Committee and is still active; however, the session is currently in recess and will reconvene next February.



In **Massachusetts**, advocates have worked hard for years to pass the Healthy Youth Act, which would require sex education to be comprehensive and aligned with the recently updated Comprehensive Health Education framework in schools where it is being taught. If passed, this law would be similar to Colorado and Illinois, constituting an “if/then” policy and a step forward in the right direction. This session, the bill has been reintroduced under the bill number [S 340/ H 656](#).



In **Nebraska**, [Legislative Bill 213](#) would also constitute a “Baby Olivia” law and would require academic standards to include “human embryology” instruction, or fetal development, including viewing videos. Nebraska Legislature is currently in recess and reconvenes in January 2026.

SIECUS continues to monitor federal legislation, as well as the progress of REAHYA, that would impact young people’s access to quality education and the full spectrum of reproductive health care, among other rights. It is anticipated, however, that, due to the current Congress’s delayed appropriations proceedings and general dysfunction from political infighting, federal legislation will be on the backburner for the remainder of this year.

Sexuality Education Policy Action Council (SEPAC) & Member Support

While each state has their own legislative dynamics with varying challenges and opportunities, we have witnessed nationwide attacks on:

- Access to reproductive and gender-affirming healthcare and education
- LGBTQIA+ inclusion in sports, facilities, and the classroom
- Access to books, factual history, and medically accurate sexuality education
- Classroom instruction, programming, and general online censorship.

Attacks from all angles at the state and local levels have left advocates feeling isolated, scattered, and spread thin. Recognizing the need for a collective space where advocates, researchers, and educators can share experiences, resources, and shape a common narrative led to SIECUS creating the SEPAC in 2019.

With over 60 representatives from 30 states, SEPAC unites organizations, statewide coalitions, state agencies, school districts, and individual advocates to champion sex education policies aligned with the NSES. Through monthly meetings, SEPAC members gain invaluable advocacy skills, receive timely federal policy updates, training and presentations from movement partners, and networking opportunities with peers. Additionally, SIECUS supports SEPAC partners with a myriad of technical assistance services in three broad categories: policy and legislative support, capacity building and training, and communication and advocacy resources. This can look like SIECUS staff attending and supporting coalition calls, participating in workgroups, providing public comment, testimony, submitting organizational sign-ons, creating talking points, messaging, fact sheets, advocacy training, general brainstorming and strategizing, and annual microgrant opportunities.



The SEPAC council recognizes that solidifying sex education policies is a vehicle for social change – and that by educating and empowering young people with knowledge about their bodies, autonomy, consent, reproductive decision-making, healthy relationships, sexual orientation and gender identity, menstrual health, and LGBTQIA+ identities – we are ensuring that young people can make safe, healthy, and informed decisions! If you would like to learn more about SEPAC, please reach out to State Policy Action Manager Miranda Estes at mestes@siecus.org.

New SIECUS Resources for Advocates!

Beyond SEPAC and our technical assistance, SIECUS offers a variety of different resources, publications, and toolkits for advocates looking to learn more or get more involved in the fight for sex education for all at the national level or even within their local communities. As 2025 continues, sex education advocacy through legislative work in remaining active sessions and community education and mobilization ahead of elections will be crucial to ensuring quality and comprehensive sex education for all. The following are SIECUS's most recently released resources to support sex education advocacy for the remainder of the year:

- [2025 State of Sex Education Legislative Look Ahead](#)
 - This annual legislative report recaps 2024 legislative sessions, elections, and advocacy efforts and examines emerging trends that impact the advancement of sex education policy. The report also predicts the upcoming year's socio-political landscape for young people's sexual and reproductive rights and provides advocates with resources to help them prepare for future legislative action.

- **[“If/Then”](#)**

- A series of collaborations between SIECUS and other leading state and national organizations working on LGBTQIA+ issues, abortion policy, sexual violence prevention programming, HIV policy, and more. These issue briefs highlight the importance of cross-movement efforts between intersecting social justice movements to, ultimately, empower all youth to live healthier and fulfilling lives by receiving education and resources they have a right to.
- **[If You Care About Health Equity, Then You Should Care About Sex Education](#)** – Access to sex education falls under the vision of health equity, as equity can only be achieved when all young people have the resources necessary to attain their full potential for health and well-being. Comprehensive sex education is also a critical piece in addressing health disparities, especially sexual health inequities, but they must be provided with a wide range of tools and knowledge in order to make healthy and informed decisions about one’s bodies, relationships, and well-being.
- **[If You Care About Contraception, Then You Should Care About Sex Education](#)** – Knowledge on contraception and how to access it are a key part of comprehensive sex education. This knowledge includes understanding the wide variety of contraceptive options that exist, their benefits, risks, how to use them, and where to get them. This kind of education empowers young people with the information to make decisions about their reproductive well-being and futures.
- **[“Nothing About Us Without Us”: Disability Justice and Inclusive Sex Education for Students with Disabilities](#)**
 - In honor of International Day for Persons with Disabilities, SIECUS released a blog post that aimed to highlight the importance of disability inclusion within sex education. Access to CSE improves health outcomes for young people, and all young people deserve an education that is accessible, inclusive, and reflective of their experiences.

Unfortunately for students with disabilities, this isn’t often the case. Disability-inclusive sex ed must center on disability justice, medically accurate information, bodily autonomy, sexual agency, and consent.

- **[Top 10 Best and Worst States for Sex Education in 2024](#)**

- In 2024, SIECUS released our State Report Cards, a dynamic new way to showcase the state of sex education policy across the country in a way that is accessible for our advocates, researchers, lawmakers, and the general public. These report cards serve as an introduction to the existing full-length state profiles available on the SIECUS webpage. For Sex Ed Week of Action 2025, we released this blog post to highlight the best and worst states based on their sex education policy scoring to emphasize the importance of local organizing and community action in the fight to advance sex ed.

- **[2025 Update to State Report Cards and Profiles](#)**

- In June 2025, SIECUS released an update to our state report cards and profiles that accounts for recently passed laws changing the state of sex education across the country. This year, we also included new criteria to address laws impacting instruction on abortion and menstrual health, in light of emerging legislative trends.

- **[Intersex Inclusion in Sex Education](#)**

- Intersex individuals deserve to be represented and affirmed in the education they receive, and this includes in sex education curricula. This blog post discusses the importance of inclusive education that recognizes and uplifts intersex students. In this post, advocates can find policy and practice recommendations, as well as action steps, to further advance sex education for all.

- **[Sign up for SIECUS’ email list](#)** to receive our monthly newsletter, upcoming event invitations, and the latest updates from SIECUS and our partners.

A photograph of the United States Capitol building at dusk. The building's white dome and classical architecture are illuminated from within, with warm light glowing from the windows. The building is reflected in the calm water of the Reflecting Pool in the foreground. To the left of the building, a statue on a pedestal is visible. The sky is a soft, hazy orange and pink. The text "Concluding Remarks" is overlaid in the center of the image.

Concluding Remarks

Concluding Remarks

So far, the 2025 legislative cycle has been yet another year of hostile affronts to inclusive and affirming sex education, classroom environments, and healthcare services for young people. While advocates have experienced small wins such as defeating harmful legislation, the Regressive Minority has been able to successfully pass dangerous bills that will have a long-lasting impact on young people's access to critical knowledge that they need for their healthy development and future well-being. Beyond legislation, SIECUS and our partners continue to face backlash and efforts to brand our advocacy as "dangerous" or "inappropriate" for young people, which has resulted in the rise of ultra-conservative, sex-negative movements that seek to reverse decades of progress in shifting cultural opinions on gender, sex, sexuality, and healthy sexual development. This also reflects broader attacks on the rights of young people and the erasure of their agency from legal frameworks such as through the "parental rights" movement and legislation restricting minors' access to confidential and comprehensive sexual and reproductive health care.

The year is far from over: there are currently 64 sex education bills that are active in their state legislatures, of which at least 60% will have negative implications for sex education. Many of these bills are continued attempts to infiltrate the classroom with anti-abortion and shame-based abstinence-only ideology to propagandize students from a young age. It is vital that sex education advocates are prepared and vigilant to combat these encroachments on students' and young people's rights as the remaining legislative sessions come to a close.

SIECUS remains committed as ever to the fight for sex education and broader fight for sexual and reproductive health freedom for all people, especially young people, no matter who they are and where they live.

Working in partnership with national advocates, in coalitions, and with our SEPAC partners, we continue to work toward a future where all people receive access to quality and comprehensive information about their bodies and relationships to be able to live their life to the fullest potential.

For additional assistance with advancing sex education in your community during the remainder of the 2025 legislative session, please contact the team at SIECUS by emailing us at info@siecus.org.

SIECUS relies entirely on the generosity of foundations and our community of donors. You can support our policy team and help power the essential policy, advocacy, and coalition-building work behind the movement for sex ed by making a [tax deductible donation online today](#).

