



2025 Youth Informed Policy Priorities

Since 2016, the Alabama Campaign for Adolescent Sexual Health has written policy priorities based on our organizational mission and values. This year, for the first time, we have enlisted the aid of our youth advisory councils (YACs) in drafting our policy priorities. We asked the young people in our YACs to tell us what issues matter to them most. They mentioned several things, including increased funding for the arts in schools, job training, safety from gun violence, and financial skills, but they were also interested in the following topics which directly align with our mission:

- (1) Full range of reproductive health options
- (2) Make sexual health education a priority
- (3) Teach about Black history, racism, and white supremacy in school
- (4) Make consent education mandatory
- (5) Mental health and suicide prevention
- (6) Protection from harassment in schools
- (7) Better protection for LGBTQ students

We have taken this list of issues that our young people care deeply about to inform the following policy priorities for the 2025 legislative session. Our YACs will visit the Alabama State House in 2025 to discuss the issues they feel most passionate about with lawmakers and educate the public on how they can increase equitable access to medically accurate, inclusive sexual health education for all Alabama's youth.

(1) PROTECT SEXUAL HEALTH EDUCATION IN ALABAMA PUBLIC SCHOOLS AND CREATE ACCOUNTABILITY MEASURES TO ENSURE COMPLIANCE

Alignment with youth priority to make sexual health education a priority, make consent education mandatory

The issue: Alabama's sex education law states that if sex education is taught in public schools, it must emphasize abstinence while also providing medically accurate information on contraception. The law was updated in 2021 in a bipartisan effort to increase medical accuracy and remove homophobic language. In 2024, Alabama legislators attempted to change the law so that only Sexual Risk Avoidance (also known as abstinence-only-until-marriage) curricula could be used in the classroom.

Sex education in Alabama is not mandated. Because it is not mandated, there is no accountability system for monitoring what is taught or whether the lessons are medically accurate and age appropriate. Even for those components of sex education which are mandated, such as HIV/AIDS education, they are not monitored by the Alabama State Department of Education.

Why it matters: Alabama's teen birth rate is the 6th highest in the country; STI and HIV rates among young people are on the rise even as teen pregnancy rates have fallen, and the most current Youth Risk Behavior Survey data shows that youth are using protective measures less and less. An abstinence-only-until-marriage approach is not supported by any major medical association, including the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. Young people need and deserve access to medically accurate sex education, not curricula based in fear and shame.

What must be done: ACASH believes that the current sex education law should stand as it is currently written, as an abstinence-plus law that allows sex educators to encourage abstinence as well as provide medically accurate information on protective measures. If changes to the law are to be made, we would encourage the Alabama legislature to focus on consent education, as sexual violence, assault, and harassment are pervasive among Alabama youth. We are committed to working with local school systems to develop sex education policies that follow the *Alabama Course of Study: Health Education* and the sex education law, and that meet the needs of today's students. Sex education policies should, at a minimum, include:

- a definition of sexual health education
- how often a typical student should receive sexual health education
- what curriculum, program, and/or resources are approved for sexual health education
- who is assigned to teach sexual health education
- training and professional development required to teach sexual health education

(2) ADDRESS RACIAL HEALTH DISPARITIES IN SEXUAL AND REPRODUCTIVE HEALTH

Alignment with youth priority to teach about Black history, racism, and white supremacy in school

The issue: Systemic racism, health disparities, and structural inequalities are pervasive in our laws, policies, and practices, which affect our public health infrastructure, especially within sexual and reproductive health. This means that Black and brown youth face disproportionate health challenges and barriers to comprehensive sexual health education and resources.¹ Within sexual and reproductive work, there is a history of implicit bias and racial inequity.² Examples that are close to home in Alabama include the Tuskegee Syphilis Study³, the forced and coerced gynecological experiments of James Marion Sims⁴, and persistently high Black infant and maternal mortality rates (rates that are twice as high as their white counterparts).⁵

Why it matters: It is unacceptable that BIPOC (Black, Indigenous, People of Color) communities cannot access equitable sexual and reproductive health education and services. Our health providers are charged with caring for all people and meeting the diverse set of needs and ailments that patients present. We cannot hope to change adverse sexual and reproductive health outcomes for young people without also addressing the biases at the center of public health and medicine.

¹ http://blackrj.org/wp-content/uploads/2020/04/6217-IOOV_SexEd.pdf

² <https://www.hrw.org/news/2022/08/10/racism-rampant-us-reproductive-health-care>

³ <https://www.cdc.gov/tuskegee/timeline.htm>

⁴ <https://www.anarchalucybetsey.org/anarchalucyandbetsey>

⁵ <https://www.alabamapublichealth.gov/perinatal/infant-mortality.html>

What must be done: The field of public health has much work to do to rebuild trust with BIPOC communities. We invite other health practitioners and the Alabama Department of Public Health to join us as we continually review our organizational policies and practices, as well as our individual biases. We must critically look at the tools we use, including curricula, to identify and change racist language, imagery, and stereotypes. We must be committed to anti-racism in our professional and personal lives in order to care for the wellbeing of all young people.

We also believe the following suggestions will increase sexual and reproductive health equity:

- STI testing and treatment easily accessible within communities, especially rural communities
- Prioritizing comprehensive sex education in counties and schools with higher teen birth, STI, and HIV rates
- Expansion of Medicaid

(3) ENSURE THE PROTECTION OF LGBTQ+ YOUTH

Alignment with youth priority on mental health and suicide prevention, protection from harassment in schools, and protections for LGBTQ+ youth

The issue: LGBTQ+ people, especially transgender people, are legally denied fundamental human rights in Alabama.⁶ Under current state law, educators are restricted from discussing LGBTQ people or issues in grades K-5, schools are required to notify parents of LGBTQ-inclusive curricula and allow parents to opt children out, school districts are banned from passing LGBTQ Anti-Bullying Policies, transgender students are restricted from participating in sports consistent with their gender identity, and transgender students are restricted from using school facilities consistent with their gender identity.⁷ It is also a felony for a medical provider to provide gender-affirming care to trans and gender non-binary young people in Alabama.⁸

Why it matters: The Gay, Lesbian & Straight Education Network (GLSEN) published data in 2019 that reveals that the majority of LGBTQ students in Alabama have experienced anti-LGBTQ victimization at school and only 4% of students attended a school with comprehensive anti-bullying/harassment policy that included specific protections based on sexual orientation and gender expression.⁹ Further, 47% of LGBTQ youth in Alabama seriously considered suicide and 13% of LGBTQ youth in Alabama attempted suicide in the past year (2022).¹⁰ Additionally, 82% of transgender and nonbinary youth reported experiencing symptoms of anxiety while 70% of transgender and gender nonbinary youth report experiencing symptoms of depression.¹¹ ACASH recognizes the lack of child protection policies and lack of representation in curriculum as causal factors in these high rates of mental health challenges among LGBTQ youth in our state.

⁶ <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

⁷ https://www.lgbtmap.org/equality_maps/profile_state/AL

⁸ <https://www.npr.org/2022/04/07/1091510026/alabama-gender-affirming-care-trans-transgender>

⁹ <https://www.glsen.org/sites/default/files/2021-01/Alabama-Snapshot-2019.pdf>

¹⁰

<https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Alabama.pdf>

¹¹

<https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Alabama.pdf>

What must be done: ACASH encourages the State Legislature and Governor Ivey to develop policies that support all children in accessing the affirming health care they need to thrive. We also insist on policies that create safe school environments for all children to come as their authentic selves, which requires inclusive sexual health education--curriculum that centers diverse family and relationship structures. It also requires the presence of gender-neutral facilities and the adoption of anti-bullying school policies that include LGBTQ student protections specifically.

(4) ENSURE SEXUAL AND REPRODUCTIVE HEALTH ACCESS FOR ALL ALABAMIANS THROUGH THE EXPANSION OF MEDICAID

Alignment with youth priority to make full range of reproductive health options available

The issue: Since the passage of the Affordable Care Act (ACA) in 2010, insurers are required to provide coverage for pregnancy, maternity, newborn care (before and after birth), preventative and wellness services, birth control, and breastfeeding.¹² This includes preventative services such as HPV immunizations, STI-prevention counseling, and syphilis screening for all adults without charging a copay. This also includes breast cancer screening, cervical cancer screening, HIV screening, domestic violence counseling, and annual gynecological visits without a copay. In the last several years, there have been repeated attempts to repeal the ACA with no plan for replacement.

Additionally, Alabama continues to be one of eleven states that has not expanded its Medicaid benefits under the ACA.¹³ Without Medicaid expansion, more than 220,000 Alabamians fall in a health coverage gap where they make too much money to qualify for Medicaid and too little to afford insurance coverage on the individual marketplace.¹⁴

Why it matters: Before the ACA, people seeking reproductive health services had to pay an insurance copay to see their doctor, plus a percentage of their visit's cost that their insurance did not cover. This left many Alabamians without access to preventative services, including cancer screenings and birth control. People in the Medicaid coverage gap continue to face these issues. There are many positive implications of expanding Medicaid in Alabama. For example, states that have expanded Medicaid have seen improvements in infant and maternal mortality and greater access to treatment for mental illness and substance use disorders.¹⁵ Additionally, Alabama Arise argues that extending coverage would reduce Alabama's racial health disparities.¹⁶

What must be done: We implore the State Legislature and Governor Ivey to expand Medicaid so that more Alabamians have health insurance coverage. We also implore Congress to recognize the value of the ACA and strengthen the provisions that cover vital sexual and reproductive health services. Access to preventative care, particularly birth control, has undoubtedly impacted the falling rates of unintended teen pregnancy in this country and in Alabama. Whether through a public or private insurer, all Alabamians should have access to reproductive health services.

(5) MOBILIZE PARENTS AS ALLIES IN THE FIGHT FOR SEX EDUCATION

Alignment with youth priority to make sex education a priority

¹² <https://www.hhs.gov/guidance/document/fact-sheet-young-adults-and-affordable-care-act-protecting-young-adults-and-eliminating>

¹³ <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

¹⁴ <https://www.coveralabama.org/>

¹⁵ <https://www.alarise.org/wp-content/uploads/2020/06/Alabama-Arise-Medicaid-Chartbook-WEB.pdf>

¹⁶ <https://www.alarise.org/wp-content/uploads/2020/06/Alabama-Arise-Medicaid-Chartbook-WEB.pdf>

The issue: Recently, there has been a rise in parental rights extremist groups who advocate for book bans, educational censorship, and opt in policies that deny children access to age-appropriate and medically accurate sexual education. These groups attempt to silence, erase, and isolate young people, especially those who identify as LGBTQ or BIPOC. While 87% of Americans think that books should not be banned for political ideas and 83% of Americans think books should not be banned for criticizing US history,¹⁷ current laws and policies have had huge impacts on educators and forced them to make their classrooms less inclusive and less accepting of differences.¹⁸

Why it matters: The Alabama Campaign believes in supporting parents in raising healthy and strong children and families. Alabama courts have repeatedly recognized the rights of parents to oversee the care of their children as a fundamental right deserving of the strict scrutiny standard. With most Alabama parents supporting sex education¹⁹, parents and caregivers are allies in the fight for sex education and have already made their desires known. Parents want their young people to learn medically accurate information about how their bodies work and how to protect their health.

What must be done: The Alabama Campaign urges lawmakers to listen to the voices of all parents, considering the overwhelming support for sex education, not only the voices of the ones who oppose. We recommend that state and local policies be written to support what parents in Alabama really want – for their children to have safe, supportive educational and community environments.

¹⁷

<https://www.hrc.org/press-releases/education-censorship-book-bans-and-attacking-free-speech-setting-the-record-straight-as-extremist-politicians-in-florida-alabama-and-other-states-attempt-to-reignite-culture-war-attacking-lgbtq-youth>

¹⁸

<https://www.al.com/educationlab/2022/09/alabama-updates-school-rule-allows-firing-if-teachers-inappropriately-discuss-lgbtq-issues.html>

¹⁹ <https://alabamacampaign.org/wp-content/uploads/2017/08/Alabama-Parental-Attitudes-Study.pdf>