

By: Representative Scott

To: Public Health and Human  
Services; Appropriations

## HOUSE BILL NO. 202

1 AN ACT TO CREATE THE "MISSISSIPPI COMPREHENSIVE COMMUNITIES  
2 OF COLOR TEEN PREGNANCY PREVENTION ACT"; TO REQUIRE THE DEPARTMENT  
3 OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH TO DEVELOP CERTAIN  
4 PROGRAMS AND STRATEGIES PROMOTING PREGNANCY PREVENTION AND  
5 PROVIDING INFORMATION ON THE CONSEQUENCES OF UNPROTECTED,  
6 UNINFORMED AND UNDERAGE SEXUAL ACTIVITY; TO AMEND SECTION 41-79-5,  
7 MISSISSIPPI CODE OF 1972, IN CONFORMITY WITH THE PROVISIONS OF  
8 THIS ACT; AND FOR RELATED PURPOSES.

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

10 **SECTION 1.** This act may be cited as the "Mississippi  
11 Comprehensive Communities of Color Teen Pregnancy Prevention Act."

12 **SECTION 2.** (1) The Legislature recognizes the following:

13 (a) Each year, nearly seven hundred fifty thousand  
14 (750,000) American teens ages fifteen (15) through nineteen (19)  
15 become pregnant;

16 (b) In 2002, the pregnancy rate for African-American  
17 and Latino teens ages fifteen (15) through nineteen (19) was  
18 double the rate for Caucasian teens;

19 (c) An estimated four thousand eight hundred  
20 eighty-three (4,883) youth and young adults ages thirteen (13)  
21 through twenty-four (24) were diagnosed with HIV or AIDS in 2004,



representing approximately thirteen percent (13%) of all individuals given a diagnosis during that year;

(d) African-American youth comprised the largest single group of young people affected by HIV, accounting for fifty-five percent (55%) of all HIV infections among youth and young adults ages thirteen (13) through twenty-four (24) in 2004;

(e) Although African-American teens ages thirteen (13) through nineteen (19) represent only sixteen percent (16%) of United States teens, they accounted for sixty-nine percent (69%) of new AIDS cases reported among teens in 2005;

(f) In 2005, Latino teens, ages thirteen (13) through nineteen (19), accounted for seventeen percent (17%) of AIDS cases among teens, the same as their proportion of the United States teenage population that year;

(g) Latinos ages twenty (20) through twenty-four (24) accounted for twenty-two percent (22%) of new AIDS cases reported among young adults, but represented eighteen percent (18%) of United States young adults;

(h) Recent estimates suggest that while persons ages fifteen (15) through twenty-four (24) represent one-fourth (1/4) of the sexually active population, they acquire nearly one-half (1/2) of all new sexually transmitted infections;

(i) In 2005, the gonorrhea rate among African-American teens ages fifteen (15) through nineteen (19) was seventeen (17) times higher than among Caucasian teens of the same age;



(j) In 2005, the rates of primary and secondary syphilis were nineteen (19) times higher among African-American teens ages fifteen (15) through nineteen (19) than among their Caucasian peers; and

(k) In 2005, nearly three-fourths (3/4) of all reported cases of gonorrhea occurred among African-American teens, for whom the gonorrhea rate was two thousand one hundred six (2,106) per one hundred thousand (100,000) population.

(2) The Legislature believes that society itself must take the necessary measures to provide intervention to correct the problems with children and teens and reverse the failures caused by a lack of adequate health awareness, which leads to disproportionate rates of minority teenage pregnancy and sexually transmitted infections. The Legislature further believes that the development and implementation of a comprehensive plan that will educate our children and teens on the dire consequences of unprotected, uninformed and underage sexual activity must be provided to communities and families dealing with the pervasive issues and problems that are indicative of teenage pregnancy and sexually transmitted infections.

**SECTION 3.** The Mississippi Department of Human Services shall develop programs to accomplish the purpose of one or more of the following strategies:



(a) Promoting effective communication among families about preventing teen pregnancy, particularly communication among parents or guardians and their children;

(b) Educating community members about the consequences of unprotected, uninformed and under age sexual activity and teen pregnancy;

(c) Encouraging young people to postpone sexual activity and prepare for a healthy, successful adulthood, including teaching them skills to avoid making or receiving unwanted verbal, physical, and sexual advances;

(d) Providing medically accurate information about the health benefits and side effects of all contraceptives and barrier methods as a means to prevent pregnancy and reduce the risk of contracting sexually transmitted infections, including HIV/AIDS; or

(e) Providing educational information, including medically accurate information about the health benefits and side effects of all contraceptives and barrier methods, for young people in those communities who are already sexually active or are at risk of becoming sexually active and inform young people in those communities about the responsibilities and consequences of being a parent, and how early pregnancy and parenthood can interfere with educational and other goals.

**SECTION 4.** (1) The State Department of Health shall develop programs with the following strategies:



95           (a) To carry out activities, including counseling, to  
96 prevent unintended pregnancy and sexually transmitted infections,  
97 including HIV/AIDS, among teens;

98           (b) To provide necessary social and cultural support  
99 services regarding teen pregnancy;

100           (c) To provide health and educational services related  
101 to the prevention of unintended pregnancy and sexually transmitted  
102 infections, including HIV/AIDS, among teens;

103           (d) To promote better health and educational outcomes  
104 among pregnant teens; and

105           (e) To provide training for individuals who plan to  
106 work in school-based support programs regarding the prevention of  
107 unintended pregnancy and sexually transmitted infections,  
108 including HIV/AIDS, among teens.

109           (2) It shall be the responsibility of school nurses employed  
110 by local school districts implementing the program developed by  
111 the State Department of Health under subsection (1) of this  
112 section to carry out the functions of those strategies to promote  
113 consistency in the administration of the program.

114           **SECTION 5.** Section 41-79-5, Mississippi Code of 1972, is  
115 amended as follows:

116           41-79-5. (1) There is \* \* \* established within the State  
117 Department of Health a school nurse intervention program,  
118 available to all public school districts in the state.



119           (2) By the school year 1998-1999, each public school  
120 district shall have employed a school nurse, to be known as a  
121 Health Service Coordinator, pursuant to the school nurse  
122 intervention program prescribed under this section. The school  
123 nurse intervention program shall offer any of the following  
124 specific preventive services, and other additional services  
125 appropriate to each grade level and the age and maturity of the  
126 pupils:

127           (a) Reproductive health education and referral to  
128 prevent teen pregnancy and sexually transmitted diseases, which  
129 education shall include abstinence;

130           (b) Child abuse and neglect identification;

131           (c) Hearing and vision screening to detect problems  
132 which can lead to serious sensory losses and behavioral and  
133 academic problems;

134           (d) Alcohol, tobacco and drug abuse education to reduce  
135 abuse of these substances;

136           (e) Scoliosis screening to detect this condition so  
137 that costly and painful surgery and lifelong disability can be  
138 prevented;

139           (f) Coordination of services for handicapped children  
140 to ensure that these children receive appropriate medical  
141 assistance and are able to remain in public school;



(g) Nutrition education and counseling to prevent obesity and/or other eating disorders which may lead to life-threatening conditions, for example, hypertension;

(h) Early detection and treatment of head lice to prevent the spread of the parasite and to reduce absenteeism;

(i) Emergency treatment of injury and illness to include controlling bleeding, managing fractures, bruises or contusions and cardiopulmonary resuscitation (CPR);

(j) Applying appropriate theory as the basis for decision making in nursing practice;

(k) Establishing and maintaining a comprehensive school health program;

(l) Developing individualized health plans;

(m) Assessing, planning, implementing and evaluating programs and other school health activities, in collaboration with other professionals;

(n) Providing health education to assist students, families and groups to achieve optimal levels of wellness;

(o) Participating in peer review and other means of evaluation to assure quality of nursing care provided for students and assuming responsibility for continuing education and professional development for self while contributing to the professional growth of others;

(p) Participating with other key members of the community responsible for assessing, planning, implementing and



evaluating school health services and community services that include the broad continuum or promotion of primary, secondary and tertiary prevention; \* \* \*

(q) Contributing to nursing and school health through innovations in theory and practice and participation in research; and

(r) Carrying out the functions of those strategies implemented in the program developed by the State Department of Health under Section 4 of this act.

(3) Public school nurses shall be specifically prohibited from providing abortion counseling to any student or referring any student to abortion counseling or abortion clinics. Any violation of this subsection shall disqualify the school district employing such public school nurse from receiving any state administered funds under this section.

(4) Repealed.

(5) Beginning with the 1997-1998 school year, to the extent that federal or state funds are available therefor and pursuant to appropriation therefor by the Legislature, in addition to the school nurse intervention program funds administered under subsection (4), the State Department of Health shall establish and implement a Prevention of Teen Pregnancy Pilot Program to be located in the public school districts with the highest numbers of teen pregnancies. The Teen Pregnancy Pilot Program shall provide the following education services directly through public school





nurses in the pilot school districts: health education sessions in local schools, where contracted for or invited to provide, which target issues including reproductive health, teen pregnancy prevention and sexually transmitted diseases, including syphilis, HIV and AIDS. When these services are provided by a school nurse, training and counseling on abstinence shall be included.

(6) In addition to the school nurse intervention program funds administered under subsection (4) and the Teen Pregnancy Pilot Program funds administered under subsection (5), to the extent that federal or state funds are available therefor and pursuant to appropriation therefor by the Legislature, the State Department of Health shall establish and implement an Abstinence Education Pilot Program to provide abstinence education, mentoring, counseling and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out of wedlock. Such abstinence education services shall be provided by the State Department of Health through its clinics, public health nurses, school nurses and through contracts with rural and community health centers in order to reach a larger number of targeted clients. For purposes of this subsection, the term "abstinence education" means an educational or motivational program which:

(a) Has as its exclusive purpose, teaching the social, psychological and health gains to be realized by abstaining from sexual activity;



217 (b) Teaches abstinence from sexual activity outside  
218 marriage as the expected standard for all school-age children;

219 (c) Teaches that abstinence from sexual activity is the  
220 only certain way to avoid out-of-wedlock pregnancy, sexually  
221 transmitted diseases and other associated health problems;

222 (d) Teaches that a mutually faithful monogamous  
223 relationship in context of marriage is the expected standard of  
224 human sexual activity;

225 (e) Teaches that sexual activity outside of the context  
226 of marriage is likely to have harmful psychological and physical  
227 effects;

228 (f) Teaches that bearing children out of wedlock is  
229 likely to have harmful consequences for the child, the child's  
230 parents and society;

231 (g) Teaches young people how to reject sexual advances  
232 and how alcohol and drug use increase vulnerability to sexual  
233 advances; and

234 (h) Teaches the importance of attaining  
235 self-sufficiency before engaging in sexual activity.

236 (7) Beginning with the 1998-1999 school year and pursuant to  
237 appropriation therefor by the Legislature, in addition to other  
238 funds allotted under the minimum education program, each school  
239 district shall be allotted an additional teacher unit per every  
240 one hundred (100) teacher units, for the purpose of employing  
241 qualified public school nurses in such school district, which in



no event shall be less than one (1) teacher unit per school district, for such purpose. In the event the Legislature provides less funds than the total state funds needed for the public school nurse allotment, those school districts with fewer teacher units shall be the first funded for such purpose, to the extent of funds available.

(8) Prior to the 1998-1999 school year, nursing staff assigned to the program shall be employed through the local county health department and shall be subject to the supervision of the State Department of Health with input from local school officials. Local county health departments may contract with any comprehensive private primary health care facilities within their county to employ and utilize additional nursing staff. Beginning with the 1998-1999 school year, nursing staff assigned to the program shall be employed by the local school district and shall be designated as "health service coordinators," and shall be required to possess a bachelor's degree in nursing as a minimum qualification.

(9) Upon each student's enrollment, the parent or guardian shall be provided with information regarding the scope of the school nurse intervention program. The parent or guardian may provide the school administration with a written statement refusing all or any part of the nursing service. No child shall be required to undergo hearing and vision or scoliosis screening or any other physical examination or tests whose parent objects



thereto on the grounds such screening, physical examination or tests are contrary to his sincerely held religious beliefs.

(10) A consent form for reproductive health education shall be sent to the parent or guardian of each student upon his enrollment. If a response from the parent or guardian is not received within seven (7) days after the consent form is sent, the school shall send a letter to the student's home notifying the parent or guardian of the consent form. If the parent or guardian fails to respond to the letter within ten (10) days after it is sent, then the school principal shall be authorized to allow the student to receive reproductive health education. Reproductive health education shall include the teaching of total abstinence from premarital sex and, wherever practicable, reproductive health education should be taught in classes divided according to gender. All materials used in the reproductive health education program shall be placed in a convenient and easily accessible location for parental inspection. School nurses shall not dispense birth control pills or contraceptive devices in the school. Dispensing of such shall be the responsibility of the State Department of Health on a referral basis only.

(11) No provision of this section shall be construed as prohibiting local school districts from accepting financial assistance of any type from the State of Mississippi or any other governmental entity, or any contribution, donation, gift, decree or bequest from any source which may be utilized for the



292 maintenance or implementation of a school nurse intervention  
293 program in a public school system of this state.

294       **SECTION 6.** This act shall take effect and be in force from  
295 and after July 1, 2014.

