

By: Representative Scott

To: Public Health and Human Services; Appropriations

HOUSE BILL NO. 318

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,



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

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

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

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

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

40 (h) Recent estimates suggest that while persons ages  
41 fifteen (15) through twenty-four (24) represent one-fourth (1/4)  
42 of the sexually active population, they acquire nearly one-half  
43 (1/2) of all new sexually transmitted infections;

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



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

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

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

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



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

73 (b) Educating community members about the consequences  
74 of unprotected, uninformed and underage sexual activity and teen  
75 pregnancy;

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

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

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

93 **SECTION 4.** (1) The State Department of Health shall develop  
94 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;



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

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

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

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

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

154 (l) Developing individualized health plans;

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

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

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

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



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

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

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

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

182 (4) Repealed.

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





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

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

214 (a) Has as its exclusive purpose, teaching the social,  
215 psychological and health gains to be realized by abstaining from  
216 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



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

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

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



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

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

287 (11) No provision of this section shall be construed as  
288 prohibiting local school districts from accepting financial  
289 assistance of any type from the State of Mississippi or any other  
290 governmental entity, or any contribution, donation, gift, decree  
291 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, 2015.

