Chair Doherty and Members of the House Committee on Education:

I have been a community activist, reproductive health advocate, and a member of this community for the past 10 years. I respectfully request the committee's support of House Bill 4132, the Oregon Student Health Survey Bill. To work towards equity in health and education, we need to understand the scope of issues facing our youth and be responsive to their needs by ensuring that our health education standards are implemented, which include LGBTQ+ inclusivity, consent and healthy relationships, sexual activity and HIV/AIDS knowledge, child abuse prevention, and bullying an school safety. The Oregon Student Health Survey is the only source of statewide data on school climate and the health & well-being of Oregon students.

In an OHA survey of all 197 school districts, only 35 school districts reported having the required plan of instruction fo sex ed. We must support this survey to ensure we are collecting the most accurate data about teen health possible so we can make informed decisions. Oregon law requires sex education curricula that is developmentally appropriate and LGBTQ+ inclusive. But because decisions about sex education are largely made at the local level, Oregon is a patchwork of inconsistent laws and policies that make access to sex education inequitable. All young people and communities, no matter where they live, have the right to the information and skills they need to protect their health and plan their futures.

Why it's important to me that Oregon's public school students have access to comprehensive, age-appropriate, and LGBTQ+ inclusive sexual health education. Age appropriate sex education is widely supported by a majority of Americans, by the American Medical Association, and by the American Academy of Pediatrics. In fact, more than 90% of parents support sex education in both middle and high school. And the vast majority of parents, including Democrats and Republicans, want sex education to include topics like sexually transmitted infections, birth control, consent, abstinence, sexual orientation and gender identity, personal safety, healthy relationships, decision making and communication skill building. We need accurate data and a well-supported health survey in order to know where the needs for sex education and issues such as rising STI rates are in each community around the state. Supporting HB 4132 gets us closer to this critical information. Young people need access to information and resources that include consent and healthy relationships — starting well before college and well before they become sexually active — to help them understand how to ask for consent, respect personal boundaries, and learn how to say and receive a "no."

Growing up in rural Central Oregon the sex education I received did not prepare me for life in the real world in any way, and has contributed to a difficult journey in discovering who I am. If my sexual education had included review of reproductive health issues such as endometriosis, PCOS, and primary dysmenorrhea I would have been prepared for the pain and discomfort I deal with on a monthly basis, instead of learning about endometriosis at the age of 25 in a doctors office. If I had received comprehensive sex education that included an overview of

sexual orientations and gender identities I would have known that asexuality is a valid sexual orientation and I would not have grown up feeling that I was broken, that something was wrong with me. I would feel much more comfortable openly questioning my gender identity, instead I am 29 and still don't quite know who I really am inside. If I had received comprehensive sexual education I could very well still be asking myself some, if not all, of these questions, however the fear and the isolation I feel when thinking about these things would be replaced with confidence and with the knowledge that I am not facing these feelings alone.

Please codify and fund the Oregon Student Health Survey and provide the critical resources necessary to help schools and communities make data-informed decisions about the health and well-being of their students now and for years to come.

Sincerely,

Mariah Clark Springfield, Oregon