

Introduced by Senator Menjivar
(Coauthor: Senator Wiener)

February 20, 2025

An act to add Section 51932.5 to, and to add Article 16 (commencing with Section 49595) to Chapter 9 of Part 27 of Division 4 of Title 2 of, the Education Code, and to add Chapter 7.8 (commencing with Section 111824) to Part 5 of Division 104 of the Health and Safety Code, relating to sexual health.

LEGISLATIVE COUNSEL'S DIGEST

SB 608, as amended, Menjivar. Sexual health.

(1) Existing law, the California Healthy Youth Act, requires school districts, defined to include county boards of education, county superintendents of schools, the California School for the Deaf, the California School for the Blind, and charter schools, to ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education, as specified.

This bill would require the State Department of Education to monitor compliance with the requirements of the California Healthy Youth Act as part of its annual compliance monitoring of state and federal programs.

(2) Existing law establishes the Office of School-Based Health Programs for the purpose of assisting local educational agencies regarding the current health-related programs under the purview of the State Department of Education including, among other duties, coordinating school health program activities with public health, social

services, environmental, and local educational agencies, and other public and private entities.

This bill would prohibit a public school, as defined, ~~maintaining any combination of classrooms from that serves pupils in any of grades 7 to 12, inclusive, a school district, the State Department of Education, or a county office of education~~ from prohibiting certain school-based health centers, as defined, from making internal and external condoms available and easily accessible to pupils at the school-based health center ~~site. site and would require those public schools to allow condoms to be made available during the course of, or in connection with, educational or public health programs and initiatives, as provided. To the extent the bill imposes additional duties on local educational agencies, the bill would impose a state-mandated local program.~~

(3) Under existing law, the Sherman Food, Drug, and Cosmetic Law, the State Department of Public Health generally regulates the packaging, labeling, advertising, and sale of food, drugs, devices, and cosmetics, in accordance with the Federal Food, Drug, and Cosmetic Act. A violation of those provisions is generally a crime. Existing law sets forth various other provisions relating to the furnishing and health care coverage of certain types of contraception.

This bill would, with certain exceptions, prohibit a retail establishment, as defined, from refusing to furnish nonprescription contraception to a person solely on the basis of age by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age. Under the bill, a violation of that prohibition would be exempt from the above-described criminal penalty.

(4) *The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

1 SECTION 1. (a) The Legislature finds and declares all of the
2 following:

3 (1) The federal Centers for Disease Control and Prevention
4 (CDC) estimates that one in five people in the United States have
5 a sexually transmitted infection (STI). More than 325,000
6 Californians were infected with syphilis, chlamydia, or gonorrhea
7 in 2019.

8 (2) California youth, and in particular youth of color, are
9 disproportionately impacted by the STI crisis. Statewide data
10 indicate over one-half of all STIs in the state are experienced
11 among California youth 15 to 24 years of age, inclusive. Young
12 people in this age group make up more than 5 out of every 10
13 chlamydia cases in California, and more than 87 percent are youth
14 of color.

15 (3) Most STIs go undetected and can lead to serious,
16 life-threatening health problems later in life, including permanent
17 tissue damage, blindness, infertility, and cancer related to human
18 papillomavirus (HPV) infections. STIs also increase both the
19 transmission and acquisition of human immunodeficiency virus
20 (HIV). According to estimates provided by the Sexually
21 Transmitted Diseases (STD) Control Branch of the State
22 Department of Public Health, the state spends approximately one
23 billion dollars (\$1,000,000,000) annually on health costs associated
24 with STIs.

25 (4) Condoms are an effective tool to reduce STI transmission,
26 but condom use among sexually active teens has declined over the
27 last decade. The CDC's Youth Risk Behavior Surveillance System
28 (YRBSS) shows that in 2023, an average of 21 percent of
29 California high school pupils were sexually active and 52 percent
30 of those pupils did not use condoms during their last sexual
31 intercourse.

32 (5) Teens face multiple barriers to accessing condoms that deter
33 them from seeking and securing the resources they need to protect
34 themselves against STIs and unintended pregnancy. Through
35 Essential Access Health's TeenSource Condom Access Project,
36 young people reported that cost is the biggest obstacle to obtaining
37 condoms. When cost barriers remain, youth with low incomes are
38 often left without the option to regularly use condoms to help

1 protect their health and prevent an unintended pregnancy from
2 occurring.

3 (6) Teens have also long reported experiencing difficulties while
4 attempting to purchase condoms at some pharmacies and retailers,
5 including being judged, shamed, or harassed, or being asked to
6 show an identification card despite the fact that there are no age
7 requirements for condom purchases.

8 ~~(7) Condom availability programs in schools began in the early~~
9 ~~1990s, and are a key and cost-effective strategy for helping to~~
10 ~~prevent HIV, STIs, and pregnancy among teens. According to the~~
11 ~~CDC, only 7.2 percent of high schools and 2.3 percent of middle~~
12 ~~schools made condoms available to pupils in 2014. Studies~~
13 ~~conducted by the CDC also found that condom access programs~~
14 ~~in schools did not increase sexual activity among teens and can~~
15 ~~increase condom use among sexually active pupils and pupils at~~
16 ~~high risk.~~

17 ~~(8) In 2020, Vermont became the first state in the country to~~
18 ~~require public secondary schools to make free condoms readily~~
19 ~~available to pupils. The Society for Adolescent Health and~~
20 ~~Medicine strongly supports access to free condoms in schools in~~
21 ~~easily accessible locations, such as school-based health centers~~
22 ~~and clinics, nurses' offices, and bathrooms.~~

23 ~~(9)~~
24 (7) California has an interest in promoting and expanding
25 equitable access to tools and resources that empower youth to
26 make healthier choices and reduce the spread of STIs.

27 (b) Therefore, it is the intent of the Legislature to improve public
28 health outcomes and reduce STI rates among California youth by
29 making condoms more accessible for young people.

30 SEC. 2. Article 16 (commencing with Section 49595) is added
31 to Chapter 9 of Part 27 of Division 4 of Title 2 of the Education
32 Code, to read:

33
34 Article 16. Miscellaneous Provisions
35

36 49595. (a) A public school ~~maintaining any combination of~~
37 ~~classrooms from that serves pupils in any of grades 7 to 12,~~
38 ~~inclusive, a school district, the department, or a county office of~~
39 ~~education~~ shall not prohibit a school-based health center that serves
40 a public school serving any of grades 7 to 12, inclusive, from

1 making internal and external condoms available and easily
2 accessible to pupils at the school-based health center site.

3 *(b) A public school that serves pupils in any of grades 7 to 12,*
4 *inclusive, shall allow condoms to be made available during the*
5 *course of, or in connection with, educational or public health*
6 *programs and initiatives, including, but not limited to, condoms*
7 *provided by any of the following:*

8 *(1) Community organizations or other entities providing*
9 *instruction for purposes of the California Healthy Youth Act*
10 *(Chapter 5.6 (commencing with Section 51930) of Part 28).*

11 *(2) Pupil peer health programs, clubs, or groups.*

12 *(3) Pupil health fairs conducted on campus.*

13 *(4) School-based health center staff.*

14 ~~(b)~~

15 *(c) For purposes of this section, the following definitions apply:*

16 *(1) "Public school" includes a school operated by a school*
17 *district, a school operated by a county office of education, and a*
18 *charter school.*

19 *(2) (A) "School-based health center" means a center or program,*
20 *located at or near a public school, that provides age-appropriate*
21 *health care services at the program site or through referrals.*

22 *(B) A school-based health center includes a center or program*
23 *described in subparagraph (A) that may conduct routine physical,*
24 *mental health, and oral health assessments, and provide referrals*
25 *for any services not offered onsite.*

26 *(C) A school-based health center includes a center or program*
27 *described in subparagraph (A) that may serve two or more*
28 *nonadjacent schools or local educational agencies.*

29 SEC. 3. Section 51932.5 is added to the Education Code, to
30 read:

31 51932.5. The department shall monitor compliance with the
32 requirements of this chapter as part of its annual compliance
33 monitoring of state and federal programs.

34 SEC. 4. Chapter 7.8 (commencing with Section 111824) is
35 added to Part 5 of Division 104 of the Health and Safety Code, to
36 read:

CHAPTER 7.8. NONPRESCRIPTION CONTRACEPTION

111824. (a) A retail establishment shall not refuse to furnish nonprescription contraception to a person solely on the basis of age by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age.

(b) Section 111825 does not apply to a violation of subdivision (a).

~~(c) Subdivision (a) does not apply to the refusal to furnish nonprescription contraception on the basis of age if, under other provisions of federal or state law, the contraception is subject to restrictions on the basis of age.~~

(c) If, under subsequent provisions of federal law, a nonprescription contraception becomes subject to restrictions on the basis of age, subdivision (a) shall not apply to the refusal to furnish that contraception on the basis of age.

(d) For purposes of this section, “retail establishment” means any vendor that, in the regular course of business, furnishes nonprescription contraception at retail directly to the public, including, but not limited to, a pharmacy, grocery store, or other retail store.

SEC. 5. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.