SIECUS | State Profile

A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States

Fiscal Year 2013 Edition Overview

SIECUS is proud to present the 11th edition of the *State Profiles*. The profiles are intended as a resource for educators, advocates, and policymakers across the country, to be used to promote and build on the success of investments and policies that are being implemented to support the sexual health of adolescents, and to continue the efforts to eliminate all federal and state policies and funding for ineffective abstinence-only-until-marriage (AOUM) programs. SIECUS continues to advocate for the right of all people to have access to accurate and comprehensive information about sexuality and sexual health. The Fiscal Year (FY) 2013 edition of the *State Profiles* reflects our focus on the nexus of policy and implementation, tracking funding for adolescent sexual health promotion programs and AOUM programs, and detailing new funding streams, grantees, and funded programs. The information contained in this edition reflects research and analysis of overall trends at the federal and state levels completed through September 30, 2013.

As in recent years' editions, the FY 2013 *State Profiles* illustrate the significant progress advocates and educators have made in improving sexuality education law, policy, and implementation. Increasingly, sexuality education has moved away from the failed experiment of AOUM programs toward medically accurate and evidence-based or evidence-informed sexual health programs. Encompassing science-based and age-appropriate approaches to ensuring the sexual health of young people, these programs build upon advocates' efforts towards the goal of comprehensive sexuality education across the country.

In addition to the federal funding streams for teen pregnancy prevention and more comprehensive sexuality education approaches profiled in previous editions, this year's edition highlights two complementary federal programs that are being leveraged to increase the reach and impact of the limited resources available for adolescent sexual health promotion programs. The Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) program has been providing education agencies with HIV/AIDS prevention support for nearly two decades, but changed dramatically in FY 2013 to a new, rigorous and competitive award program. The Pregnancy Assistance Fund (PAF), established in FY 2010 and administered by the Office of Adolescent Health (OAH), issued its second round of awards in FY 2013.

The new era of federal sex education policies—which began in FY 2010 and has resulted in increased support for evidence-informed programs to prevent HIV/AIDS, other STDs, and teen pregnancy—continues in FY 2013. The Personal Responsibility Education Program (PREP) and PAF maintained their annual authorized funding of $75 million and $25 million, respectively, in FY 2013. However, discretionary programs, which are subject to the annual appropriations process, suffered funding losses. These cuts resulted from a sequestration trigger required by the Budget Control Act of 2011 and Congress' inability to negotiate a budget that would have prevented across-the-board reductions in federal government spending. For FY 2013, the Teen Pregnancy Prevention Initiative's (TPPI) funding was cut to $98 million, a loss of nearly $7 million. TPPI also lost $400,000 of evaluation transfer funding, bringing the funding for evaluation to $8.1 million for FY 2013. DASH, whose budget had already been cut by 25% in FY 2012, suffered an additional $1.5 million loss in FY 2013, reducing its funding to $30.5 million. These amounts reflect an investment of $236.6 million for science-based adolescent sexual health promotion programs in FY 2013.

Unfortunately, federal AOUM programs were also funded in FY 2013: $50 million for the authorized Title V AOUM program, as well as $4.7 million in discretionary funding for the Competitive Abstinence Education (CAE) program, which is tied to the federal definition of "Abstinence Education."[1]

Fiscal Year 2013 Highlights

- TPPI funded 94 grantees in 35 states and the District of Columbia.
- DASH funded 17 state education agencies, 19 local education agencies, and nine nongovernmental organizations.
- PAF funded 17 grantees in 14 states and including three tribal entities.
- The PREP state grants funded state/territory health departments in 45 states, the District of Columbia, the Federated States of Micronesia, Puerto Rico, and the Virgin Islands.
- The Personal Responsibility Education Innovative Strategies (PREIS) funded 13 grantees in 12 states.
- The Tribal Personal Responsibility Education Program (TPREP) funded 16 grantees in nine states.
- The Competitive Personal Responsibility Education Program (CPREP) funded 37 community- or faith-based organizations in the five states that did not directly apply for PREP funds–Florida, Indiana, North Dakota, Texas, Virginia – as well as American Samoa, Guam, and the Northern Mariana Islands.
- Title V AOUM funded 36 states, Guam, the Federated States of Micronesia, and Puerto Rico.
- CAE provided funds to 19 community- and faith-based organizations in 14 states.

A History of Federal Funding

Sex education, particularly in America's public schools, has long been a political issue. As concerns over unintended teen pregnancy and HIV/AIDS, rose in the 1970s and 1980s, respectively, states increasingly began to pass policies requiring pregnancy prevention and/or HIV/AIDS education—at times, though not always, in conjunction with broader sex education classes. The federal government also began funding teen-pregnancy-, HIV/AIDS-, and STD-prevention activities—such as those funded through the CDC. Despite the interconnectivity of the topics, these funding streams were always separated and the government had never dedicated funding to more comprehensive sex education programs that have demonstrated effectiveness and are age-appropriate, medically accurate, and inclusive of all young people, regardless of their gender and sexual identity, history, and experiences.

Instead, beginning in 1981 with the Reagan administration, federal policymakers began pouring taxpayer money into AOUM programs. Funding for these unproven programs grew exponentially from 1996 until 2009. Through FY 2013, Congress has funneled over $1.76 billion of taxpayers' dollars into AOUM programs such as the Community-Based Abstinence Education (CBAE) grant program, the AOUM portion of the Adolescent Family Life Act (AFLA), the Title V AOUM program, and the CAE grant program. Currently, funding for AOUM programs continues both through Title V and the CAE grant program, despite the overwhelming body of evidence showing that such programs are not effective in changing behavior. For a complete history of the federal investment in AOUM programs, see SIECUS' *A History of Federal Funding for Abstinence-Only-Until-Marriage Programs.*

After nearly 30 years of strong support for AOUM programs, the federal government began to modify its approach in response to the evidence and advocacy efforts in support of more comprehensive approaches to sex education. In FY 2010, the Obama administration and Congress ushered in a new era of sex education in the United States, eliminating two-thirds of federal funding for ineffective AOUM programs and providing funding totaling nearly $190 million for two initiatives, TPPI and PREP, that support evidence-based teen-pregnancy-, HIV/AIDS-, and STD-prevention programs. In addition, the federal government continued funding for HIV-prevention education in our nation's schools through CDC's DASH.

The Obama administration also signaled the importance of addressing the interrelated health needs of adolescents by establishing the OAH, which is charged with coordinating all activities within the Department of Health and Human Services (HHS) that relate to adolescent "disease prevention, health promotion, preventive health services, and health information and education."[2] Additional information on the creation of these programs is available in SIECUS' *A Brief History of Federal Funding for Sex Education and Teen Pregnancy, HIV/AIDS, and STD Prevention Programs*.

These federal initiatives supporting evidence-based prevention of unintended pregnancy, HIV/AIDS, and STDs continue. However, sex education remains a politically charged issue, and the funding for these initiatives is continually threatened. In the current fiscal climate, dominated by efforts to decrease spending and reduce the national deficit, funding increases are hard to secure regardless of need or future cost-savings. There are also the continual attempts by congressional Republicans to increase AOUM funding by cutting TPPI funding. This maneuvering ultimately resulted in the renewed funding for AOUM grants through the CAE program in FY 2012 and remained a constant tension throughout the FY 2013 appropriations process.

Critical to the funding discussion is the fact that federal funding for truly comprehensive sexuality education still does not exist, despite the significant advances and improvements of TPPI, PREP, and the current DASH program. While the existing adolescent sexual health promotion initiatives are an important shift in the direction toward more comprehensive approaches, they still provide piecemeal sex education to narrow segments of the youth population. As long as the focus of these initiatives remain on influencing public health outcomes—namely, preventing HIV/AIDS, other STDs, and teen pregnancy—rather than on education and skill development, young people will lack the full range of information and skills they need to make healthy life choices and enjoy healthy relationships.

Federal Funding Streams in Brief

Teen Pregnancy Prevention Initiative

Established in FY 2010, TPPI funds medically accurate and age-appropriate programs to reduce teen pregnancy. OAH administers the initiative's five-year cooperative agreements, which totaled just under $105 million in discretionary funding for FY 2012. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals $75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals $25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, $15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, $9.8 million, was allocated for grants to support community-wide initiatives. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. In FY 2013, the fourth year of the five-year cooperative agreements, OAH awarded a total of $75 million in Tier 1 cooperative agreements to 75 grantees in 32 states and the District of Columbia. OAH awarded Tier 2 funding totaling $15 million to 19 grantees in 14 states.

CDC, in partnership with OAH, awarded the remaining Tier 2 funding to community-wide teenage pregnancy prevention programs; eight state and local organizations are funded to demonstrate the effectiveness of innovative, multi-component, community-wide initiatives, and five national organizations are funded to provide assistance and support to the community grantees.

TPPI grantees are implementing a variety of programs. They include programs designed to prevent teen pregnancy and STDs, including HIV/AIDS, which include information on abstinence and contraception in addition to other topics; positive youth development programs, some of which include a sex education component; and some abstinence-until-ready and AOUM programs. Tier 1 grantees are funded to replicate already existing programs with a proven track record of effectiveness.

In order to identify effective evidence-based programs that could be implemented under Tier 1 of TPPI, OAH contracted with Mathematica Policy Research, Inc., to conduct an independent, systematic review of research on teen pregnancy prevention and risk reduction programs, and ultimately compile a list of "evidence-based" programs. To qualify as an evidence-based program in this review, a program had to "be supported by at least one high- or moderate-rated impact study showing a positive, statistically significant impact on at least one priority outcome (sexual activity, contraceptive use, STIs, or pregnancy or births), for either the full study sample or key subgroup (defined by gender or baseline sexual experience)."[3]

While nearly 1,000 potentially eligible programs were identified as of FY 2013, only 31 initially met the strict scientific criteria, "reflecting a range of program models and target populations."[4] Of the 31 programs included on the list, 21 showed evidence of impact on sexual activity (for example, sexual initiation, number of partners, or frequency of sexual activity), 11 showed evidence of impact on contraceptive use, four showed evidence of impact preventing STDs, and five showed evidence of impact preventing pregnancy or births.[5] Of the 31, five are positive youth development programs. The other 26 focus on reducing unintended pregnancy or the underlying behavioral risk factors that may lead to HIV/AIDS, other STDs, or unintended pregnancy.

President Obama requested $105 million for TPPI in his FY 2013 budget, which would have been roughly equal to the FY 2012 funding level. After yet another lengthy budget battle and the subsequent sequester cut, TPPI ultimately received $98 million FY 2013.[6] Consequently, OAH allowed grantees to use one-time carryover funds to support their efforts, in order to preserve the funds reserved for administrative and technical assistance.

Division of Adolescent and School Health

Since 1988, CDC has provided support for HIV-prevention education to state, local, and territorial education agencies through DASH. From its inception through FY 2010, DASH's program and funding for HIV prevention education was combined with assistance for schools' chronic-disease-prevention efforts and promoted a "coordinated school health" approach. In FY 2011, CDC split its HIV-prevention education and chronic-disease-prevention efforts into two different centers. The chronic-disease-prevention efforts became the School Health Branch within the Division of Population Health in the National Center for Chronic Disease Prevention and Health Promotion. DASH and its HIV-prevention education and surveillance activities moved to the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. DASH continued to provide assistance to state education agencies (SEAs), local education agencies (LEAs), and territorial education agencies (TEAs) nationwide. After sustaining a devastating 25% funding cut in FY 2012, DASH reviewed its funding priorities and approaches and introduced a new five-year funding announcement that commenced on August 1, 2013. The current DASH program provides funding to 17 SEAs or TEAs and 19 LEAs to help districts and schools strengthen student health through exemplary sexual health education (ESHE), emphasizing HIV and other STD prevention, increasing access to key sexual health services (SHS); and establishing safe and supportive environments (SSE) for students and staff.

In addition, DASH funds nine national non-governmental organizations (NGOs) to help SEAs, TEAs, and LEAs deliver ESHE, increase access to SHS, and establish SSE. DASH also funds three LEAs and one NGO to implement multiple program activities to meet the HIV/STD prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based mental health and social-service organizations. DASH further provides funding for state, local, and territorial education and health agencies to establish and strengthen procedures for collecting and reporting Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

Though President Obama requested that DASH's FY 2013 funding match its FY 2012 funding level of $40 million, the final FY 2013 budget for DASH was $30.5 million.

Pregnancy Assistance Fund

PAF, administered by OAH, provides expecting and parenting teens and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FYs 2010–2019) in the Affordable Care Act (ACA), PAF is a $25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expecting and parenting student services at institutions of higher education; 2) support for expecting and parenting teens and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and educational services for expecting and parenting teens and their families. Now in the second round of awards, PAF supports 17 entities in 14 state and three tribal entities, most of which focus their efforts on serving teen parents.

Personal Responsibility Education Program

PREP funding totals $75 million per year for FYs 2010–2014 and is the first-ever funding stream dedicated to supporting more comprehensive approaches to sexuality education. All programs implemented with PREP funding must educate adolescents about both abstinence and contraception for the prevention of pregnancy and STDs, including HIV/AIDS, and must cover at least three adulthood preparation subjects such as healthy relationships, adolescent development, financial literacy, educational and career success, and healthy life skills. The Department of Health and Human Services' Administration for Children and Families (ACF) administers PREP.

PREP includes a $55 million state grant program; $10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) program; $3.1 million for Tribal PREP, for tribes and tribal organizations; with remaining funds dedicated for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

PREP State Grant Program

The PREP state grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of HIV/AIDS, other STDs, and unintended pregnancy. The grant program totals $55 million per year and allocates funding to individual states, typically to the state health department. The grant does not require states to provide matching funds and individual states determine how their funds will be distributed. The response to PREP has been overwhelmingly positive.

A vast majority of states applied for PREP funds, including states that have staunchly supported an AOUM approach in the past. For FY 2013, 45 states, the District of Columbia, the Federated States of Micronesia, Puerto Rico, and the U.S. Virgin Islands received PREP funds.

Personal Responsibility Education Innovative Strategies (PREIS)
PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models that adhere to the PREP criteria for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of $10 million in funding directly to local public and private entities. Thirteen grantees in 12 states received federal funding through PREIS in FY 2013.

Tribal Personal Responsibility Education Program (TPREP)
Tribal PREP supports the development and implementation of teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP targets youth ages 10–19 who are in or aging out of foster care, homeless, living with HIV/AIDS, pregnant and/or parenting and under 21 years of age, and/or living in areas with high adolescent birth rates. FY 2011 was the first year in which Tribal PREP funds were available. In FY 2013, 16 grantees in nine states received TPREP funding.

Competitive Personal Responsibility Education Program (CPREP)
CPREP supports community- and faith-based organizations and institutions in states and territories that did not apply for PREP state grants in either of the past two fiscal years. Entities in five states and three territories were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling $18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

Title V State Abstinence Education Grant Program
The Title V State Abstinence Education Grant Program (Title V AOUM) allocates $50 million per year to states for FYs 2010–2014. ACF administers the program. Title V AOUM requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local organizations. All programs funded by Title V AOUM must promote abstinence from sexual activity outside of marriage as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end.[7] Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

In FY 2010, ACF released new program guidance for Title V AOUM. Although the new guidance is more flexible than it had been in previous years, programs funded with Title V AOUM money must still teach abstinence to the exclusion of other topics. Programs must ensure that abstinence from sexual activity is an expected outcome and no funds can be used in ways that contradict the Social Security Act Title V Sections A–H federal "abstinence education" definition, of which the "exclusive purpose" is promoting abstinence outside of marriage.[8] These restrictions mean that states still cannot use Title V AOUM funds to in any way advocate contraceptive use or discuss contraceptive methods except to emphasize their failure rates. Despite continued budget strains within states and the required matching funds, the appeal of additional resources in the form of Title V AOUM funding, with its increased flexibility, resulted in FY 2013 participation among 36 states, Guam, the Federated States of Micronesia, and Puerto Rico, with a total of $37 million allocated.

Competitive Abstinence Education Grant Program (CAE)
The conclusion of the FY 2012 appropriations negotiations resulted in the revival of a $5 million discretionary grant program for AOUM, CAE. The CAE grant program continues in FY 2013 and is administered by ACF. All programs funded by CAE grants must adhere to the exclusive purpose of "abstinence education" as defined by the A–H statute and provide mentoring, counseling, and adult supervision that is aimed at promoting AOUM.[9]

As currently implemented by ACF, CAE-funded programs must also be medically accurate. In FY 2013, $4.3 million was granted to 10 new grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards, for a total of 19 CAE grantees in 14 states.

Addressing Health Disparities Among Marginalized Youth

In line with the primary intent of the programs, the majority of federally funded PREP and TPPI programs across the country are choosing to address the sexual health and prevention education needs of young people in communities with the highest need, greatest health disparities, and at the highest risk of teen pregnancy or contracting HIV and other STDS.

In some cases, such as in PREP, a focus on addressing health disparities and high-risk populations is a direct result of legislative language. The innovative strategies portion of PREP details that grants must be utilized to implement innovative youth pregnancy prevention strategies and target services to high-risk, vulnerable, and culturally under-represented youth populations, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant women who are under 21 years of age and their partners, mothers who are under 21 years of age and their partners, and youth residing in areas with high birth rates for teens.[1] The funding opportunity announcement (FOA) for the PREP state-grant program also required applicants to detail how they would address the above populations. Even the Title V AOUM program FOA encouraged grantees to address youth in or aging out of foster care and youth who are in the care of the child welfare system due to their high rates of unintended pregnancy.

Federal grantees address these vulnerable populations by targeting those that make the most sense for their communities. For example, TPPI grantees in Alaska prioritize youth in rural areas, grantees in California focus on "migrant and seasonal farm workers," and grantees in Louisiana specifically target young people who have dropped out of high school. Within the PREP program, examples include sub-grantees in the District of Columbia who prioritize youth who are LGBTQ and sub-grantees in Nebraska who target young people in the juvenile justice system.

State Trends

FY 2013 resulted in several promising advances in state-level sexuality education policies, with supportive laws enacted in Colorado and Illinois. Colorado Governor John Hickenlooper signed HB 1081 into law on May 28, 2013. The new law delineates criteria for "comprehensive human sexuality education" and establishes a grant program within the state's Department of Public Health and Environment to provide federal funding or otherwise appropriated state funds to public schools to create and implement evidence-based, culturally sensitive, and age-appropriate comprehensive sexuality education programs. The law also created a provision limiting the use of direct and indirect federal "abstinence education" funds for programming in schools as of July 1, 2013.[10]

In August 2013, Illinois enacted HB 2675, which requires that sexuality education be medically accurate and age-appropriate and removes the previous requirement stipulating that students be taught that AOUM is the "expected norm," thus expanding instruction to include information on contraception and protection against STDs, including HIV/AIDS.

The new law amends the state's School Code and the Critical Health Problems and Comprehensive Health Education Act to align with the National Sexuality Education Standards. As of FY 2013 Illinois also requires all school districts' health education curriculums to include age-appropriate instruction on teen dating violence and child sexual abuse prevention. While these advancements improve the sexual health information students may be likely to receive in the state, Illinois public schools still retain the option to not teach sexuality education at all.[11] Another notable advancement came from Montana, where Governor Steve Bullock vetoed a measure that would have required parental consent for students to participate in sexuality education.[12]

Along with this progress, however, a few setbacks for sexuality education should be noted. In Kansas, a new law prohibits an individual associated with an abortion provider from providing sexuality education instruction in public schools, and North Carolina now requires sexuality educators to inform students that having an abortion increases the risk of a subsequent preterm birth—a claim that has no basis in medical or scientific fact.[13]

Conclusion

Advocates for comprehensive sexuality education have seen a shift in how federal, state, and local governments approach sex education. We now have federal funding streams supporting positive sexuality education programs that are beginning to meet the real needs of young people. While federal funding for AOUM programs has not yet been eliminated, it has been significantly reduced—though the reemergence of a discretionary funding stream for AOUM grants and continuous sexuality education challenges at the state level in FY 2013 are cause for caution and concern. As advocates concerned with the health of young people, we need to continue to work with supportive local, state, and federal policymakers to protect funding for adolescent sexual health promotion programs and encourage further policies and investment in support of more comprehensive approaches to sex education. We need to ensure that educators implementing programs on the front lines have the resources and training they need to deliver and sustain successful programs. Finally, we must also work to mitigate the attacks on sexual and reproductive health, which include attacks on sex education, to ensure that the prevention and educational needs of all young people are not ignored in favor of political ideology.

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Section 510 (b) of Title V of the Social Security Act, P.L. 104–193	
For the purposes of this section, 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;
B	teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
C	teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
D	teaches that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity;
E	teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
F	teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
G	teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
H	teaches the importance of attaining self-sufficiency before engaging in sexual activity.

[2] 42 USC § 300u–7.
[3] "Review Protocol 2.0," Teen Pregnancy Prevention Evidence-Based Programs Database, Office of Adolescent Health, accessed February 4, 2014, http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/eb-programs-review-v2.pdf.
[4] Ibid.
[5] Ibid.
[6] "Eleventh-Hour Deal on Federal Budget Avoids Government Shutdown," SIECUS, April 2011, accessed September 14, 2011, http://siecus.org/index.cfm?fuseaction=Feature.showFeature&featureid=2000&pageid=483&parentid=478.
[7] Section 510 (b) of Title V of the Social Security Act, P.L. 104–193.
[8] Ibid.
[9] Ibid. Section 510 (b) of Title V of the Social Security Act, P.L. 104–193.
[10] "Colorado Passes Bill to Provide Grants for Schools to Implement Sex Education," SIECUS, May 2013, accessed July 21, 2014, http://siecus.org/index.cfm?fuseaction=Feature.showFeature&featureid=2276&pageid=483&parentid=478.
[11] "Laws Affecting Reproductive Health and Rights: 2013 State Policy Review," Guttmacher Institute, accessed July 21, 2014, http://www.guttmacher.org/statecenter/updates/2013/statetrends42013.html
[12] Ibid.
[13] "N.C. Senate Bill Would Teach Students Abortion is Linked to Premature Birth," National Partnership for Women and Families, May 10, 2013, accessed July 21, 2014, http://go.nationalpartnership.org/site/News2?page=NewsArticle&id=39669&news_iv_ctrl=0&abbr=daily2.