1		AN.	ACT relating to children.
2	Be it	t enac	ted by the General Assembly of the Commonwealth of Kentucky:
3		→ Se	ection 1. KRS 158.1415 is amended to read as follows:
4	(1)	If a	school council or, if none exists, the principal adopts a curriculum for human
5		sexu	ality or sexually transmitted diseases, instruction shall include but not be
6		limit	ted to the following content:
7		(a)	Abstinence from sexual activity is the desirable goal for all school-age
8			children;
9		(b)	Abstinence from sexual activity is the only certain way to avoid unintended
10			pregnancy, sexually transmitted diseases, and other associated health
11			problems;
12		(c)	The best way to avoid sexually transmitted diseases and other associated
13			health problems is to establish a permanent mutually faithful monogamous
14			relationship; and
15		(d)	[A policy to respect parental rights by ensuring that:
16			1. Children in grade five (5) and below do not receive any instruction
17			through curriculum or programs on human sexuality or sexually
18			transmitted diseases; or
19			2. Any child, regardless of grade level, enrolled in the district does not
20			receive any instruction or presentation that has a goal or purpose of
21			students studying or exploring gender identity, gender expression, or
22			sexual orientation; and
23		(e)	-]A policy to notify a parent [in advance and obtain the parent's written consent
24			before the parent's child in grade six (6) or above receives any instruction
25			through curriculum or programs on human sexuality or sexually transmitted
26			diseases authorized in this section. The notice shall inform the parent of how

to opt their child out of the instruction.

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1	(2)	Any course, curriculum, or program offered by a public school on the subject of		
2		human sexuality provided by school personnel or by third parties authorized by the		
3		scho	ool shall:	
4		(a)	Provide an alternative course, curriculum, or program without any penalty to	
5			the student's grade or standing for students whose parents have opted their	
6			child out of instruction in accordance with subsection (1)(d) of this	
7			section [not provided written consent as required in subsection (1)(e) of this	
8			section];	
9		(b)	Be subject to an inspection by parents of participating students that allows	
10			parents to review the following materials:	
11			1. Curriculum;	
12			2. Instructional materials;	
13			3. Lesson plans;	
14			4. Assessments or tests;	
15			5. Surveys or questionnaires;	
16			6. Assignments; and	
17			7. Instructional activities;	
18		(c)	Be developmentally appropriate; and	
19		(d)	Be limited to a curriculum that has been subject to the reasonable review and	
20			response by stakeholders in conformity with this subsection and KRS	
21			160.345(2).	
22	(3)	A p	ublic school offering any course, curriculum, or program on the subject of	
23		hum	an sexuality shall provide written notification to the parents of a student at least	
24		two	(2) weeks prior to the student's planned participation in the course, curriculum,	
25		or p	rogram. The written notification shall:	
26		(a)	Inform the parents of the provisions of subsection (2) of this section;	
27		(b)	Provide the date the course, curriculum, or program is scheduled to begin;	

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1		(c)	Detail the process for a parent to review the materials outlined in subsection
2			(2) of this section;
3		(d)	Explain the process for a parent to <u>opt out of</u> [provide written consent for] the
4			student's participation in the course, curriculum, or program; and
5		(e)	Provide the contact information for the teacher or instructor of the course,
6			curriculum, or program and a school administrator designated with oversight.
7	(4)	Noth	ning in this section shall prohibit school personnel from:
8		(a)	Discussing human sexuality, including the sexuality of any historic person,
9			group, or public figure, where the discussion provides necessary context in
10			relation to a topic of instruction from a curriculum approved pursuant to KRS
11			160.345; or
12		(b)	Responding to a question from a student during class regarding human
13			sexuality as it relates to a topic of instruction from a curriculum approved
14			pursuant to KRS 160.345.
15		→ S	ection 2. KRS 158.191 is amended to read as follows:
16	(1)	As u	ised in this section:
17		(a)	"External health care provider" means a provider of health or mental health
18			services that is not employed by or contracted with the school district to
19			provide services to the district's students;
20		(b)	"Health services" has the same meaning as in KRS 156.502;
21		(c)	"Mental health services" means services provided by a school-based mental
22			health services provider as defined in KRS 158.4416 but shall not include
23			academic or career counseling; and
24		(d)	"Parent" means a person who has legal custody or control of the student such
25			as a mother, father, or guardian.
26	(2)	Upo	n a student's enrollment and at the beginning of each school year, the district
27		shall	provide a notification to the student's parents listing each of the health services

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and mental health services related to human sexuality, contraception, or family
planning available at the student's school and of the parents' right to withhold
consent or decline any of those specific services. A parent's consent to a health
service or mental health service under this subsection shall not waive the parent's
right to access the student's educational or health records held by the district or the
notifications required under subsection (3) of this section.

- (3) [Except as provided in subsection (5) of this section,]As part of a school district's effort to provide a safe and supportive learning environment for students, a school shall notify a student's parents if:
 - (a) The school changes the health services or mental health services related to human sexuality, contraception, or family planning that it provides, and shall obtain parental consent prior to providing health services or mental health services to the student; <u>and[or]</u>
 - (b) School personnel make a referral:

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- 1. For the student to receive a school's health services or mental health services; or
- 2. To an external health care provider, for which parental consent shall be obtained prior to the referral being made.
- (4) School districts and district personnel shall respect the rights of parents to make decisions regarding the upbringing and control of the student through procedures encouraging students to discuss mental or physical health or life issues with their parents or through facilitating the discussion with their parents.
- 23 (5) (a) The Kentucky Board of Education or the Kentucky Department of Education 24 shall not require or recommend that a local school district keep any student 25 information confidential from a student's parents. A district or school shall not 26 adopt policies or procedures with the intent of keeping any student 27 information confidential from parents.

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1		(b)	[The Kentucky Board of Education or the Kentucky Department of Education
2			shall not require or recommend policies or procedures for the use of pronouns
3			that do not conform to a student's biological sex as indicated on the student's
4			original, unedited birth certificate issued at the time of birth pursuant to KRS
5			156.070(2)(g)2.
6		(c)	-A local school district shall <u>request</u> [not require] school personnel <u>and</u> [or]
7			students to use gender-appropriate pronouns for a child when a parent has
8			submitted a request to do so to the school principal along with a note from a
9			medical provider diagnosing the child with gender dysphoria [for students
10			that do not conform to that particular student's biological sex as referenced in
11			paragraph (b) of this subsection].
12		<u>(c)</u> [(Nothing in this subsection shall prohibit a school district or district
13			personnel from withholding information from a parent if a reasonably prudent
14			person would believe[, based on previous conduct and history,] that the
15			disclosure would result in the child becoming a dependent child or an abused
16			or neglected child as defined in KRS 600.020. The fact that district personnel
17			withhold information from a parent under this subsection shall not in itself
18			constitute evidence of failure to report dependency, neglect, or abuse to the
19			Cabinet for Health and Family Services under KRS 620.030.
20	(6)	[Pric	r to a well-being questionnaire or assessment, or a health screening form being
21		give	1 to a child for research purposes, a school district shall provide the student's
22		parei	nt with access to review the material and shall obtain parental consent. Parental
23		cons	ent shall not be a general consent to these assessments or forms but shall be
24		requi	red for each assessment or form. A parent's refusal to consent shall not be an
25		indic	eator of having a belief regarding the topic of the assessment or form.
26	(7)]Not	hing in this section shall:

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(a)

Prohibit a school district or the district's personnel from seeking or providing

1			emergency medical or mental health services for a student as outlined in the
2			district's policies; or
3		(b)	Remove the duty to report pursuant to KRS 620.030 if district personnel has
4			reasonable cause to believe the child is a dependent child or an abused or
5			neglected child due to the risk of physical or emotional injury identified in
6			KRS 600.020(1)(a)2. or as otherwise provided in that statute.
7		→ S	ection 3. KRS 158.189 is amended to read as follows:
8	(1)	As t	ised in this section:
9		(a)	"Biological sex" means the physical condition of being male or female, which
10			is determined by a person's chromosomes, and is identified at birth by a
11			person's anatomy; and
12		(b)	"School" means a school under the control of a local board of education or a
13			charter school board of directors.
14	(2)	The	General Assembly finds that:
15		(a)	School personnel have a duty to protect the dignity, health, welfare, and
16			privacy rights of students in their care;
17		(b)	Children and young adults have natural and normal concerns about privacy
18			while in various states of undress, and some [most] wish for the option of
19			individual privacy[members of the opposite biological sex not to be present]
20			in those circumstances;
21		(c)	Allowing students to use restrooms, locker rooms, or shower rooms while
22			denied individual privacy[that are reserved for students of a different
23			biological sex]:
24			1. Will create a significant potential for disruption of school activities and
25			unsafe conditions; and
26			2. Will create potential embarrassment, shame, and psychological injury to
27			students;

(d)	Parents have a reasonable expectation that schools will not <u>require</u> [allow]
	minor children to be viewed in various states of undress[by members of the
	opposite biological sex, nor allow minor children to view members of the
	opposite sex in various states of undress]; and

- (e) Schools have a duty to respect and protect the privacy rights of students, including the right not to be compelled to undress or be unclothed <u>without</u>

 <u>having individual privacy</u>[in the presence of members of the opposite biological sex].
- (3) Each local board of education or charter school board of directors shall, after allowing public comment on the issue at an open meeting, adopt policies necessary to protect the privacy rights outlined in subsection (2) of this section and enforce this subsection. Those policies shall, at a minimum, [not]allow <u>all</u> students <u>the</u> <u>right to individual privacy in the[to]</u> use <u>of</u> restrooms, locker rooms, or shower rooms <u>regardless of biological sex or gender identity[that are reserved for students of a different biological sex]</u>.
- (4) (a) A student whose parent has submitted a request for accommodation who asserts to school officials for that his or her child whose gender is different from his or her biological sex along with a note from a medical provider diagnosing the child with gender dysphoria and whose parent or legal guardian provides written consent to school officials shall be provided with the best available accommodation that ensures individual privacy for the child in that accommodation shall not include the use of school restrooms, locker rooms, or shower rooms designated for use by students of the opposite biological sex while students of the opposite biological sex are present or could be present.
- (b) Acceptable <u>alternate</u> accommodations <u>implemented by the school upon the</u>

 <u>parent's request</u> may include but are not limited to access to single-stall

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I		restrooms or controlled use of faculty bathrooms, locker rooms, or shower
2		rooms. Each local board of education shall adopt policies and procedures to
3		enforce this section.
4		→ Section 4. KRS 311.372 is amended to read as follows:
5	(1)	Notwithstanding any other provision of law, a person shall not provide any:
6		(a) Surgical medical treatment to a child under the age of eighteen (18) years
7		for gender dysphoria; or
8		(b) Nonsurgical medical treatment to a child under the age of eighteen (18)
9		years for gender dysphoria without the written consent of the child's parent
10		or legal guardian.
11	<u>(2)</u>	Any nonsurgical medical treatment provided to a child under the age of eighteen
12		(18) years for gender dysphoria shall:
13		(a) Be provided only to a child who has a medical diagnosis of gender
14		dysphoria by a mental health care provider licensed in Kentucky;
15		(b) Be provided by a health care provider who is appropriately trained and
16		experienced in providing nonsurgical medical treatments for children with
17		gender dysphoria in collaboration with a clinical psychologist or
18		psychiatrist;
19		(c) Be limited to appropriate nonsurgical medical treatments for children with
20		gender dysphoria that:
21		1. May include reversible puberty-blocking drugs approved by the United
22		States Food and Drug Administration for adolescents that are used to
23		stop luteinizing hormone and follicle stimulating hormone secretion,
24		synthetic antiandrogen drugs used to block the androgen receptor, or
25		any other drug used to delay or suppress pubertal development; and
26		2. Shall not include cross-sex hormones, including testosterone,
27		estrogen, or other androgens given to a person in amounts that are

1	larger or more potent than would normally occur naturally in a
2	healthy person of the same age and sex;
3	(d) Meet evidence-based medical standards of care for the treatment of children
4	with gender dysphoria; and
5	(e) Include mental health services
6	As used in this section:
7	(a) "Minor" means any person under the age of eighteen (18) years; and
8	(b) "Sex" means the biological indication of male and female as evidenced by sex
9	chromosomes, naturally occurring sex hormones, gonads, and nonambiguous
10	internal and external genitalia present at birth.
11	(2) Except as provided in subsection (3) of this section, a health care provider shall not,
12	for the purpose of attempting to alter the appearance of, or to validate a minor's
13	perception of, the minor's sex, if that appearance or perception is inconsistent with
14	the minor's sex, knowingly:
15	(a) Prescribe or administer any drug to delay or stop normal puberty;
16	(b) Prescribe or administer testosterone, estrogen, or progesterone, in amounts greater
17	than would normally be produced endogenously in a healthy person of the same age
18	and sex;
19	(c) Perform any sterilizing surgery, including castration, hysterectomy, oophorectomy,
20	orchiectomy, penectomy, and vasectomy;
21	(d) Perform any surgery that artificially constructs tissue having the appearance of
22	genitalia differing from the minor's sex, including metoidioplasty, phalloplasty, and
23	vaginoplasty; or
24	(e) Remove any healthy or non-diseased body part or tissue.
25	(3) The prohibitions of subsection (2) this section shall not limit or restrict the
26	provision of services to:
27	(a) A minor born with a medically verifiable disorder of sex development, including

1	external biological sex characteristics that are irresolvably ambiguous;
2	(b) A minor diagnosed with a disorder of sexual development, if a health care provider
3	has determined, through genetic or biochemical testing, that the minor does not
4	have a sex chromosome structure, sex steroid hormone production, or sex steroid
5	hormone action, that is normal for a biological male or biological female; or
6	(c) A minor needing treatment for an infection, injury, disease, or disorder that has
7	been caused or exacerbated by any action or procedure prohibited by subsection (2)
8	of this section.
9	(4) If a licensing or certifying agency for health care providers finds, in accordance
10	with each agency's disciplinary and hearing process, that a health care provider who
11	is licensed or certified by the agency has violated subsection (2) of this section, the
12	agency shall revoke the health care provider's licensure or certification.
13	(5) Any civil action to recover damages for injury suffered as a result of a violation of
14	subsection (2) of this section may be commenced before the later of:
15	(a) The date on which the person reaches the age of thirty (30) years; or
16	(b) Within three (3) years from the time the person discovered or reasonably should
17	have discovered that the injury or damages were caused by the violation.
18	(6) If a health care provider has initiated a course of treatment for a minor that includes
19	the prescription or administration of any drug or hormone prohibited by subsection
20	(2) of this section, and if the health care provider determines and documents in the
21	minor's medical record that immediately terminating the minor's use of the drug or
22	hormone would cause harm to the minor, the health care provider may institute a
23	period during which the minor's use of the drug or hormone is systematically
24	reduced).