
Disclaimer: This state profile has been prepared by Family Watch International and the Protect Child Health Coalition. While the information provided is as accurate as possible and is updated annually, *laws can change with each legislative session and laws are subject to interpretation. Therefore, it is advised that you verify and confirm all information posted on this website.*



COLORADO STATUTES AND LAWS

This profile provides an overview of sex education laws in Colorado including:

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- II. [Parental Rights Laws](#)
- III. [Sex Education Laws](#)
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Colorado legislative session convened on 1/4/19 and adjourned on 5/3/19. The [Colorado statutes](#) on the [Colorado Legislative website](#) are current with all laws passed during the 2019 Legislative Session.

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What should I know about [navigating sex ed terms?](#)

I. SEX-ED REQUIREMENTS QUICK CHART

LEGISLATIVE REQUIREMENTS	YES	NO	NOT INDICATED	LEGISLATIVE CODES
Sex education required		X		§22.1-128(6)
Sex education optional				
If/When Provided, Sexual Education Must/May:				
Be medically accurate	X			§22-1-128(1)(a)(I) , §22-1-128(1)(a)(VIII) , §22-1-128(1)(b)(I) , §22-1-128(1)(b)(I)&(III) , §22-1-128(2)(b) , §22-1-128(2)(d.9) , §22-1-128(6)(b) , §22-1-128(6)(f)
Be evidence based	X			§22-1-128(1)(a)(VIII) , §22-1-128(1)(b)(I)&(III) , §22-1-128(2)(d)
Be age appropriate	X			§22-1-128(1)(a)(VIII) , §22-1-128(1)(b)(I)&(III) , §22-1-128(2)(a) , §22-1-128(6)(f) , §22-1-128(11)
Be culturally appropriate/unbiased	X			§22-1-128(1)(a)(III) , §22-1-128(1)(a)(VIII) , §22-1-128(1)(b)(I)&(III) , §22-1-128(2)(c) , §22-1-128(2)(e) , §22-1-128(6)(f)
Reference/stress abstinence*	X			§22-1-128(1)(a)(V) , §22-1-128(2)(b) , §22-1-128(2)(d.7) , §22-1-128(2)(f) , §22-1-128(6)(b)
Include HIV/AIDS education	X			§22-1-128(2)(b) , §22-1-128(6)(b)
Be LGBTQ inclusive	X			§22-1-128(2)(c) , §22-1-128(2)(e) , §22-1-128(7)(b)(III)
Include safety against sexual abuse	X			§22-1-128(1)(a)(IX) , §22-1-128(6)(d)
Abortion/abortion referrals	X			§22-1-128(6)(j) , §22-1-128(6.5)
Parental Role in Sexual Education:				
Parental notification	X			§22.1-128(3)(a) , §22-25-106(4)(b)(I)
Parental involvement	X			§22-1-128(1)(a)(III) , §22.1-128(3)(a) , §22.1-128(6)(a) , §22-25-106(2) , §22-25-106(3)(a)
Opt-in		X		
Opt-out/withdraw	X			§22.1-128(3)(a,b) , §22.1-128(4) , §22-25-106(4)(a) , (b)(I)
Access to/review curriculum	X			§22-1-128(3)(b) , §22-25-106(4)(b)(III)
<p>*Warning: While statutes might say “abstinence based” or require materials to “stress abstinence” as the standard, many CSE programs only mention abstinence in passing; they do not establish abstinence as the expected standard and fail to emphasize abstinence as the only sure way to protect against pregnancy and sexually transmitted diseases, including AIDS. See harmful elements of CSE here.</p>				

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II. PARENTAL RIGHTS LAWS

What should I know about [parental rights laws](#)?

The following laws and guidelines apply to sex education and how it is taught according to [Colorado Title 22](#).

[§22-1-128](#) Comprehensive human sexuality education - legislative declaration - definitions - guidelines and content standards

(1) (a) The general assembly hereby finds and declares that:

(III) **Parents**, caregivers, community organizations, and other trusted adults serve as an **essential part of the education** process and may rely on health, education, and other professionals to provide evidence-based information that empowers youth to make decisions that are **consistent with their own values** and life goals.

(3) Except as otherwise provided in subsection (6) of this section, a school district, board of cooperative services, charter school, or institute charter school that offers a planned curriculum that includes comprehensive human sexuality education **shall provide to the parent** or guardian of each student, prior to commencing the planned curriculum:

- (a) **Written notification** of the ability to excuse a student, **without penalty or additional assignment**, from that portion of the planned curriculum that includes comprehensive human sexuality education, **upon the written request** of the student's parent or guardian; and
- (b) **A detailed, substantive outline** of the topics and materials to be presented in that portion of the planned curriculum related to comprehensive human sexuality education.

(4) Nothing in this section shall be construed to require an act or procedure in addition to the signature of the parent or guardian to excuse a student from a planned curriculum related to comprehensive human sexuality education

(5) Each school district board of education, board of cooperative services, charter school, or institute charter school is encouraged to disseminate policies or instructions to the public schools of the school district, or board of cooperative services, or appropriate staff of the charter school or institute charter school to ensure the implementation of the provisions of this section in a manner that **will not draw undue attention to, nor cause undue embarrassment** for, students excused from a planned curriculum related to comprehensive human sexuality education.

(6) Human sexuality instruction is not required. However, if a school district, board of cooperative services, charter school, or institute charter school offers human sexuality instruction, the instruction must be comprehensive and meet the comprehensive human sexuality education content requirements. These requirements must:

- (a) Encourage **parental involvement** and family communication;

(8) Public schools, school districts, boards of cooperative services, charter schools, and institute charter schools are encouraged to involve teachers, school nurses, **parents**, and community members in the development of the requirements for comprehensive human sexuality curriculum required by

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subsection (6) of this section and to integrate available community resources into programs related to comprehensive human sexuality education.

§22-25-106 Local comprehensive health education programs - local student wellness programs - establishment of comprehensive health education advisory councils

(2) In establishing a comprehensive health education advisory council or in supplementing an accountability committee or other appropriate committee, the board of a school district or board of cooperative services is encouraged to appoint members of the community who represent various points of view within the school district concerning comprehensive health education; however, a majority of the **committee shall be comprised of parents of children** enrolled in the district.

(3) In addition to the requirements of section 22-25-104 (3)(b), each school district and board of cooperative services is encouraged to include instruction in its local comprehensive health education program which:

(a) **Promotes parental involvement, promotes abstinence** from high-risk behaviors, fosters positive self-concepts, develops decision-making skills, and provides mechanisms for coping with and resisting peer pressure;

(4) (a) Each local comprehensive health education program which is adopted by a school district or board of cooperative services shall include a procedure to **exempt a student, upon request of the parent** or guardian of such student, from a specific portion of the program on the grounds that it is contrary to the religious beliefs and teachings of the student or the student's parent or guardian.

(b) Any local school district or board of cooperative services which adopts a local comprehensive health education program shall ensure that at a minimum the following public information requirements are met:

(I) **Written notification** of such local comprehensive health education program shall be given to the parents or guardians of all students within such school district or board of cooperative services, including **notification** that a student is allowed an exemption which permits such a student, at the request of the parent or guardian of the student, to **be excused** from all or any part of the local comprehensive health education program; and

(II) The **curriculum and materials to be used shall be made available** for public inspection at reasonable times and reasonable hours and a public forum to receive public comment upon such curriculum and materials shall be held.

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III. SEX EDUCATION LAWS

What should I know about [sex education laws](#)?

The following laws and guidelines apply to sex education and how it is taught according to [Colorado Title 22](#).

[§22-1-128](#) Comprehensive human sexuality education - legislative declaration - definitions - guidelines and content standards

(1) (a) The general assembly hereby finds and declares that:

(I) Colorado youth have a right to receive **medically and scientifically accurate** information to empower them to make informed decisions that promote their individual physical and mental health and well-being;

(II) This right applies to **all youth**, regardless of geographic location, ethnic or racial background, family income, physical or intellectual ability, sexual orientation, or gender expression;

(III) **Parents**, caregivers, community organizations, and other trusted adults serve as an **essential** part of the education process and may rely on health, education, and other professionals to provide evidence-based information that empowers youth to make decisions that are consistent with their own values and life goals;

(IV) The information, education, and skills that Colorado youth receive during their formative years provide the foundation for responsible decision-making about personal behaviors and important life decisions throughout the rest of their lives;

(V) It is important for youth to understand the consequences of the inconsistent or improper use of **sexual abstinence**, birth control, or condoms. All comprehensive human sexuality education must stress the importance of the correct and consistent use of **sexual abstinence**, birth control, and condoms to prevent pregnancy and sexually transmitted infections;

(VI) The decisions an individual makes regarding his or her sexual and reproductive health impact the public health and welfare of the community in which the individual lives;

(VII) When compared to the national average, Colorado has a lower rate of teen births and a lower rate of certain sexually transmitted infections, according to the centers for disease control and prevention and the Colorado department of public health and environment. In spite of this data, Colorado youth still face many barriers in obtaining the medically accurate information and resources they need to make informed and responsible decisions and lead healthy lives.

(VIII) According to the centers for disease control and prevention, **evidence-based, medically accurate, age-appropriate, culturally sensitive**, and comprehensive sexuality education programs have been proven to help youth delay the onset of sexual activity, decrease the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use;

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(IX) **Sexual violence** and teen dating violence is a pervasive and serious public health issue, placing teen victims at increased risk for adolescent pregnancy, sexually transmitted infections, low academic performance, truancy, dropout, and other harmful behaviors;

(X) According to the centers for disease control and prevention, these changes in behavior help prevent unintended pregnancy and the spread of sexually transmitted infections;

(XI) The Colorado general assembly passed House Bill 07-1292, enacted in 2007, to establish content standards for the provision of human sexuality courses taught in public schools throughout the state;

(XII) The Colorado general assembly passed the "Public Health Reauthorization Act", Senate Bill 08-194, enacted in 2008, to create a statewide public health improvement plan to eliminate geographic-based and other disparities in the accessibility and availability of services through the state's public health agencies;

(XIII) The Colorado general assembly passed the "Preschool to Postsecondary Education Alignment Act", Senate Bill 08-212, enacted in 2008, which states that all school district standards must meet or exceed established state standards, and that school districts must adopt curriculum and assessments that are consistent with these standards; and

(XIV) In 2009, the Colorado state board of education adopted academic content standards for comprehensive health education that support youth in making informed and responsible decisions about their health and in having access to the tools they need to live healthy lives.

(b) The general assembly further finds and declares that:

(I) There is a need to continue and expand efforts to ensure that all young people in Colorado have access to **evidence-based, medically accurate, culturally sensitive, and age-appropriate** comprehensive sexuality education, information, and resources to guide them in making informed decisions about their health and relationships. Additionally, schools need to promote healthy relationships through **age-appropriate, culturally sensitive,** and comprehensive human sexuality education, including providing information and resources for early intervention and response strategies to teen dating violence.

(II) The state of Colorado and eligible state agencies and other organizations must pursue funding and other federal support to implement comprehensive human sexuality education programs;

(III) The provisions of sexual and reproductive health education that incorporate comprehensive, **evidence-based, culturally sensitive,** and **age-appropriate** standards can result in youth delaying sexual activity until they are ready, avoiding unwanted consequences of sexual behavior, learning **medically accurate** information about their health, and promoting positive

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youth-friendly messages concerning growth, development, body image, gender roles, and all aspects related to healthy, safe relationships and sexual behavior; and

(IV) Broad-based community partnerships are essential when developing policies and implementing programs that affect the sexual and reproductive health of Colorado's youth.

(2) As used in this section, unless the context otherwise requires:

(a) "**Age-appropriate**" means topics, messages, and teaching methods suitable to a particular age or age group, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) "Comprehensive human sexuality education" means **medically accurate** information about all methods to prevent unintended pregnancy and sexually transmitted infections, **including HIV**, and the link between human papillomavirus and cancer, and other types of cancer involving the human reproductive systems, including prostate, testicular, ovarian, and uterine cancer. Methods must include information about the correct and consistent use of **abstinence**, contraception, condoms, other barrier methods, and other prevention measures. Additional contents of comprehensive human sexuality education must include:

(I) Encouraging family communication about sexuality;

(II) Focusing on the development of safe relationships, including the prevention of sexual violence in dating and teaching young people how to recognize and respond safely and effectively in situations where sexual or physical violence may be occurring or where there may be a risk for these behaviors to occur; and

(III) Teaching young people how alcohol and drug use can affect responsible decision-making.

(b.5) "Consent" means the affirmative, unambiguous, voluntary, continuous, knowing agreement between all participants in each physical act within the course of a sexual encounter or interpersonal relationship.

(c) "**Culturally sensitive**" means the integration of knowledge about individuals and groups of people into specific standards, requirements, policies, practices, and attitudes used to increase the quality of services. "Culturally sensitive" includes resources, references, and information that are meaningful to the experiences and needs of communities of color; immigrant communities; lesbian, gay, bisexual, and transgender communities; people who are intersex; people with physical or intellectual disabilities; people who have experienced sexual victimization; and others whose experiences have traditionally been left out of sexual health education, programs, and policies.

(d) "**Evidence-based program**" means a program that:

(I) Was evaluated using a rigorous research design, including:

(A) Measuring knowledge, attitude, and behavior;

(B) Having an adequate sample size;

(C) Using sound research methods and processes;

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- (D) Replicating in different locations and finding similar evaluation results; and
- (E) Publishing results in a peer-reviewed journal;

(II) Research has shown to be effective in changing at least one of the following behaviors that contribute to early pregnancy and sexually transmitted infections, **including HIV**:

- (A) Delaying sexual initiation;
- (B) Reducing the frequency of sexual intercourse;
- (C) Reducing the number of sexual partners; or
- (D) Increasing the use of condoms and other contraceptives.

(d.3) "Gender stereotype" means a generalized view or preconception about what attributes, characteristics, or roles are, or ought to be, taught, possessed by, or performed by women and men.

(d.5) "Healthy relationship" means an interpersonal relationship that is free of physical, sexual, and emotional abuse, coercion, and violence.

(d.7) "Human sexuality instruction" or "instruction" means an oral, written, or digital lesson, lecture, or presentation given by school staff or nonschool staff that teaches about **abstinence** or sexual activity in the context of student health or healthy relationships. Instruction does not include student speech.

(d.9) "**Medically accurate**" means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate, objective, and unbiased by the American Public Health Association, the American Academy of Pediatrics, or the American College of Obstetricians and Gynecologists.

(e) "Positive youth development" means an approach that emphasizes the many positive attributes of young people and focuses on developing inherent strengths and assets to promote health. Positive youth development is **culturally sensitive**, inclusive of all youth, collaborative, and strength-based.

(f) "**Sexual abstinence**" means not engaging in oral, vaginal, or anal intercourse or genital skin-to-skin contact.

(3) Except as otherwise provided in subsection (6) of this section, a school district, board of cooperative services, charter school, or institute charter school that offers a planned curriculum that includes comprehensive human sexuality education shall provide to the parent or guardian of each student, prior to commencing the planned curriculum:

(a) **Written notification** of the ability to **excuse a student**, without penalty or additional assignment, from that portion of the planned curriculum that includes comprehensive human sexuality education, upon the written request of the student's parent or guardian; and

(b) A detailed, substantive outline of the topics and materials to be presented in that portion of the

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planned curriculum related to comprehensive human sexuality education.

(4) Nothing in this section shall be construed to require an act or procedure in addition to the signature of the parent or guardian to **excuse a student** from a planned curriculum related to comprehensive human sexuality education.

(5) Each school district board of education, board of cooperative services, charter school, or institute charter school is encouraged to disseminate policies or instructions to the public schools of the school district, or board of cooperative services, or appropriate staff of the charter school or institute charter school to ensure the implementation of the provisions of this section in a **manner that will not draw undue attention to, nor cause undue embarrassment** for, students excused from a planned curriculum related to comprehensive human sexuality education.

(6) **Human sexuality instruction is not required.** However, if a school district, board of cooperative services, charter school, or institute charter school offers human sexuality instruction, the instruction must be comprehensive and meet the comprehensive human sexuality education content requirements. These requirements must:

(a) Encourage **parental involvement** and family communication;

(b) Include **medically accurate** information about methods to prevent unintended pregnancy and sexually transmitted infections, including **HIV/AIDS**, and the link between human papillomavirus and cancer. Methods taught shall include information about the correct and consistent use of **abstinence**, contraception, including all FDA approved forms of contraception, condoms, and other barrier methods and must be taught in a cohesive, integrated, objective manner so that youth learn the full scope of preventive methods available to them and are empowered to decide for themselves which preventive methods are best suited for their individual needs, beliefs, and values.

(c) Promote the development of healthy relationships by providing human sexuality instruction on:

(I) How to communicate consent, recognize communication of consent, recognize withdrawal of consent, and understand age of consent as it relates to section 18-3-402;

(II) How to avoid making unwanted verbal, physical, and sexual advances;

(III) How to avoid making assumptions about a person's supposed sexual intentions based on that person's appearance or sexual history; and

(IV) How to avoid pursuing a sexual encounter with a person or persuading a person to participate in a sexual encounter when that person has not provided consent or has withdrawn consent;

(d) Include discussions and information on how to recognize and respond safely and effectively in situations where **sexual or physical violence** may be occurring or where there may be a risk for these behaviors to occur;

(e) Include discussion of how alcohol and drug use impairs responsible and healthy decision-making;

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(f) Be comprehensive, age-appropriate, culturally sensitive, inclusive of a positive youth development framework, and medically accurate;

(g) Provide instruction about the health benefits and potential side effects of using contraceptives and barrier methods to prevent pregnancy, including instruction regarding emergency contraception and the availability of contraceptive methods;

(h) For school districts that have established a character education program pursuant to section 22-29-103, promote the guidelines of behavior established in the character education program;

(i) Not emphasize **sexual abstinence** as the primary or sole acceptable preventive method available to students. A school district, board of cooperative services, charter school, or institute charter school shall not engage the instructional services of an organization or individual that is a direct or indirect recipient of money from the federal government pursuant to 42 U.S.C. sec. 710, as amended, because the guidelines of 42 U.S.C. sec. 710 are inconsistent with the provisions of this section.

(j) Provide age-appropriate information concerning sections 18-6-401 (9) and 19-3-304.5, or any successor laws, referred to generally as "safe haven laws", relating to the safe abandonment of a child to a firefighter at a fire station or to a staff member at a hospital or a **community clinic emergency center** within the first seventy-two hours of the child's life.

(6.5) Comprehensive human sexuality education does not require instruction on pregnancy outcome options. However, if a school district, board of cooperative services, charter school, or institute charter school opts to provide instruction on pregnancy outcome options, the instruction must cover all pregnancy outcome options, including but not limited to adoption, **abortion**, parenting, and information concerning sections 18-6-401 (9) and 19-3-304.5, or any successor laws, referred to generally as "safe haven laws". Instruction on pregnancy outcome options must be provided in an objective, unbiased manner and must not endorse or favor one or more pregnancy outcome options.

(7) (a) Nothing in subsection (6) or (6.5) of this section shall be interpreted to prohibit discussion of health, moral, ethical, or religious values as they pertain to comprehensive human sexuality, healthy relationships, or family formation. Such discussion is encouraged.

(b) However, human sexuality instruction must not explicitly or implicitly:

(I) Use shame-based or stigmatizing language or instructional tools;

(II) Employ gender stereotypes; or

(III) **Exclude the health needs of intersex individuals or lesbian, gay, bisexual, or transgender individuals.**

(8) Public schools, school districts, boards of cooperative services, charter schools, and institute charter schools are encouraged to involve teachers, school nurses, parents, and community members in the development of the requirements for comprehensive human sexuality curriculum required by

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subsection (6) of this section and to integrate available community resources into programs related to comprehensive human sexuality education.

(9) A school district, board of cooperative services, charter school, or institute charter school that has received, prior to July 1, 2013, direct or indirect funding from the federal government for the provision of an abstinence education program pursuant to 42 U.S.C. sec. 710 is not required to adopt requirements for comprehensive human sexuality curriculum for the provision of such instruction as described in this section for the year or years for which the school district, board of cooperative services, charter school, or institute charter school received such funding. On July 1, 2013, or thereafter, a school district, board of cooperative services, charter school, or institute charter school shall not use any direct or indirect funding from the federal government for the provision of an abstinence education program pursuant to 42 U.S.C. sec. 710. A school district, board of cooperative services, charter school, or institute charter school may use federal moneys for human sexuality education, as long as the human sexuality program of the school district board of cooperative services, charter school, or institute charter school meets the comprehensive human sexuality education model set forth in this section.

(10) Nothing in this section shall require amending any content standards related to comprehensive human sexuality education developed by the department and adopted by the state board prior to July 1, 2013.

(11) The provisions of this section **shall not apply to students in kindergarten through third grade.**

(12) A school district, board of cooperative services, charter school, or institute charter school may seek grant money pursuant to article 44 of title 25 to implement the comprehensive human sexuality education content requirements set forth in this section. However, compliance with this section is not contingent upon receipt of grant money pursuant to article 44 of title 25, nor is it contingent on receipt of any other state or federal funds, or public or private gifts, grants, or donations.

§22.25.103 Definitions

As used in this article 25, unless the context otherwise requires:

(1) "Colorado comprehensive health education program" means the program created by section 22-25-104 (1) for the purpose of encouraging the teaching of comprehensive health education for the students of the schools in Colorado.

(3) "Comprehensive health education" means a planned, sequential health program of learning experiences in preschool, kindergarten, and grades one through twelve that must include, but is not limited to, the following topics:

(a) Communicable diseases, including, but not limited to, acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) related illness;;

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(f) Human growth and development;

(j) Family life education;

(m) Age-appropriate instruction on family roles and expectations, child development, and parenting; and

(n) If not included in other curriculum or programs provided to students, age-appropriate information concerning sections 18-6-401 (9) and 19-3-304.5, or any successor laws, referred to generally as "safe haven laws", relating to the safe abandonment of a child to a firefighter at a fire station, or to a staff member at a hospital or a community clinic emergency center, within the first seventy-two hours of the child's life.

(3.1) "Culturally sensitive" means the integration of knowledge about individuals and groups of people into specific standards, requirements, policies, practices, and attitudes used to increase the quality of services. "Culturally sensitive" includes resources, references, and information that are meaningful to the experiences and needs of communities of color; immigrant communities; lesbian, gay, bisexual, and transgender communities; people with physical or intellectual disabilities; people who have experienced sexual victimization; and others whose experiences have traditionally been left out of sexual health education, programs, and policies.

(3.2) "Evidence-based program" means a program that:

(a) Was evaluated using a rigorous research design, including:

- (I) Measuring knowledge, attitude, and behavior;
- (II) Having an adequate sample size;
- (III) Using sound research methods and processes;
- (IV) Replicating in different locations and finding similar evaluation results; and
- (V) Publishing results in a peer-reviewed journal;

(b) Research has shown to be effective in changing at least one of the following behaviors that contribute to early pregnancy, sexually transmitted infections, including HIV:

- (I) Delaying sexual initiation;
- (II) Reducing the frequency of sexual intercourse;
- (III) Reducing the number of sexual partners; or
- (IV) Increasing the use of condoms and other contraceptives.

(4) "High-risk behaviors" means actions by children and adolescents which present a danger to their physical or mental health or which may impede their ability to lead healthy and productive lives. "High-risk behaviors" includes, but is not limited to, dropping out of school, incest and other sexual

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activity with adults, sexual activity by school aged children, physical and mental abuse, violence, and use of tobacco, alcohol, or other drugs.

(5.7) "Positive youth development" means an approach that emphasizes the many positive attributes of young people and focuses on developing inherent strengths and assets to promote health. Positive youth development is culturally sensitive, inclusive of all youth, collaborative, and strength-based.

See more about the [Colorado Comprehensive Healthy Youth Act](#)

§22-25-106 Local comprehensive health education programs - local student wellness programs - establishment of comprehensive health education advisory councils

(1) (a) Each school district and board of cooperative services may and is encouraged to establish a local comprehensive health education program. To ensure that a local comprehensive health education program reflects the health issues and values of the community, each school district or board of cooperative services may establish a comprehensive health education advisory council, or may add necessary representatives to the school district's accountability committee created pursuant to section 22-11-301 or other appropriate committee, to address and make recommendations to the school district or board of cooperative services concerning the curriculum of the local comprehensive health education program.

(b) Each school district and board of cooperative services is further encouraged to establish a local student wellness program that includes or is otherwise coordinated with health education. A school district's or board of cooperative services' comprehensive health education advisory council or accountability committee may address and make recommendations to the school district or the board of cooperative services concerning the local student wellness program, including but not limited to the programs to be provided and best practices and strategies for involving families and the community in the local student wellness programs.

(2) In establishing a comprehensive health education advisory council or in supplementing an accountability committee or other appropriate committee, the board of a school district or board of cooperative services is encouraged to appoint members of the community who represent various points of view within the school district concerning comprehensive health education; however, a majority of the committee shall be comprised of parents of children enrolled in the district. Members may include, but shall not be limited to, parents, a member of the clergy, teachers, school administrators, pupils, health care professionals, members of the business community, law enforcement representatives, senior citizens, and other interested residents of the school district.

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(3) In addition to the requirements of section 22-25-104 (3)(b), each school district and board of cooperative services is encouraged to include instruction in its local comprehensive health education program which:

(a) Promotes parental involvement, promotes abstinence from high-risk behaviors, fosters positive self-concepts, develops decision-making skills, and provides mechanisms for coping with and resisting peer pressure;

(b) Focuses on the dynamic relationship among physical, mental, emotional, and social well-being; and

(c) Integrates available community resources into the educational program.

(4) (a) Each local comprehensive health education program which is adopted by a school district or board of cooperative services shall include a procedure to exempt a student, upon request of the parent or guardian of such student, from a specific portion of the program on the grounds that it is contrary to the religious beliefs and teachings of the student or the student's parent or guardian.

(b) Any local school district or board of cooperative services which adopts a local comprehensive health education program shall ensure that at a minimum the following public information requirements are met:

(I) Written notification of such local comprehensive health education program shall be given to the parents or guardians of all students within such school district or board of cooperative services, including notification that a student is allowed an exemption which permits such a student, at the request of the parent or guardian of the student, to be excused from all or any part of the local comprehensive health education program; and

(II) The curriculum and materials to be used shall be made available for public inspection at reasonable times and reasonable hours and a public forum to receive public comment upon such curriculum and materials shall be held.

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IV. CONSENT LAWS

What should I know about [consent laws](#)?

[Age of Majority](#) = Based on Colorado Code [§13-22-101](#), anyone under the age 18 is considered a minor, while those 18 years old and older are considered adults.

[Age of Consent](#) = Based on Colorado Code [§18-3-402](#), the age when children can legally consent or agree to sex is 17.

Warning! Most CSE programs put parental rights at risk by either encouraging or requiring that parents not be notified and/or by instructing children how to access such things as abortion, contraception and other so-called health services **without parental notification or consent**. It is particularly dangerous to encourage students in this way, particularly considering the fact the laws often support what is being taught in CSE programs. For example:

- **Without notifying or receiving consent from their parents**, minor children in Colorado may consent to:
 - [§13-22-105](#). Birth control services rendered by physicians
 - [§25-4-409](#). All STI treatment
 - [§25-4-402](#). Definitions
- **Parental consent** is required for Abortion services
 - [§13-22-704](#) - Notification concerning abortion
- See “State Laws that address High-Impact HIV Prevention Efforts” at cdc.gov

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V. OBSCENITY LAWS

What should I know about [obscenity laws](#)?

The following laws and guidelines apply to sex education and how it is taught according to [Colorado Obscenity Laws](#). Colorado recodified its criminal law based in part on the ALI-MPC in 1972.

Colo. Rev. Stat. Ann. [§ 18-7-501](#) Obscenity definition

(2) "Harmful to children" means that quality of any description or representation, in whatever form, of sexually explicit nudity, sexual conduct, sexual excitement, or sadomasochistic abuse, when it:(a) Taken as a whole, predominantly appeals to the prurient interest in sex of children;(b) Is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable material for children; and(c) Is, when taken as a whole, lacking in serious literary, artistic, political, and scientific value for children.

Credits Added by Laws 1981, H.B.1310, § 1.

Colo. Rev. Stat. Ann. [§ 18-7-502](#) Unlawful Acts

(1) It shall be unlawful for any person knowingly to sell or loan for monetary consideration to a child:(a) Any picture, photograph, drawing, sculpture, motion picture film, or similar visual representation or image of a person or portion of the human body which depicts sexually explicit nudity, sexual conduct, or sadomasochistic abuse and which, taken as a whole, is harmful to children; or(b) Any book, pamphlet, magazine, printed matter however reproduced, or sound recording which contains any matter enumerated in paragraph (a) of this subsection (1), or explicit and detailed verbal descriptions or narrative accounts of sexual excitement, sexual conduct, or sadomasochistic abuse and which, taken as a whole, is harmful to children.

(2) It shall be unlawful for any person knowingly to sell to a child an admission ticket or pass, or knowingly to admit a child to premises whereon there is exhibited a motion picture, show, or other presentation which, in whole or in part, depicts sexually explicit nudity, sexual conduct, or sadomasochistic abuse and which is harmful to children or to exhibit any such motion picture at any such premises which are not designed to prevent viewing from any public way of such motion picture by children not admitted to any such premises.

(3) It shall be unlawful for any child falsely to represent to any person mentioned in subsection (1) or (2) of this section, or to his agent, that he is eighteen years of age or older, with the intent to procure any material set forth in subsection (1) of this section, or with the intent to procure his admission to any motion picture, show, or other presentation, as set forth in subsection (2) of this section.

(4) It shall be unlawful for any person knowingly to make a false representation to any person mentioned in subsection (1) or (2) of this section, or to his agent, that he is the parent or guardian of any juvenile, or that any child is eighteen years of age or older, with the intent to procure any material set forth in subsection (1) of this section, or with the intent to procure any child's admission to any motion picture, show, or other presentation, as set forth in subsection (2) of this section.

(5) It shall be unlawful for any person knowingly to exhibit, expose, or display in public at newsstands or any other business or commercial establishment frequented by children or where

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children are or may be invited as part of the general public:(a) Any picture, photograph, drawing, sculpture, motion picture film, or similar visual representation or image of a person or portion of the human body which depicts sexually explicit nudity, sexual conduct, or sadomasochistic abuse and which is harmful to children; or(b) Any book, pamphlet, magazine, printed matter however reproduced, or sound recording which contains any matter enumerated in paragraph (a) of this subsection (5), or explicit verbal descriptions or narrative accounts of sexual excitement, sexual conduct, or sadomasochistic abuse and which, taken as a whole, is harmful to children.(6) A violation of any provision of this section is a class 2 misdemeanor.

Credits Added by Laws 1981, H.B.1310, § 1.

Colo. Rev. Stat. Ann. [§ 18-7-503](#)

Nothing contained in this part 5 shall be construed to apply to:

(a) The purchase, distribution, exhibition, or loan of any work of art, book, magazine, or other printed or manuscript material by any accredited museum, library, school, or institution of higher education;

(b) The exhibition or performance of any play, drama, tableau, or motion picture by any theatre, museum, school, or institution of higher education, either supported by public appropriation or which is an accredited institution supported by private funds.

Credits Added by Laws 1981, H.B.1310, § 1.

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VI. STATE DEPARTMENT OF EDUCATION POLICIES

What should I know about [school policies](#)?

The following laws and guidelines apply to sex education and how it is taught according to the [Colorado Dept. of Educ.](#)

Before 2020, the overview paragraph on the Colorado Comprehensive Health Standards page said, *“The Colorado Comprehensive Health Education Act of 1990” encourages every school district to provide a pre K-12th grade planned, sequential health education program. Parental and community involvement in the program is stressed. Parents/guardians have the right to exempt from any or all of the health education program. Local health advisory councils are encouraged and should be representative of the norms and values of the community.”*

Today, the site says, *“The Comprehensive Health and Physical Education standards focus on personal decision-making around emotional and social well-being, positive communication, healthy eating, physical activity, tobacco, drug, and alcohol abuse prevention and violence prevention. The standards underscore important skills for navigating today’s society with its complex and often confusing messages around health, beauty, and happiness.”*

[Comprehensive Health Academic Standards](#)

[High school](#)

Standards include physical activity, healthy eating, and sexual health and identify the consequences of physical inactivity, unhealthy eating, and early sexual activity.

- Use a decision-making process to make healthy decisions about relationships and sexual health.
- Support others in making positive and healthful choices about sexual activity
- Develop and maintain the ongoing evaluation of factors that impact health, and modify lifestyle accordingly
- Access valid information and resources that provide information about sexual assault and violence
- Apply knowledge and skills necessary to make personal decisions that promote healthy relationships and sexual and reproductive health
- Analyze the possible consequences of early sexual activity and the emotional, mental, social, and physical benefits for delaying sexual activity
- Evaluate how HIV/AIDS and other sexually transmitted diseases (STDs) or pregnancy could impact life goals
- [See more](#)

[Eighth Grade](#)

Standards include physical activity, healthy eating, and sexual health and identify the consequences of physical inactivity, unhealthy eating, and early sexual activity.

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Excerpts:

- Apply knowledge and skills necessary to make personal decisions that promote healthy relationships and sexual and reproductive health
- Describe the physical, emotional, mental, and social benefits of sexual abstinence, and develop strategies to resist pressures to become sexually active
- Analyze how certain behaviors place one at greater risk for HIV/AIDS, sexually transmitted diseases (STDs), and unintended pregnancy
- Describe the signs and symptoms of HIV/AIDS, and other sexually transmitted diseases (STDs)
- Demonstrate the ability to anticipate and minimize exposure to situations that pose a risk to sexual health (DOK 1-3) b.
- Demonstrate verbal and nonverbal ways to refuse pressure to engage in unwanted verbal, physical, and sexual activity and advances (DOK 1-3) c.
- Explain why individuals have the right to refuse sexual contact (DOK 1-4) d.
- Seek support to be sexually abstinent

Other questions and comments within the program:

- Why would you choose to be sexually abstinent?
- What advice would you give to a friend who is being pressured to become sexually active?
- Contrasting historical analyses of different societal mores related to sexual activity with today's environment provides information on how a culture perceives and values sexual relationships.
- Learning about sexuality and discussing sexual issues is critical for health.
- External pressures and opportunities that present themselves may influence a person's sexual decision-making and activity.
- [See more](#)

[See more Comprehensive Health Standards by Grade](#)

“Comprehensive Health and Physical Education in Colorado is generously supported by:

[Centers for Disease Control and Prevention](#)

[The Colorado Health Foundation](#)

[The Colorado Education Initiative](#)

This allows [RMC Health](#) to be able to offer Comprehensive Health Education trainings that support the implementation of these entirely new standards and for CDE’s Office of Healthy Schools to offer trainings for physical education and physical activity.” ~ Colorado Department of Education

[See more information](#) about health programs in Colorado schools

Compare [state laws](#) with [state department of education](#) policies for alignment.

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