Testimony of Elizabeth Watson
Before the House Education Policy Committee
HF 3550
Support
February 22, 2026

Chair and Members of the Committee,
My name is Elizabeth Watson, I reside in Sherburne County, Minnesota.

I am submitting this testimony in strong support of HF 3550, a bill that empowers school districts to implement local health education standards. As a parent deeply invested in my children's upbringing, I believe this legislation is essential for preserving parental rights, protecting family values, and ensuring that health education remains age-appropriate and aligned with community standards.

First and foremost, HF 3550 upholds the fundamental right of parents to direct the care and education of their children. Minnesota families come from diverse backgrounds, and we should not be subjected to a one-size-fits-all approach dictated by distant state bureaucrats. By allowing school districts to choose between locally developed health standards or future statewide ones, this bill restores local control and gives parents a meaningful voice through their elected school boards. Parents know their children best—we understand their emotional, moral, and developmental needs far better than any centralized mandate. This flexibility ensures that health education reflects the values and priorities of our communities, rather than imposing uniform content that may conflict with our family's beliefs.

A key reason for my support is the bill's role in safeguarding families who oppose the inclusion of gender ideology in school curricula. Health education often touches on sensitive topics related to identity, relationships, and human development. For many families like mine, gender ideology—which promotes concepts that blur biological realities and encourage self-identification without regard to science or evidence—undermines our core values and can confuse young minds. My family experienced this confusion when our daughter was socially transitioned by school and mental health professionals behind our backs and without our consent. My daughter is now desisted from her trans identity and has embraced both her natal sex and her biological reality. This occurred when we removed her from the public-school setting and the deceptive mental health professionals. She is now a high school graduate and focusing on her future in a healthy and realistic way and without influence by however well-meaning but misguided professionals.

HF 3550 allows districts to craft local standards that prioritize factual, biology-based instruction while respecting parental objections to ideological teachings. This is not about exclusion; it's about ensuring schools remain neutral spaces focused on education, not

indoctrination. Without this local option, families risk having their rights overridden by statewide standards that may prioritize trendy ideologies over proven, family-centered approaches.

Additionally, this bill promotes age-appropriate sexual and health education, which is critical for protecting children's innocence and supporting their healthy development. Health classes should focus on practical, evidence-based topics like nutrition, physical fitness, mental wellness, and basic hygiene—delivered in a way that matches students' maturity levels. Local control enables districts to tailor content to be developmentally suitable, avoiding premature exposure to complex or explicit materials that could overwhelm younger students. For instance, discussions on sexual health should be introduced gradually, with parental input, rather than through a rigid state framework that might push boundaries too far, too soon. By requiring periodic reviews of local standards, HF 3550 ensures ongoing accountability and adaptation, keeping education relevant and respectful of childhood stages.

In conclusion, HF 3550 is a commonsense measure that strengthens parental rights, respects family opposition to gender ideology, and prioritizes age-appropriate health education. It empowers communities to shape their schools in ways that honor diverse values while maintaining high standards for student's education and well-being. I urge you to pass this bill and protect the role of parents as the primary educators of their children.

Thank you for your consideration.

Sincerely,

Elizabeth Watson
Becker, MN

Testimony in Support of HF-3550 Preserving Local Health Standards Authority

Before the Minnesota House Education Policy Committee

February 24, 2026

By Michael E. McCarthy, Chair

Fixing Stillwater Schools

HF-3550 IS URGENTLY NEEDED RELIEF

HF-3550 is vital relief for locally elected school boards to thoughtfully meet the health education needs of their students. It is especially urgent in light of the Minnesota Department of Education's (MDE) failure to conduct a good faith public process in its 2025 K-12 Academic Standards in Health Rulemaking (Revisor's ID No. R-04924, CAH Docket No. 65-9005-40585).

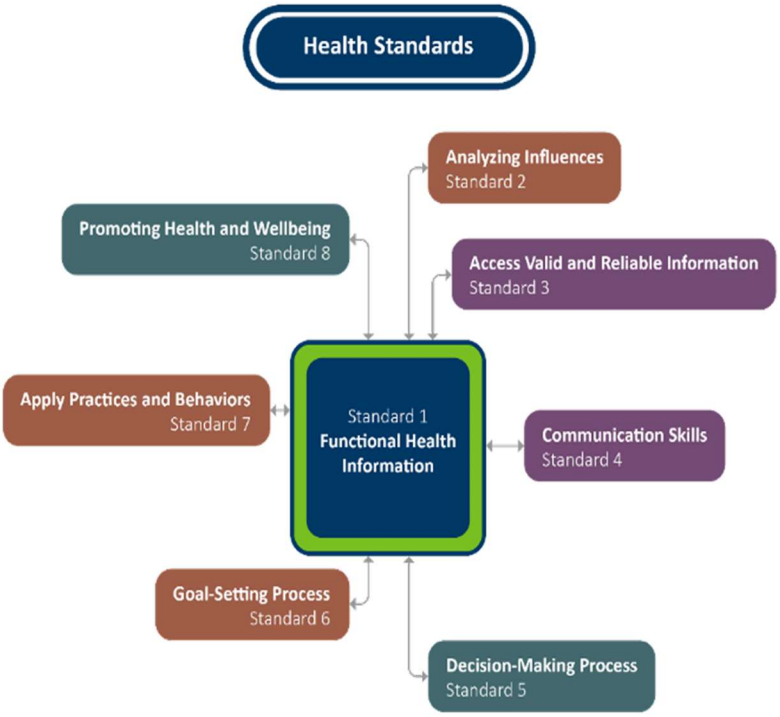
This rulemaking has resulted in a failed product (a proposed education rule failing to state what education it will mandate), resulting from a failed process riddled with omissions and errors. This is fully presented in my Comments (41 pages) to the MDE found at https://acrobat.adobe.com/link/spaces/urn%3Aaaid%3Asc%3AVA6C2%3A9c8a65f2-aec1-47ee-84dc-e92ab9721c86/assets/urn%3Aaaid%3Asc%3AVA6C2%3A1e9ba8f7-0c45-4877-9a80-84ce2844a402

A FAILED RULEMAKING

In its proposed rule, at line 2.2, MDE defers until AFTER the rulemaking almost all of what would be taught as mandatory "functional health knowledge" -- safely beyond public scrutiny and accountability. After nearly 2 years one might expect MDE would be prepared to place before the public the vital information it intends to mandate for 100 percent of our children – information so vital that local school board must be stripped of their own power to select lest they overlook some detail of this knowledge and deprive the children in their charge.

Unfortunately, Standard 1 "Functional Health Knowledge" is presented as an empty shell that cannot support all the remaining application standards intended to impart the knowledge left out of this rulemaking. Page 24 of the SONAR says that Standards 2 through 8 address *how* the students will learn the content set forth in Standard 1. Absent clear

"Functional Health Information" content as a methodological core, the house of cards this rulemaking presents collapses in upon itself.



Source of image: MDE Draft 2, p. 7 depiction of the Health Standards structure.

This failing also deprives the recently published and distributed "2025 Minnesota K-12 Health Academic Standards – Commissioner Approved" (hereafter, Draft 3) of legitimacy and effectiveness. There, MDE presents the Standards and Benchmarks *implementing* the still *unfinished* rule in this rulemaking. (Those familiar with project planning methodologies may recognize a "critical path" problem here regarding the order in which one undertakes and completes tasks.)

In the methodology proposed by the State, the knowledge that was supposed to have been specified in Standard 1, and learned using the methods in Standards 2 through 8, are grouped into 7 Strands. While listed on page 6 of Draft 3, Strands are not defined or explained leaving the reader to guess at their exact meaning. This in turn may explain why the Benchmarks within the Strands suffer from regular use of undefined words and chronic vagueness in Draft 3 rendering many inactionable as currently presented.

A FAILED PROCESS

Let us begin by looking at what is absent from the record the State is placing before the administrative law judge. Expectations for MDE's Rulemaking process are set forth in MDE's document "2024-2025 Adult Health Standards Committee's Guiding Assumptions" (hereafter, Committee Guide) which is linked from the top of page 5 in Draft 2 and on page 8 of the SONAR. Many of these expectations show no evidence of having been fulfilled.

MDE is attempting to exclude discussion of its Standards and Benchmark from this rulemaking, creating a fiction that they are not all part of the same whole. In fact, the rulemaking SONAR makes mention of benchmarks at least on page 6, pages 8 through 23, 29, 31, 41 and 42. To now suggest that they are outside the reach of the public comment and input is contrary to the public interest, to record completeness and to transparent governance. It is unreasonable to hide this material from CAH consideration.

An overview of what else departs from the Committee Guide and is wrongly absent from the present rulemaking record follows:

- ✓ **ABSENT: Evidence of alleged "extensive public input"** described on SONAR page 5**.** The Committee Guide, page 2, item 2 under "Review Process and Roles" states "The committee will consider advice from public input, such as from town hall meetings, focus groups, or public comment periods *throughout the process*." (Emphasis added) There is no record indicating town hall meetings or focus groups ever occurred, or if so, what was learned. There is no indication that any are planned for the future. Absent that, one may presume only politically progressive Critical Social Justice allies have been, and will be, engaged**.**

- ✓ **ABSENT: Evidence of the alleged thoughtful selection, assessment and consideration of health curriculum from other states.** Five states are listed in the SONAR on page 12 … and that is all. Just a list of 5 state names.

- ✓ **ABSENT: The presumption of benefits resulting from public engagement with parties having worldviews from outside of the progressive Critical Social Justice model** from which MDE operates. Such engagement can result in "third path" alternatives that are mutually acceptable and achieve accommodations important to harmony in a pluralistic society. Process descriptions in the SONAR pages 8-9 show no evidence of such. Instead, the process appears driven by a focus on political identity groups and from within the education community bubble. The public interest demands that agency rulemaking be more than a gathering of mutual friends to provide the appearance broad engagement without doing so.

- ✓ **ABSENT: Draft 2 of the 2025 K-12 Minnesota K-12 Academic Standards (July 2025).** Draft 2 appears responsive to the progressive Critical Social Justice advocacy of SHAPE, the National Sex Education Standards, and the National Health Consensus Standards which MDE has pledged in advance to "align with." Given the absence of proposed knowledge to

be mandated in the presently proposed rule, and the extensive vagueness in Draft 3, Draft 2 best indicates MDE's expected outcome if allowed to withhold disclosure of what is to be taught until after the rulemaking, as the State presently proposes.

- ✓ **ABSENT: Public disclosure of 8,000 public comments received on Draft 2.** This is the largest body of record in this proceeding. Absent disclosure, parties rightfully suspect the MDE summary on SONAR pages 16 and 17 is not fully transparent. These comments were received electronically and MDE has chosen to hide them instead of posting a link.

- ✓ **ABSENT: A contact list for the 8,000 public parties filing comments on Draft 2 in July 2025** would have been useful in achieving broad public participation, if MDE wanted. Outreach on page 10 of the SONAR shows very narrow outreach from the rulemaking onset. Outreach by MDE to present soliciting comments in the rulemaking remains the same. Absent the transparency that a "service list" provides, public parties could not engage with or communicate with each other. This greatly limited public engagement.

- ✓ **ABSENT: Public disclosure of the experts, their affiliations and their input relied upon in the writing of Draft 3.** (SONAR p 19-23) The MDE boasts of relying on 3 national experts in the writing of Draft 3 but hides their names, affiliations and input from the public and CAH.

- ✓ **ABSENT: Subject matter experts (SMS's) in the topics that would become "Functional Health Knowledge"** such as pediatric nutritionists, safety experts, psychiatric practitioners, addiction recovery and their professional organizations. The Committee Guide, page 1, under "Committee Membership and Expectations" fails to explicitly enlist these talents into the rulemaking process. Items 2.i and 2.j make reference to "Content Specialists" but these appear to regard teaching materials and methods, not expertise in, for example, causes of accidental injury and deaths in grade school children. This failing may substantially explain why the output of this working group could not significantly state what problems needed to be addressed and what needed to be taught to address those problems.

- ✓ **ABSENT: Assessment of the proposal's assault on parental rights and religious freedoms.**

- ✓ **ABSENT: Assessment of the diversion of time and resources from health education** by its dilution with a mix if progressive Critical Social Justice dogma**.**

- ✓ **ABSENT: Consideration of recent research reassessing the medical and psychological legitimacy of MDE childhood "trans" advocacy and promotion.**

- ✓ **ABSENT: Consideration of pending decisions in Title IX litigation**

One might expect such an amount of absent material from an assignment might earn a failing grade. Nonetheless, we have requested remedies.

REMIDIES REQUESTED OF CAH AND MDE

Although we have no assurance of our request being fulfilled, we have asked for the following be placed into MDE's rulemaking record and if not already, that they be posted online for public viewing:

1. Records of previous town halls, focus groups and other public meetings MDA makes reference to having taken place, but offers no evidence of having taken place.
2. The evaluations of Health Standards used in other states and what was learned from each.
3. 2025 Minnesota K-12 Health Academic Standards – Draft 2 (June 2025).
4. Public comments received on Draft 2, likely representing the largest public input record (SONAR cites up to 8,000 public comments).
5. Post the contact information for filing parties (e.g., a "service list" for the State to share proceeding information with those who have expressed interest).
6. Names, affiliations and input of the 3 secret experts hired to reposition Draft 3
7. 2025 Minnesota K-12 Health Academic Standards – Commissioner Approved (December 2025) to fully illustrate the absence of the "knowledge" core of this rulemaking.

To remediate this rulemaking process moving forward we have asked CAH for a significantly revised proceeding timeline accommodating:

1. The establishment of a new rule proposal for on-going discussion such as the Alternative Pro-Family K-12 Health Academic Standards draft we have offered, or one modified from that alternative that is not open ended, that is, not subject to completion in secret after the rulemaking.
2. Direct the MDA to specify the knowledge it wants to mandate working in collaboration with Subject Matter Experts associated with each proposed Strand and to vertically mesh the Rule, Standards and Benchmarks for consistency and for each grade-level to build upon earlier content.
3. A delay in the pending public hearing until 90 days after CAH and the public have online access to the materials listed in the above list of items, plus the posting of the Alternative Pro-Family K-12 Health Academic Standards or its successor.
4. A subject matter expert (SME) conferring process for each of the Strands CAH believes should be part of the rulemaking process going forward. This should include conferring and taking input from professional organizations in their areas of specialty, preferably their Minnesota affiliates (e.g., NAMI and National Safety Council)

5. Specific outreach to entities who have expressed opposition to aspects of the rulemaking (e.g., Child Protection League, Fixing Stillwater Schools, and Defending Education) to find acceptable accommodation. For transparency, MDE can post its own summary of those meetings and outcomes.
6. Empanel a small legal working group to provide a short report on the possible effect on these rules of litigation nationwide stemming from religious freedom and parental rights concerns, and resolution of Title IX disputes between the State and Federal government.
7. Public meetings explaining and taking feedback on the health knowledge that will be mandated.

PRO-FAMILY K-12 HEALTH ACADEMIC STANDARDS ALTERNATIVE RULE

The State's Proposed Rule Is Fatally Flawed

The MN Department of Education (MDE or the State) has proposed a rule that sets forth 7 process steps for learning, but does not say WHAT is to be learned, saying only that it will include 5 items (see Subpart 10, items A-E) plus ***unlimited, undisclosed other material after the rulemaking*** (see Subpart 10, line 2.2 "… but not limited to.")

Rules have the force of law. The K-12 health education standards rulemaking, is indeed, lawmaking. Yet this law fails to tell us what it will do – until AFTER it is passed. A credible rulemaking will not say "pass this and we will tell you what it means afterwards."

Why this matters: Part 1, A Predetermined Outcome?

To date MDE's process has assumed that its K-12 Academic Health Standards would be based in Critical Social Justice theory, a radical collectivist worldview. That perspective divides the world between the "privileged" oppressors and the "marginalized" victims. Into everything it embeds the belief that when one self-identifies as part of one or more "marginalized" groups, one gains resources, opportunities, voice and the power to take these things from those accused of having "privilege."

MDE has promised in advance of this rulemaking that its result will "align" with organizations that all embrace Critical Social Justice in their advocacy. It is noteworthy that MDE has stated this predetermination in its documents. MDE provides no evidence that promised public meetings or consideration of the health rules, standards and curriculums in other states ever occurred.

Last summer, MDE released for public comment Draft 2 of the standards and benchmarks which will implement this not-yet-completed rule clearly relying on Critical Social Justice beliefs. MDE included for K-12 grade advancement things like annually affirming transgenderism and how each child's gender may differ from that "assigned at birth." MDE's SONAR says they received 8,000 public comments – which MDE has not disclosed. One might suppose that if public comments

were widely supportive of the State's proposal, MDE would have let the public see them and included them in this rulemaking record, which they have not.

Instead, MDE's standards and benchmarks implementing the not-yet-completed rule were revised – and published in December 2025-- with such undefined, vague language as to render intent difficult, if not impossible. "Gender affirming" becomes "showing kindness. The strand "sexual health" rebrands as "growth and development." It looks like intentional, deceptive word-play.

With the help of 3 unidentified outside consultants Walz's team has rebranded this rule to hide its unchanged, Critical Social Justice agenda so it quietly slips by unnoticed, hidden among the holidays and social unrest in our streets. But it's the same authors, sources and agenda!

Now MDE asserts that its implementing standards and benchmarks are not part of this rulemaking subject to further comments and hearing; and never will be. We disagree but think there is a reason.

Why this matters: Part 2 – The Slight of Hand

If the State's currently proposed K-12 Health Education Rule is enacted, MDE can simply later reinsert out of public scrutiny any objectionable subject matter – any secret Critical Social Justice agenda – back into the subject matter to be mandated statewide and rewrite its implementing standards and benchmarks as previously rejected by the public. It also pushes basic health education elements aside for politics.

The State's current proposal is political social engineering unwilling to take the political heat for doing it in the open. It would be statewide. It would be mandatory. It would override the will of every local elected school board for the next ten years (when today's second graders will graduate.)

Under the guise of "health and well-being", unlimited subject matter discretion may make mandatory indoctrination in subjects like these already included in Minnesota health classrooms as "health": environmentalism (recycling, green energy preferences), spiritual health (your life's purpose; present satisfaction with your faith and exploration of alternatives), sexual wellness (comfort with your sexual "identity") and multicultural awareness (pursuing social justice; defending the "identity" of others).

Making "health education" the political correctness testing ground for the breath of progressive beliefs will deprive our youth of clearly focused learning they will not get elsewhere in a timely manner. It continues to dilute academic learning with Critical Social Justice politics.

Returning Authority to Local School Boards and the Profamily K-12 Academic Health Standards Rule Alternative is the Solution

First and foremost, in the Pro-Family alternative, Subpart 10 "Apply Knowledge and Skills" we substitute the slight-of-hand loophole for a plainly stated listing of mandatory knowledge that will be taught to all Minnesota children in K-12 education. While substantial, our intent is not to be burdensome, but complete as a mandatory statewide baseline to which local school boards may augment at their discretion.

Second, in Subpart 1, Purpose and Application we add specific language defending parental primacy, protecting children from deeply invasive surveys and questionnaires on material that is only the business of their parents, and finally, we specify the group-think of the Critical Social Justice identity politics do not form the basis for implementing this rule.

ALTERNATIVE PRO-FAMILY REVISION

Proposed Permanent Rules Relating to K-12 Academic Standards in Health

(Fixing Stillwater Schools proposal; January 29, 2026, *Revised*)

3501.1500 HEALTH EDUCATION STANDARDS.

Subpart 1. **Purpose and application.** The purpose of these standards is to establish statewide standards for health that govern instruction of students in kindergarten through grade 12 so learning can be applied in their homes in concert with students' parents and guardians and in their adult lives. Individual students will not be subjected to invasive disclosure surveys to be viewed by peers or adults other than the student's parents or guardians. Parents have primary responsibility and authority to educate their children on these matters without burdensome bureaucratic impediments or burdensome costs of time or money. Instruction will emphasize individual agency, initiative, and responsibility for their health outcomes rather than teaching health as a matter or related to student's identity group(s) or the identity groups of others.

Subp. 2. **Functional health.** The student will obtain functional health knowledge listed in Subpart 10, items A through I.

Subp. 3. **Analyze influences.** The student will analyze influences that affect the health topics addressed in Subpart 10, items A through I.

Subp. 4. **Access valid and reliable information.** The student will access valid and reliable information, products, and services related to the topics addressed in Subpart 10, items A through I.

Subp. 5. **Communication skills.** The student will demonstrate interpersonal communication skills to enhance application of the health topic addressed in Subpart 10, items A through I.

Subp. 6. **Decision making.** The student will demonstrate critical thinking decision-making skills to form a question, gather observations and data, and apply deductive reasoning to reach logical conclusions regarding the topics addressed in Subpart 10, items A through I.

Subp. 7. **Goal setting.** The student will demonstrate goal-setting skills to enhance application of the health topic addressed in Subpart 10, items A through I.

Subp. 8. **Practices and behaviors.** The student will demonstrate practices and behaviors to enhance application of the health topic addressed in Subpart 10, items A through I.

Subp. 9. **Promote health knowledge.** The student will promote the knowledge addressed in Subpart 10, items A through I.

Subp. 10. **Apply knowledge and skills.** The student will combine content knowledge with practical skill development, as indicated by subpart 2, and apply what they learn to real-world health situations, as indicated in subparts 3 to 9, on the following health-related topics:

A. The maturation of male and female bodies; how conception occurs, fetal development and the means to lessen the likelihood of conceiving children until desired; the prevention and reduction of sexually transmitted infections and diseases. (See Minn. Stat. 121A.23)

B. Fundamentals of the physical process of cleaning reagents and reactions. Particulars of personal hygiene, personal sanitation, potentially hazardous mixtures of cleaning products, risks and mitigation of sun and artificial tanning exposure, and fundamental first aid.

C. The body's need for: nutrition (food qualities, preparation factors, and proper quantity), daily exercise (for cardiovascular fitness, strength, flexibility and balance), and sleep (quality, amount).

D. Dangers of addictive intoxicants, including alcohol, tobacco, cannabis, opioids, etc, including: impairment, short-term and long-term behavioral changes, mental illness d and anxiety, etc. Cannabis use and substance use education that allows districts to provide instruction to students in grades 6 through 12 in accordance with Minnesota Statutes, section 120B.215.

E. Management of one's emotions, non-violent relationships, and the identification and treatment of mental illness. Mental health education for students in grades 4 through 12 will include prevention of suicide or self-harm.

F. Critical thinking skills that presume objective reality (versus subjective reality) and teach these steps: define the question, gather related observations and data, apply deductive reasoning process, and make a logical conclusion.

G. Safe firearm storage, transportation and handling to ensure one is aware of a safe and unsafe circumstance.

H. Cardiopulmonary resuscitation and automatic external defibrillator education that allows districts to provide instruction to students in grades 7 through 12 in accordance with Minnesota Statutes, section 120B.236.

I. Vaping awareness and prevention education that allows districts to provide instruction to students in grades 6 through 8 in accordance with Minnesota Statutes, section 120B.238, subdivision 3.

Subp. 12. **Implementation.** These standards must be implemented by school districts by the beginning of the 2028-2029 school year.

WOMEN'S FOUNDATION OF MINNESOTA

February 24, 2026

Women's Foundation of Minnesota Opposes HF 3550

Chair Bennett and members of the Minnesota House Education Policy Committee,

As the President & CEO of the Women's Foundation of Minnesota, I am writing to express our opposition for HF 3550. As an organization who worked tirelessly to help pass the health standards bill, we oppose efforts to repeal or weaken the required implementation language.

In our Status of Women and Girls report, we note that women, girls, and gender-expansive people in Minnesota are harmed by gender-based violence throughout their lifetimes, the consequences of which include poor mental health outcomes, chronic disease and health problems, unwanted pregnancy, substance abuse, and homelessness. The benchmarks in these standards on personal safety and violence prevention can meaningfully reduce the victimization of young people by educating students on identifying predatory behavior and unsafe relationships. With these standards and benchmarks developed, but without statewide implementation, Minnesota students would face even greater inequities in health education and safety than before.

These standards have been created by students, educators, community members, and experts with extensive public comment and do not impede a district or educator's ability to provide community-specific instruction, they simply provide the scaffolded framework to guide teachers' work more intentionally across many important health topics and across K-12 grades. Districts are still responsible for selecting, reviewing and implementing curriculum that meets their community's needs.

Minnesota students and parents agree that no matter where you live and attend public school in this state, you deserve health education. Research done at the University of Minnesota found that 90 percent of Minnesota parents support medically accurate health education in public schools, these results held true across political party affiliation. By repealing the statewide health education standards, the legislature would be disregarding the wants and needs of these students and their families.

I urge this committee to vote no on HF 3550 for the health, safety and wellbeing of Minnesota students

Gloria Perez
President & CEO

Written Testimony in Opposition to House File 3550
House Education Policy Committee

February 24, 2026

Co-Chair Bennett, Co-Chair Jordan, and Members of the Committee,

Honest Sex Ed Minnesota is a nonpartisan organization committed to amplifying the voices of students, teachers, and parents and working towards the health education they want to see in our schools. We are writing in opposition to HF 3550.

If passed, House File 3550 would remove statewide consistency of health education standards and benchmarks. This would *ensure unequal health education* for our students. Some school districts may choose to use the statewide academic standards in health to guide and inform their curricular choices—those students would be taught to standards created by a large committee of students, educators, community members, and experts with the involvement of extensive public comments. Under current law, local districts retain the ability to choose curriculum that meets their community's needs, so the primary change offered by HF 3550 is districts' ability to reject statewide, expert- and community-informed standards for the sake of local discretion and at the expense of equal education.

This bill completely undermines the goals of providing more statewide educator guidance and support for health education (as Minnesota already offers through statewide standards in arts, computer science, English language arts, ethnic studies, mathematics, physical education, science, and social studies)[1].

This bill ignores the voices of students, teachers, and families who were actively involved in the creation of these standards. This bill also largely ignores the will of Minnesota parents—90% of whom overwhelmingly support sex education in schools[2] and we're sure would take no issue with the many other important health topics included in these standards like nutrition, personal safety, mental health, and substance use prevention. For parents concerned about the material in their schools' curriculum, the opportunity to opt their children out of instruction remains. The addition of local administrative decisions on local standards merely allows school leaders to assert their ideologies and values over that of a collectively and collaboratively developed set of standards and benchmarks.

Through our work with students across Minnesota, one theme comes up again and again, it's luck. Students often say they feel lucky or unlucky when describing the content and quality of the sex education they received in school. The health knowledge and skills students need and want should not be determined by luck of what their zip code or school administrator declare they need. These standards and the thoughtful, statewide collaboration which fostered their development, go far to help reduce the level of luck involved in our young people's health education. House File 3550 would effectively eliminate this progress and ensure unequal and unfair health education for Minnesota students.

Ultimately, students across Minnesota deserve education that provides them with the information and skills they need to live full and healthy lives. The decisions made at this state legislature should communicate this care and belief to constituents across the state and foster an informed and healthy community.

We strongly urge the committee to vote against House File 3550. Thank you for your consideration.

Dr. Meg Bartlett-Chase
Executive Director, Honest Sex Ed Minnesota
meg.bartlett-chase@honestsexed.org

1 MN Statute 120B.018

2 Eisenberg, ME., Oliphant, J., Plowman, S., Farris, J., Pierson, K. (2022). Minnesota Parent Support for Sexuality Education. Minneapolis, MN: University of Minnesota Healthy Youth Development – Prevention Research Center.

MINNESOTA
FAMILY COUNCIL

February 23, 2026
Minnesota House Education Policy Committee
Minnesota State Capitol
75 Rev Dr Martin Luther King Jr Boulevard
Saint Paul, MN 55155

Re: Vote yes on H.F. 3550

Co-Chairs Bennett and Jordan and Members of the Committee,

Minnesota Family Council represents tens of thousands of families across the state, and on their behalf, we urge you to support H.F. 3550.

In 2024, Minnesota Family Council testified in support of local school districts developing their own health standards by opposing HF3682 (2024), a bill which took away local decision making of health standards. Minnesota parents want to be more involved in their kids' education, particularly in the subject area of health education. We testified in 2024 that the state should have more trust in local communities of parents and school boards in the development of standards.

With the passage of that law in 2024 and the development of statewide health standards, decision-making has been taken away from parents and local teachers who are day in and day out educating the key stakeholders – the students. With the passage of that change into law, decision makers on health education largely became centralized in the state.

HF3550 (2026) would allow local districts once again to have the option to develop health standards locally. The state of Minnesota should allow districts to have the option to develop local health standards, where parents can have more input, rather than mandating this subject area from the centralized state to the diverse districts.

Regards,

Rebecca Delahunt
Minnesota Family Council
Director of Public Policy