VIA EMAIL

December 15, 2025

Legislative Reference Library
reports@lrl.mn.gov

In the matter of Proposed Rules Related to Minnesota K-12 Academic Standards in Health, Minnesota Rules Chapter 3501, Revisor's ID Number R-04924, CAH Docket Number 65-9005-40585

Dear Legislative Reference Library:

The Minnesota Department of Education intends to adopt rules relating to Academic Standards in Health. We published a Dual Notice of Intent to Adopt Rules on December 15, 2025.

We have prepared a Statement of Need and Reasonableness. As required under Minnesota Statutes, sections 14.131 and 14.23, we are sending the library an electronic copy of the Statement of Need and Reasonableness on the same day that the Dual Notice is issued.

If you have any questions or concerns, please contact me at catherine.rogers@state.mn.us.

Sincerely,

Catherine A. Rogers

Catherine Rogers
Associate General Counsel
Minnesota Department of Education

Attachment: Statement of Need and Reasonableness

Equal Opportunity Employer

Statement of Need and Reasonableness (SONAR)

In the matter of Proposed Rules Related to Minnesota K-12 Academic Standards in Health, Minnesota Rules, part 3501; Revisor's ID Number R-04924, CAH Docket Number 65-9005-40585

Minnesota Department of Education
Division of Academic Standards and Instruction

December 2025

General information:

1. Availability: The State Register notice, this Statement of Need and Reasonableness (SONAR), and the proposed rule will be available during the public comment period on the Agency's Academic Standards for Health Education website: Health Standards Review and Revision (https://education.mn.gov/MDE/dse/stds/hpe/healthstand/) and K-12 Health Standards Rulemaking (https://education.mn.gov/MDE/about/rule/rule/health/)
2. Agency contact for information, documents, or alternative formats: Upon request, this Statement of Need and Reasonableness can be made available in an alternative format, such as large print, braille, or audio. To make a request, please contact Catherine Rogers, Associate General Counsel, at the Minnesota Department of Education, 400 NE Stinson Blvd, Minneapolis, MN, 55413 or email Catherine.Rogers@state.mn.us You may also call 612-279-3592 or use your preferred telecommunications relay service.

Table of Contents

Introduction and Overview

Introduction

At the direction of the legislature, the proposed rules establish statewide health education standards for kindergarten through grade 12, defining what Minnesota students should know to develop and maintain lifelong physical, mental, emotional, and social well-being. These proposed rules, coupled with the mandatory benchmarks, provide a consistent, developmentally and age-appropriate framework that ensures that every student in Minnesota has equitable access to high-quality, evidence-informed Health Education. The rules align Health Education with other required academic standards in Minnesota and reflect national best practices, including the Society of Health and Physical Educators (SHAPE) America National Health Education Standards, the National Health Consensus Standards, and the National Sex Education Standards, as well as other states' standards.

The passage of SF3746 initiated the process of authorizing the first statewide K-12 Academic Standards in Health Education, shifting from a system of locally developed standards to a consistent statewide framework. Effective July 1, 2024, the commissioner of education was authorized to begin the rulemaking process to adopt statewide academic standards in health. *See* Laws of Minnesota 2024, chapter 115, article 2, section 21. The standards must incorporate state-mandated areas of instruction, such as cardiopulmonary resuscitation (CPR), vaping prevention, cannabis and substance use education, sexually transmitted infection prevention, and mental health education while the process could contemplate optional topics such as violence prevention, character development, and safe-and-supportive-schools education.

Minnesota is one of the few states that has not previously adopted statewide health education standards in rule. The absence of consistent statewide expectations has led to significant variation in local programming, resulting in unequal opportunities for students to develop the health literacy and decision-making skills essential for success in school and life. The proposed rules address this need by defining clear, developmentally and age-appropriate learning outcomes while preserving local control over curriculum and instructional delivery.

The Minnesota Department of Education (MDE) initiated the formal rulemaking process by publishing a Request for Comments in the State Register. MDE convened a Health Education Standards Committee representing educators, administrators, parents, school health professionals, higher education faculty, and community and tribal representatives from across Minnesota. This review process followed the guidelines in Minnesota Statutes 2025, section 120B.021, subdivision 4(h), and resulted in a proposed set of Health Education standards that are rigorous, equitable, and responsive to the diverse health needs of Minnesota students.

Throughout the drafting process, MDE sought extensive public input through public feedback opportunities, focused feedback sessions, stakeholder consultations, and expert reviews to ensure the rules are both rigorous and reasonable. This committee met regularly to review research, consider public input, and draft standards that reflect both Minnesota's statutory priorities and community values.

The committee worked collaboratively with the Department of Public Health and the Department of Human Services and various other agencies across the enterprise to draft standards that reflect both national best

practices and Minnesota's specific context and requirements in law. The resulting framework provides statewide consistency in learning expectations while allowing flexibility for local districts to design instruction and curriculum.

Statement of General Need

The 2024 legislative changes were intended to ensure that health education in Minnesota is treated like all other academic standards, giving every student access to high-quality, age-appropriate, and medically accurate health instruction. Prior to the proposed rules, health education was the only required academic area without state-level standards, resulting in inconsistent access to essential knowledge and skills across the state. Establishing statewide standards ensures that students from across the state receive equitable instruction that empowers them to make informed decisions about their health, relationships, and well-being. These standards address critical topics such as physical and mental health, cannabis and vaping awareness, child sexual abuse prevention, substance use prevention, and education about sexually transmitted infections and diseases. Developed through a robust, expert-driven process, the standards reflect the expertise of educators, health professionals, and students. Supported by a broad coalition including the Women's Foundation of Minnesota, Minnesota Coalition Against Sexual Assault (MNCASA), American College of Obstetricians and Gynecologists (ACOG), Youthprise, National Alliance on Mental Illness (NAMI), and others, this effort underscores Minnesota's commitment to preparing all young people to grow up safe, healthy, and confident.

Academic standards are essential because they help define the student learning requirements for graduation; they provide the knowledge and skills that all students must achieve, supporting the grade level or grade band benchmarks, and guide local curriculum adoption, development, and improvement. Student mastery of the academic standards is measured through local assessments.

With the assistance of a Health Standards Committee, the department is proposing rule language that reflects national research, fits Minnesota's students' needs, and supports career, college, and community readiness goals in health. If adopted, the proposed statewide standards will replace locally developed standards.

The new health standards use anchor standards. Anchor standards summarize educational development from kindergarten through graduation. Minnesota began using anchor standards in 2010 when the English language arts standards were revised. Since then, anchor standards have been adopted for physical education, arts, science, social studies, and mathematics. The purpose of anchor standards is to provide a cohesive umbrella across the grade levels, highlighting the learning progression of the grade-level benchmarks. Benchmarks supplement the standards by identifying the "specific knowledge or skill that a student must master to complete part of an academic standard by the end of the grade level or grade band." Minn. Stat. 120B.018, subd. 3. (2025) For the remainder of this document, the term standard will be used when referencing anchor standards.

Health education standards are essential to ensure that all students in Minnesota, regardless of where they live or attend school, have access to consistent, high-quality instruction that supports their overall well-being and academic success. Currently, the absence of statewide standards in health has led to significant disparities in what is taught, how it is taught, and the outcomes students experience as a result. There are differences and uneven access to the supports and learning opportunities that help young people build essential health and life skills.

Health education is a core component of a well-rounded education. It equips students with the knowledge and skills to make informed decisions about their health, build healthy relationships, manage stress, prevent injury and disease, and contribute positively to their communities. These skills are foundational to lifelong wellness, readiness to learn, and civic participation.

Data from the Minnesota Student Survey (MSS) highlight the urgency of strengthening health education statewide. A third of Minnesota students report low social competency, a key set of skills that help young people navigate social interactions, build meaningful relationships, and adapt to diverse environments. When students lack these skills, they face greater barriers to engagement, safety, and academic success. These findings underscore the need for consistent, high-quality health education that supports every student's well-being and development.

Statewide Health Education standards provide a coherent framework that:

- Establishes clear, developmentally and age-appropriate expectations for what students should know and be able to do at each grade level and grade band.
- Ensures equity and consistency across districts, so all students regardless of ZIP code receive comparable opportunities to develop essential health skills.
- Aligns Minnesota with national best practices and other subject areas that already have statewide standards.
- Supports educators and curriculum developers by providing guidance for local curriculum design, instruction, and assessment.
- Promotes public accountability and transparency by defining shared learning goals aligned with state priorities.

Health education standards are also a proactive response to today's pressing student health challenges, including increasing mental health concerns, substance use, chronic disease prevention, and digital media influences. A standards-based framework ensures instruction is comprehensive, age-appropriate, and evidence-informed, enabling schools to respond effectively to students' evolving health needs.

In short, Minnesota needs health academic standards to provide clarity, consistency, and equity ensuring that every student gains the essential knowledge and skills to lead a healthy, productive life.

Creating the Minnesota Academic Standards for Health Education

Overview

The MDE oversees the health education standards review by convening a diverse committee of educators, administrators, parents, high school students, public health professionals, higher-education faculty, and representatives from Tribal Nations. This committee extensively reviewed the national frameworks such as the SHAPE America and National Health Consensus Standards and evaluated emerging health issues affecting Minnesota youth. Draft revisions were developed and refined through several rounds of review, incorporating public feedback collected through online surveys, focused feedback sessions, and various stakeholder meetings, as well as feedback from content experts, the Minnesota Youth Council and health organizations.

The creation process took place from January through fall 2025 and was guided by a dedicated committee of more than 35 members. This work included developing guiding assumptions, gathering and reviewing public feedback, conducting a gap analysis of national standards and current research, drafting a Career, College, and Community Readiness statement, and writing and revising multiple drafts of the standards and benchmarks based on collective feedback.

At the conclusion of the Health Standards Committee's work, MDE considered all feedback and moved the proposed standards forward in the rulemaking process.

Development of the Assumptions to Guide the Standards Review

The MDE developed guiding principles that the 2024–25 Adult Health Standards Committee agreed to and abided by during the working group process of the proposed health standards. The Assumptions for Guiding the Health Standards Committee's Work (*Guiding Assumptions)* ensured a transparent, inclusive, and statute-aligned standards review process. These assumptions established the committee's roles, expectations, and guiding principles for creating Minnesota's first state-level health education standards.

As student participation in the committee was essential to ensure the final product included the perspectives of Minnesota students, the Student Health Committee Guiding Assumptions was developed. Students on the committee agreed to and abided by these guidelines during the working group process of the proposed health standards. These guidelines recognized the time commitment requirements for a high school student would be reasonably adjusted to allow for more flexibility due to the scholarly and familial needs of a minor.

The following summarizes the information in the Guiding Assumptions that all applicants, students and adults, agreed to and abided by during the working group process of the proposed health standards.

Committee Membership and Expectations

Membership of the Health Standards Committee is outlined by Minnesota Statutes 2024, section 120B.021, subdivision 2(a), to ensure representation across required stakeholder groups, including licensed health teachers, school leaders, postsecondary faculty, school board members, Tribal Nations Education Committee (TNEC) representatives, business and community members, and current students. Additionally, the committee would reflect Minnesota's geographic, racial, linguistic, and educational diversity across district, charter, and alternative settings. This composition ensured that the development of the standards reflected the perspectives and needs of all Minnesota students.

All members were required to agree to and uphold either the Assumptions for Guiding the Health Standards Committee's Work (*Guiding Assumptions)* or Student Health Committee Guiding Assumptions, which emphasized required participation, respect for public meeting law (Minnesota Statutes 2024, sections 13D.01–13D.02), and a commitment to civil discourse and multiple perspectives. Members were expected to engage in respectful open-minded collaboration, setting aside personal preferences, and seek alternative views to develop standards that serve all Minnesota students.

Committee Review Process and Roles

The committee was charged with drafting the proposed academic standards and benchmarks through a three-phase process:

- Development of K-12 standards along with a Career and College Readiness Statement;
- Addition of corresponding benchmarks; and
- Refinement into a comprehensive final draft.

The process incorporated multiple rounds of public review and comment, incorporating public feedback collected through online surveys, focused feedback sessions, and various stakeholder meetings, as well as feedback from content experts, the Minnesota Youth Council and health organizations. Writing teams composed of committee members met outside of scheduled full committee sessions to prepare draft revisions, which were reviewed and approved by the full committee. Feedback from the Tribal Nations Education Committee, urban Indigenous communities, and individual Tribal Nations was integrated throughout each stage. Also, MDE appointed three co-chairs from the committee to provide leadership, facilitate productive discussion, and work closely with department staff between meetings throughout the process.

Standards Development Expectations and Statutory Requirements

The *Guiding Assumptions* required the committee to ground all standards in current research and national frameworks, including the *National Consensus for School Health Education* and *SHAPE America's National Health Education Standards*. The standards were to reflect a clear progression of age-appropriate skills from kindergarten through high school and comply with Minnesota Statutes, section 120B.021, subdivision 4(a), ensuring:

- Alignment with college, career, and community readiness;
- Inclusion of Minnesota American Indian Tribes and urban Indigenous communities;
- Integration of technology and information literacy; and
- Embedding of ethnic studies perspectives.

The committee's charge also required incorporating state-mandated areas of instruction in accordance with Laws of Minnesota 2024, chapter 115, article 2, section 21, such as cardiopulmonary resuscitation (CPR), vaping prevention, cannabis and substance use education, sexually transmitted infection prevention, and mental health education while considering optional topics such as violence prevention, character development, and safe-and-supportive-schools education.[1]

Timeline and Commitment

Committee members committed to attending all meetings as outlined in the Guiding Assumptions timeline, beginning with the inaugural session on January 3, 2025, and originally committed through June 2025. Due to the complexity of the work, the committee work was extended through August 2025. All meetings were conducted in person unless otherwise specified. Members further agreed to remain available to reconvene as

[1] Laws of Minnesota 2024, chapter 115, article 2, section 21, subdivision 2.

needed for up to three years following the conclusion of the formal review to address feedback arising during the rulemaking process.

The student committee members played an essential role in ensuring that Minnesota's first statewide health education standards authentically reflected the experiences, needs, and voices of students. While the student committee members operated under the same framework as the adult committee, the time commitment requirements and responsibilities were adapted to support targeted and meaningful youth participation.

Application Process and Selection of Committee Members

MDE solicited applications from the public who wished to be considered for the standards committee from November 12-December 3, 2024, which resulted in 52 interested adult applicants, and eight interested student applicants. A small group of Minnesota Department of Health (MDH) and Department of Human Services (DHS) representatives and various other stakeholder divisions were invited into the work as resources; however, they were not official members of the committee. Additionally, MDE made a request to the Tribal Nations Education Committee (TNEC) for representation on the standards committee.

Applications went through an extensive review process including agency staff reviewing each application to ensure that there was a broad range of representation and expertise. In December 2024, the commissioner of education approved a diverse and highly qualified committee of 36 members comprised of 33 adults, two of which were appointed by TNEC, and three public high school students. See the Health Standards Committee List.

During this approval, three co-chairs were selected and approved by MDE. Co-chairs played a key leadership role throughout the standards revision process. They met regularly with MDE between committee sessions, participated in additional meetings as needed, and helped guide the committee's work. Their primary focus was to foster productive, inclusive, and respectful discussions that supported the development of high-quality health education standards.

The Minnesota K-12 Health Standards Review Committee

The Health Standards Review Committee (herein referred to as "the committee"), met in person 10 times at MDE's office building between January and August 2025. They reviewed foundational research, analyzed public feedback, and worked in grade-band sub-committees as well as topic-specific committees to draft and refine the standards and benchmarks. This work culminated in the creation of the standards presented to partner agencies and to the commissioner.

The timeline of committee work was extended from June 2025 to August 2025 due to the complexity of the work.

The Initial Work of the Health Standards Review Committee

The Health Standards Review Committee process has been both extensive and inclusive, reflecting the voices of educators, health experts, and Minnesotans at large to ensure the standards are research-based, practical, and

community-informed. This included public feedback gathered prior to the first meeting in January 2025 as well as a subsequent public comment period hosted by the Court of Administration Hearings (CAH) that opened on February 3, 2025.

In the opening meetings, the committee reviewed state requirements, research on health education, national standards, and model standards from other states, and developed a statement of Career, College, and Community Readiness (CCCR). In February, the committee established the organizational structure for the standards and benchmarks, finalized Draft One of the CCCR statement, and identified eight standards.

In March, another public comment period was launched to gather input on the CCCR statement and wording of Draft One of the standards. Information gathered from the 462 responses, the 31 responses from CAH's public comment period, as well as research and expertise of the committee informed adjustments to the CCCR, standards, and the addition of grade-level benchmarks. The committee carefully reviewed and incorporated suggestions into the development of Draft Two.

The committee's work in May included refining the health standards and benchmarks to finalize Draft Two. The fourth public comment period opened June 16-July 18, 2025, for reviewing the Draft Two standards. Additionally, feedback sessions, including one with the Minnesota Youth Council, pediatricians, and other targeted groups happened in July 2025.

In August, the committee convened for a two-day meeting to review feedback from three expert reviewers along with comments from feedback sessions and more than 8,000 public comments submitted on Draft Two. This meeting focused on integrating expert insights and community perspectives, leading to substantial refinements for Draft Three of the health standards and benchmarks.

Gap Analysis

Prior to this rulemaking process, Minnesota did not have statewide academic standards for health education. Under the previous system, local districts were responsible for developing and implementing their own health education standards, benchmarks, and curricula. While this local control allowed flexibility, it also resulted in significant variability in content, quality, and instructional time across districts.

1. Lack of statewide consistency and equity:
Without statewide standards, students' access to comprehensive, skills-based health education depended heavily on where they lived and attended school. This led to inequities in what students learned about essential topics such as mental and emotional well-being, substance use prevention, sexual health, nutrition, and injury prevention. The lack of consistency made it difficult to ensure that all Minnesota students developed the same core knowledge and skills necessary for lifelong health and well-being.

2. Absence of clear expectations and accountability:
Because there were no statewide standards or benchmarks, educators and administrators lacked clear guidance on what students should know and be able to do at each grade level. This created challenges for curriculum design, instructional planning, and program evaluation. It also limited the state's ability to provide aligned professional development, assess implementation, or measure progress toward equitable health outcomes.

3. Misalignment with national best practices and 21st-century health priorities:
In the absence of statewide standards, many locally developed programs did not fully align with the skills-based model of health education recommended by the Centers for Disease Control and Prevention (CDC), the Society of Health and Physical Educators (SHAPE America), and other national organizations. A skills-based approach combines functional health knowledge with core skills, including analyzing influences, decision-making, communication, and health promotion, equipping students to navigate the complex health challenges of today's world.

4. Limited coherence across academic disciplines:
Without statewide health standards, cross-disciplinary alignment with other subject areas (such as science, social studies, and physical education) was inconsistent. The new rules address this gap by providing a framework that connects health education to broader state academic goals, such as social-emotional learning, digital literacy, and civic engagement.

This gap analysis demonstrates that statewide health education standards are needed to ensure every Minnesota student regardless of geography or background receives access to consistent, high-quality, and evidence-based health education. The proposed rules address long-standing inequities, promote alignment with national models, and establish a coherent structure that supports local flexibility within a unified statewide framework.

Review of National Health Standards

The Assumptions for Guiding the Health Standards Committee's Work (Assumptions) state that "The standards must be grounded in current research, national standards, including the National Consensus for School Health Education and SHAPE America's National Health Education Standards, will be used in creating the standards." Reflecting this guidance, the overall standards framework is aligned to the National Health Education Standards, and the benchmark statements integrate the eight skills-based health education standards.

Along with these two national documents, the committee reviewed the National Sex Education Standards as well as the health standards from the following states:

- Hawaii
- Iowa
- South Dakota
- Utah
- Wisconsin

These documents provided a national perspective as well as examples of health education standards as developed by other state departments of education.

Initial Committee Decisions about the Organization of the Standards and Supporting Benchmarks

The Health Education Standards Committee began its work by reviewing national frameworks, research-based models, and Minnesota's legislative requirements to determine the most effective structure for statewide

health standards. Early in the process, the committee made key organizational decisions to ensure the standards would be clear, developmentally and age-appropriate, skills-based, and adaptable to local contexts.

1. Adoption of a skills-based framework:
The committee unanimously agreed that the standards should follow a skills-based model of health education, consistent with national best practices outlined by SHAPE America and the Centers for Disease Control and Prevention (CDC). This model emphasizes the development of transferable skill such as analyzing influences, decision-making, goal-setting, and promoting health integrated with functional health knowledge. The decision reflected a shift from memorization of content toward application of skills that promote lifelong health and well-being.

2. Organization around eight standards:
To create a coherent and easy-to-navigate structure, the committee identified eight standards that collectively define what students should know and be able to do in health education. The first standard focuses on functional health knowledge, while the remaining seven focus on essential health skills. This parallel design mirrors Minnesota's Physical Education Standards and aligns with SHAPE America's National Health Education Standards, providing familiarity and coherence for educators implementing both content areas.

3. Development of grade-banded benchmarks:
Rather than requiring grade-specific benchmarks for every grade level, the committee organized benchmarks by grades (K, 1, 2, 3, 4, 5) and grade bands (6-8 and 9-12). This decision supports developmental and age-level appropriateness and flexibility for local districts. The structure of the benchmarks provides elementary educators with an established progression to design curricula that meet local student needs while ensuring progression of skills across grade levels and for grade bands (6-8 and 9-12) greater flexibility to design curricula that recognizes that various local structures that exist.

4. Emphasis on integration and inclusivity:
The committee determined that the benchmarks should reflect the diversity of Minnesota's students and communities. Therefore, benchmarks were written to be inclusive of all learners and to encourage the integration of cultural perspectives, health equity, and contributions of Native American and Indigenous communities. The organizational design allows for these themes to be woven throughout, rather than treated as standalone concepts.

5. Streamlined and usable format:
To promote usability, the committee organized each benchmark under its corresponding standard. This design enables educators to easily identify learning progression and assess depth of knowledge, supporting both curriculum alignment and classroom assessment.

The initial committee decisions established a strong and coherent organizational framework grounded in research, inclusivity, and practicality. By centering skills development, developmentally and age-appropriate progression, and cultural relevance, the committee ensured that Minnesota's health education standards would be both rigorous and responsive to the needs of all students and educators.

Career, College and Community Readiness Statement

Minnesota Statutes require academic standards and supporting benchmarks in each content area to be aligned with the knowledge and skills students need for career and college readiness and advanced subject area work.[2] As a result, developing a Career and College Readiness (CCR) statement is a crucial step in revising each content area's standards review process. This statement becomes the guideline, or "north star," for the committee's development of the health academic standards.

To begin the creation of a Career, College, and Community Readiness Statement for Health, the full committee reviewed documents provided by MDE. These documents included the following:

- Career and College Readiness Resource, MDE, 2018[3]
- Math Career, College and Community Readiness Vision Statement

As the committee began brainstorming ideas for the career and college readiness statement, there was much discussion about community readiness in addition to career and college readiness. Committee members connected the importance of increasing a focus on community to better prepare Minnesota K-12 students for civil discourse. The Career, College, and Community Readiness Statement for Health articulates the knowledge and behaviors that enhance health across various dimensions which are necessary for every student to be prepared for career, college, and community settings.

Public Feedback Prior to First Committee Meeting

Prior to the first committee meeting (December 11, 2024-January 5, 2025), MDE solicited initial public feedback to aid the creation of Minnesota's first set of K-12 Academic Standards in Health. This feedback requested information about:

- Locally adopted health standards,
- National health education resources,
- Current health education topics being taught in the local district,
- Request for specific and age-appropriate knowledge and skills to consider within each of the required and other topic areas,
- Other topic requests to consider including in the standards, and
- Demographic information of responders.

Writing Draft One of the Proposed Academic Standards for Health

Draft one of the proposed health education standards was developed by the Health Education Standards Committee.

---

[2] Minnesota Statutes, section 120B.021, subdivision 4.
[3] Minnesota Department of Education, Career and College Readiness Resource Guide (2018), https://education.mn.gov/mde/dse/ccs/.

The first draft of the standards focused on defining the eight standards that represent broad, transferable outcomes of high-quality health education. No benchmarks were written in draft one; instead, the committee concentrated on establishing clear, foundational standards and aligning them with the CCCR statement, national best practices, and Minnesota's statutory requirements. This foundational work provided the framework for subsequent development of benchmarks and detailed guidance for instructional implementation.

Initial Rulemaking Request for Public Comment Period

The initial public comment period in the rulemaking process started on Monday, February 3, 2025, and ran for 60 days, closing on Friday, April 4, 2025, at 4:30 p.m. Central. MDE received 31 responses via the Court of Administrative Hearings' ecomments system. The overwhelming majority of responses stated formal support of the creation of statewide health standards. Two responders only provided suggestions (neither stating support nor opposition), and one organization stated opposition to House File 5237 and also provided considerations for the committee to reference during the creation of the health standards.

The Health Standards Committee reviewed foundational research, analyzed initial public feedback, and worked in sub-committees to draft and refine the first draft of the Career, College, and Community Readiness (CCCR) statement and health standards. On February 3, 2025, the Rulemaking Request for Comments was published in the State Register. The first few weeks of comments also were taken into account in the first draft.

Public Comment Period for Draft One

Draft One was released for public comment from March 9-April 9, 2025. MDE's Academic Standards team received 462 responses on Draft One.

Writing Draft Two of the Proposed Academic Standards for Health

Draft Two of the proposed health education standards built upon the foundational work of Draft One, which established the eight standards and the Career, College, and Community Readiness (CCCR) Statement. During this phase, the committee shifted from defining broad outcomes to developing grade-banded benchmarks that provide clear, developmentally and age-appropriate expectations for student learning across K-12. Benchmarks were organized by grade (K, 1, 2, 3, 4, 5, 6, 7, 8) and grade band (9-12) to ensure a progression of skills and knowledge while preserving flexibility for local curriculum design and instructional delivery.

To inform the second draft, the committee carefully reviewed feedback from early stakeholder consultations and public feedback received after Draft One. Comments submitted via the Court of Administrative Hearings' ecomments system after the release date of the first draft were accounted for in the revision of the standards in draft two. This feedback emphasized the need for benchmarks that are practical, measurable, and reflective of Minnesota's diverse student population, including cultural responsiveness and inclusion of American Indian and Indigenous perspectives. Committee members also ensured that the benchmarks aligned with the skills-based framework established in Draft One, integrating functional health knowledge with essential health skills.

In addition to drafting benchmarks, the second draft refined the CCCR Statement based on stakeholder input, ensuring it clearly articulated the knowledge, skills, and behaviors students needed to succeed in career, college, and community settings. The committee emphasized the integration of health literacy, decision-making, interpersonal skills, and advocacy to prepare students for both personal well-being and civic engagement.

Through this iterative process, draft two of the standards provided a comprehensive, evidence-informed, and developmentally and age-appropriate framework, balancing statewide consistency with local flexibility and setting the stage for final review, refinement, and formal rule adoption.

Feedback on Draft Two of the Proposed Academic Standards for Health

Feedback, requested by the Academic Standards team, on Draft Two, which included the benchmarks, was collected from June 16-July 18, 2025, garnering over 8,000 comments. The public provided feedback through the Draft Two Health Standards Public Comment online survey.

Key themes from public feedback included the need for:

- Accessibility and support for students with diverse learning needs.
- Cultural and religious inclusivity, including the integration of ethnic studies and Indigenous perspectives.
- Age-appropriateness, particularly for sensitive topics.

Expert reviewers were consulted on Draft Two, all indicated support for the standards and provided feedback that led to significant revisions for Draft Three. Key recommendations included using stronger, higher-level verbs; streamlining redundant benchmarks; reorganizing into K-2, 3-5, 6-8, and 9-12 grade bands for developmental and age appropriateness; and filling content gaps in areas like digital health literacy and environmental health.

Draft Two Career, College, and Community Readiness (CCCR) Public Comment Feedback Summary

The feedback collected on the Career, College, and Community Readiness components of the Minnesota K-12 Academic Standards in Health highlighted strong support for preparing students with transferable life skills, while also identifying areas where clarity and implementation support are needed.

Draft Two Standards and Benchmarks Public Comment Feedback Summary

Common Concerns

Stakeholders expressed concern about the age-appropriateness of some benchmarks, particularly at the early elementary level (e.g., expectations around identity, relationships, or decision-making skills). Others worried that the benchmarks could introduce content perceived as political or “values-based” rather than health-focused. A recurring theme was the need for clarity in language and benchmarks to avoid misinterpretation by districts, charters, educators, and families. Concerns also included how schools will be supported to integrate community readiness concepts equitably across diverse districts, especially in relation to digital literacy and access to reliable resources.

Actionable Items

Several suggestions focused on the importance of providing clear instructional guidance, professional development, and teaching resources to help educators implement CCCR skills with fidelity. Stakeholders called for examples of age-appropriate application across grade levels and grade bands, including real-world scenarios that connect to college, career, and community contexts. Many noted the need for explicit inclusion of digital literacy, technology use, and critical evaluation of online health information. Others recommended emphasizing community connections such as service learning, peer support, and engagement in local health initiatives as practical pathways for teaching readiness skills.

Positive Feedback

Many respondents affirmed that the standards successfully emphasize skills students need beyond the classroom, including decision-making, communication, collaboration, and problem-solving. There was strong support for the integration of health literacy with college, career, and community readiness, and appreciation for how these skills can translate to real-world contexts such as workplace collaboration, civic engagement, and personal well-being. Feedback consistently acknowledged the value of teaching students how to access valid information, make informed choices, and contribute positively to their schools and communities.

Draft Two Overall Public Comment Feedback Summary

Overall, the CCCR statement was recognized as a critical component of health education that prepares students not only for academic and workplace success but also for active, responsible participation in their communities. While there is broad support for their intent of the CCCR statement, stakeholders emphasized the need for clearer guidance, stronger supports for educators, and intentional integration of digital and community-focused applications to ensure consistent and meaningful implementation across Minnesota schools.

The feedback reflected a wide range of perspectives on the proposed standards, centering around accessibility, inclusivity, cultural responsiveness, and age-appropriateness.

Accessibility and Special Education emerged as one of the strongest themes. Multiple respondents expressed concern that the standards in Draft Two did not adequately address the needs of students in special education or those students with diverse learning needs. Feedback emphasized the importance of supports for districts and charters, clearer guidance on how to teach content in special education settings, with inclusive language around disabilities, and differentiation in curriculum design.

Cultural and Religious Inclusivity was also highlighted, with recommendations to ensure standards and benchmarks are culturally relevant, respectful of diverse backgrounds, and compliant with the Minnesota Human Rights Act. Respondents requested the integration of ethnic studies, inclusion of Indigenous perspectives, and a clear articulation for the need to use unbiased and diverse resources.

Age Appropriateness was another recurring theme. Stakeholders stressed the need to review benchmarks carefully to ensure they are developmentally and age-appropriate across grade levels and grade bands. Some comments urged the removal of certain sexual health standards is required in statute altogether, while others

requested flexibility for local school boards, administrators, and educators to make decisions about sensitive topics.

Content-Specific Feedback included calls for more explicit reference to commercial tobacco variants, mental health, and well-being. Some suggestions recommended combining certain benchmarks (e.g., mental health and sexual health into a broader personal health and wellness strand) to reduce overlap. Concerns were also raised about challenges for English Language Learners and ensuring equitable representation of all student populations.

Overall, the feedback underscores the importance of balancing rigor with flexibility. Stakeholders want standards that are accessible, inclusive, culturally relevant, and appropriately tailored to the age and developmental stages of students.

Draft Two Expert Reviewer Feedback

The three health education expert reviewers provided valuable insights into strengthening the draft of the health education standards. Across all areas, reviewers emphasized the need for greater rigor through stronger benchmark verbs, recommending a shift from lower-level terms such as “identify” or “explain” to higher-level terms like “analyze” and “demonstrate.” They urged consistency in terminology, including the use of “functional health knowledge” instead of “functional health information,” and framing decision-making and goal setting as “skills” rather than “processes.” To reduce redundancy, reviewers suggested condensing overlapping benchmarks within and across strands, often merging similar verbs into streamlined benchmarks.

A consistent theme was the importance of developmental and age-level appropriateness of the benchmarks. One reviewer recommended shifting to K-2, 3-5, 6-8, and 9-12 bands, with substantial edits to K-2 benchmarks to increase age-appropriateness and rigor, while collapsing redundant benchmarks in grades 3-5, particularly for substance use prevention and violence prevention. They also stressed the need for scaffolding benchmarks to allow teachers to adjust rigor based on student needs, as well as creating alignment documents that show statutory compliance, levels of cognitive complexity, and the developmentally and age-appropriate progression of skills and knowledge.

Content gaps identified by reviewers highlighted opportunities for strengthening the standards. Recommendations included expanding benchmarks in digital health literacy, cultural competency, environmental health, chronic disease management, and stress management. Reviewers also encouraged including contributions of Minnesota American Indian Tribes and communities more explicitly. In Personal Health and Wellness, reviewers suggested moving puberty benchmarks from sexual health and renaming strand areas as students’ progress (for example, shifting “safety” in early grades to “violence prevention” in later grades). In sexual health, they supported collapsing HIV and STI transmission benchmarks into broader, developmentally and age-appropriate benchmarks, ensuring elementary-level content reflects national evidence-based standards.

Substance use prevention and violence prevention strands both require further refinement to remove vague or redundant benchmarks, strengthen personal safety skills (such as stress management, coping, and first aid), and

ensure alignment across grade levels and grade bands. Reviewers also encouraged the use of icons or other visual markers to clarify focus areas for educators.

The Health Standards Review Committee carefully reviewed this feedback and incorporated many of the recommendations as appropriate into Draft Three of the standards. The committee's revisions reflected an intentional balance of increasing rigor, aligning with statutory requirements, and maintaining age-appropriateness across all grade levels.

Writing Draft Three of the Proposed Academic Standards for Health

The third draft of the proposed Minnesota K-12 Academic Standards in Health represents a comprehensive refinement based on national expert reviews and extensive educator feedback. Revisions focused on ensuring developmental and age appropriateness, reducing redundancy, strengthening alignment with national frameworks, and elevating the rigor and coherence of the benchmarks to better support instruction and student health literacy.

Refinement for Clarity, Reduction, and Developmental and Age Appropriateness

Feedback from one national expert emphasized the need to elevate and consolidate benchmarks that were overly specific or redundant. It was observed that many of the benchmarks are written in language that is closer to an objective than a benchmark in the sense that the grain size is very small, and that a lot of redundancy exists in benchmarks. In response, the committee merged overlapping benchmarks, clarified intent, and created broader, skills-based statements. This process resulted in a significant reduction in the total number of benchmarks, while preserving the breadth of content and improving the clarity of progression across grade spans.

Draft Three also responded to the expert reviewer's call for higher cognitive rigor and developmentally and age-appropriate coherence. As noted by them, most of the benchmarks are lower cognitive level with an emphasis on identify, describe, explain. The committee increased rigor by incorporating more analytical and application-based verbs such as analyze, evaluate, and demonstrate to be more appropriate to each developmental and age level.

Similarly, another expert reviewer underscored the importance of developmental and age-appropriate sequencing, particularly in early elementary benchmarks. She wrote that "questionable items should be removed as early benchmarks" and that "drug education at the primary level seems advanced." In response, the committee carefully reviewed and adjusted benchmarks addressing sensitive or complex topics such as substance use, chronic disease, and sexual health to ensure content was developmentally and age-appropriate and instructional lead-up concepts were in place. The expert reviewer suggested that "schools discuss personal safety within intentional and unintentional injury not necessarily 'violence' at early elementary levels, but as a prelude to prevention" directly guided restructuring of the Violence Prevention and Personal Health strands to ensure natural learning progressions.

Strengthening National Alignment and Cognitive Rigor

The third expert reviewer affirmed the importance of alignment, writing that "each academic standard and most of the related benchmarks align with the standards and related knowledge and skill expectations used in the CDC's HECAT (2021)" and that "the consistency of the Health academic standards and related benchmarks with the CDC's HECAT and the National Health Education Standards is one marker that Minnesota students will have the knowledge and skills they need for career and college readiness and advanced work in health."[4]

The expert reviewer also emphasized the use of stronger, action-oriented verbs recommending that "Standards 4 through 8 begin with the verb 'demonstrate' to add rigor and clarity to each standard" and encouraged refining terminology to reflect CDC conventions, such as replacing "functional health information" with "functional health knowledge." These recommendations were fully incorporated to ensure the standards emphasize measurable, skills-based outcomes consistent with national health education frameworks.

Integration of Content and Skills

A recurring theme across all expert reviews was the need for intentional integration of content (Standard 1) and skills (Standards 2-8). A reviewer articulated this clearly, stating, "Realistically, every lesson taught should have two benchmarks: one benchmark from Standard 1 (content we are teaching) and one benchmark from any of the Standards 2-8 (the skill cue we are using to practice that content situation); these two benchmarks should support each other."

This concept of paired content and skill benchmarks guided the revision process. The committee ensured that every strand and grade band reflect the relationship between what students learn (content) and how they apply it (skills) reinforcing both functional health knowledge and health literacy skills.

Structural and Instructional Coherence

To support educators and maintain flexibility across local contexts, the standards were reorganized by grade level (K, 1, 2, 3, 4, 5) and grade banded (6-8 and 9-12). Two reviewers strongly advocated for this structure. One recommended having benchmarks into a grade bands (K-2, 3-5, 6-8, 9-12) to allow for further flexibility, while the other added that grade band benchmarks "will make it easier for school districts who have existing curricula to meet the standards and benchmarks because it will allow them to meet a standard and benchmark at one of three grade levels rather than a specific grade level."

The third reviewer further contributed to the standards' instructional coherence by recommending that "skill cues give students tools to work on to understand and work through health issues or problems." The suggestion to identify developmentally and age-appropriate levels for skill-based benchmarks (e.g., Primary, Elementary, Middle School, High School) was incorporated into the revised structure as K, 1, 2, 3, 4, 5, and grade bands 6-8

[4] Centers for Disease Control and Prevention, Health Education Curriculum Analysis Tool (HECAT) (2021), https://www.cdc.gov/healthy-youth/hecat/.

and 9-12, which now ensures progressive skill development aligned to cognitive complexity and the NHES framework.

Expanding Relevance and Inclusivity

All three reviewers emphasized the importance of ensuring the standards reflect contemporary health topics and inclusive perspectives. Specifically calling for expanding benchmarks to include Digital Health Literacy, Cultural Competency, Environmental Health, and Chronic Disease Management, noting that "students should be taught how to evaluate the credibility of digital sources, protect personal health data, and understand the implications of sharing health information online." This input guided the committee's inclusion of digital and media literacy, culturally responsive health practices, and updated environmental and safety concepts throughout the strands.

In alignment with this feedback and Minnesota's statutory requirements, the committee also strengthened language reflecting the Contributions of Minnesota's American Indian Tribes and Communities, ensuring that the standards promote cultural understanding and representation across all grades.

The third draft of the proposed Minnesota Academic Standards in Health reflects a thoughtful synthesis of expert recommendations. Through benchmark reduction, improved developmentally and age-appropriate sequencing, stronger national alignment, and enhanced inclusivity, the standards now provide a coherent, rigorous, and developmentally and age-appropriate framework for health education. They affirmed these revisions "ensure Minnesota students will have the knowledge and skills they need for career and college readiness and advanced work in health."

Presentation to Agency Partners

State law requires the commissioner of education to adopt statewide rigorous academic standards in health through the formal rulemaking process outlined in Minnesota Statutes, chapter 14. In accordance with Laws of Minnesota 2024, chapter 115, article 2, section 21, the commissioner must work in consultation with the commissioners of health and human services to develop these rules. The standards must include the required expectations for student learning identified in statute and may include additional expectations developed through the standards review process.

The committee co-chairs presented Draft Three of the proposed Minnesota K-12 Academic Standards in Health, which incorporated public feedback from various stakeholders, expert reviewers, and the Health Standards Review Committee, to agency partners at MDH and DHS. Draft Three reflected significant refinements, including a reduction and consolidation of benchmarks, alignment with national health education standards, enhancement of the alignment of developmental and age appropriateness, and integration of Career, College, and Community Readiness (CCCR) components.

The committee co-chairs' presentation provided agency partners with a clear overview of the iterative review process, including how Draft Three addressed previous concerns regarding redundancy, age appropriateness, and clarity, while maintaining rigor and alignment with statutory requirements. The agency partners were

briefed on public feedback, various stakeholders' and expert feedback, highlighting improvements in skill-based learning, developmentally and age-appropriate scaffolding, equity and inclusivity considerations, and attention to culturally relevant content, including the contributions of Minnesota American Indian Tribes and communities.

Commissioner Approval and Proposal for Rulemaking

The commissioner received and reviewed the advisory committee's Draft Three. The commissioner reviewed the proposed standards and is advancing them as proposed rules in a form suitable for rules, including a clear introduction, clarity around the inclusion of certain required topics, and the implementation date. The commissioner-approved draft and the proposed rule are the same standards included in Draft Three. These proposed rules represent an iterative process, inclusive of extensive feedback, including higher cognitive rigor and developmentally and age-appropriate coherence, research and best practice in health education, and requirements in Minnesota statute.

The proposed rule includes a phased-in implementation approach that will occur over the next three years with full implementation proposed for the 2028-29 school year. The academic standards and related benchmarks in health will be reviewed as a part of health education beginning in the 2034-35 school year and reviewed and revised every 10 years thereafter.

The commissioner now advances the proposed rule for rulemaking, which will include a final public review, allowing for official public comment, additional stakeholder engagement, and further refinement of the standards. Rulemaking ensures transparency, statutory compliance, and broad public participation in adopting statewide health education standards that will guide Minnesota schools in providing consistent, high-quality health education for all students.

Overview and Organization of the Proposed Rules

The proposed rules include the exact skill and knowledge standards developed by the committee. They are included in the proposed rules as subparts 2-9. These proposed rules also clarify, via subpart 10, the proposed rules include the statutory requirements.

Introduction to the Academic Standards

Minnesota Statutes require that there be statewide standards and benchmarks in health. Standards are written as standards (statements that span the K-12 grade range) and are based on the SHAPE America National Health Education Standards and the National Health Consensus Standards. The eight standards are a summary description of student learning in a required content area that reflects a learning progression, spanning from kindergarten to graduation. See Minnesota Statutes, section 120B.018 (2013). The standards provide consistent guidance for all schools regardless of zip code. They also allow schools to address the specific health and data-driven needs of their students in ways that are most appropriate for the student communities they serve.

Organization of the Health Standards

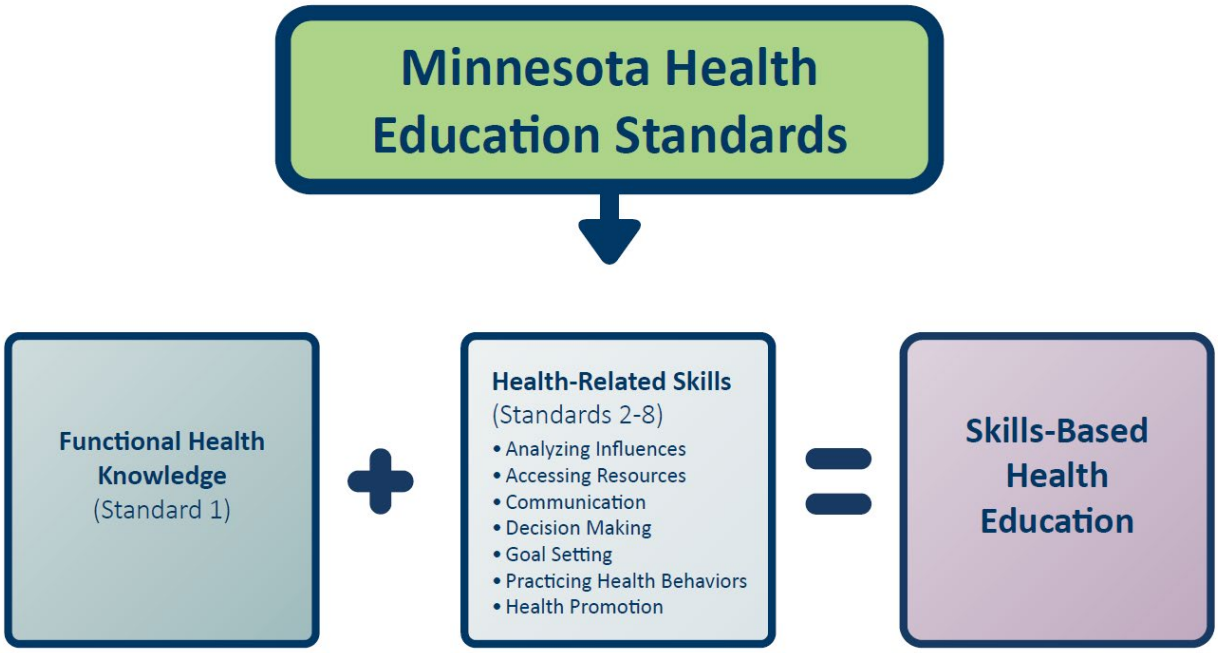
The organization and structure of the 2025 Minnesota K-12 Academic Standards in Health provide a developmentally and age-appropriate framework to guide effective health education and promote health literacy. The standards emphasize both the acquisition of knowledge and the development of essential health-related skills, with the goal of fostering lifelong health and well-being.

There are eight standards, each representing a critical area of competency in health education. These standards serve as the foundation for what students should know and be able to do to achieve health literacy.

- Standard 1—Use functional health knowledge to enhance health and well-being.
- Standard 2—Analyze influences that affect health and well-being.
- Standard 3—Access valid and reliable information, products, and services to enhance health and well-being.
- Standard 4—Demonstrate interpersonal communication skills to enhance health and well-being.
- Standard 5—Demonstrate decision-making skills to enhance health and well-being.
- Standard 6—Demonstrate goal setting skills to enhance health and well-being.
- Standard 7—Demonstrate practices and behaviors to enhance health and well-being.
- Standard 8—Promote health, safety, and well-being of self and others.

To ensure continuity in addition to developmental and age-appropriateness, the standards are organized by individual grades K-5 and grade banded for 6-8 and 9-12. Each individual grade and grade-band benchmarks are provided to specify developmentally and age-appropriate expectations for knowledge and skills, supporting the systematic development of health competencies throughout a student's K-12 experience. This structure provides greater flexibility for curriculum development and integration based on locally identified needs to support the learning progressions from K-12. This structure also recognizes the various ways health education and instruction can be offered in the grades K-5, 6-8 and 9-12 landscapes.

A key distinction of these standards is that seven of the eight are designed to build essential health skills rather than content alone. While Standard 1 focuses on functional health knowledge, the remaining standards emphasize essential health skills, analyzing influences, accessing information, communication, decision-making, goal setting, practicing health behaviors, and promoting health. This approach aligns with evidence-based best practices in health education, as recommended by leading national organizations. It emphasizes a skills-based instructional model that engages students in interactive, participatory learning, moving beyond passive, lecture-style lessons, so they can practice, apply, and reflect on essential health skills. By fostering hands-on experiences and authentic application, this approach ensures students gain the knowledge, abilities, and confidence needed to make informed decisions and sustain healthy behaviors throughout their lives.



Standards

Eight standards reflect the knowledge and skills students need for graduation to be career, college, and community ready. Included below is each standard, with a definition and description explaining the context of each standard.

Standard 1—Use functional health knowledge to enhance health and well-being.

> **Definition:** Functional health knowledge refers to health concepts that are usable, applicable, relevant, and grounded in data-driven community needs. It is not based on opinion, assumptions, or arbitrary content. Instead, health concepts are focused, clear, and concise, providing essential information without being overly detailed or overwhelming. This type of information serves as the foundation for teaching health skills and supports students in building meaningful, functional knowledge.
>
> **Description:** Functional health knowledge (Standard 1) provides the content, while the health skills (Standards 2 through 8) provide the behaviors and abilities students need. Standard 1 gives context and purpose to the skills, making them meaningful as students apply them to real-life health issues. In other words, students don't just practice skills in isolation, they learn how to apply them in authentic and relevant health situations.

Standard 2—Analyze influences that affect health and well-being.

> **Definition:** The skill of analyzing influences helps students recognize what influences their behavior, evaluate how those influences align with their values and goals, understand why certain influences are

especially strong, and learn how to manage or reduce the impact of those that may lead to harmful choices.

Description: Analyzing influences promotes understanding of the many factors that affect health behaviors and outcomes by identifying and evaluating both internal factors, such as emotions, values, attitudes, and personal experiences, and external factors, such as peers, family, media, culture, technology, and social norms. The skill also enhances an individual's ability to recognize, analyze, and manage these influences by applying appropriate strategies in both digital and in-person settings, ultimately supporting healthier choices and greater self-awareness.

Standard 3—Access valid and reliable information, products, and services to enhance health and well-being.

Definition: This skill involves the ability to locate, evaluate, and use accurate, trustworthy, and appropriate health information, products, and services that enhance their own health and well-being, as well as the health of those around them.

Description: The skill of accessing valid and reliable information, products, and services is essential for improving or maintaining health. It is meant to encourage critical thinking and media literacy, and involves the ability to identify and use trustworthy, evidence-informed, and inclusive resources to support the health and well-being of oneself and others.

Standard 4—Demonstrate interpersonal communication skills to enhance health and well-being.

Definition: Interpersonal communication skills support students in expressing their needs, boundaries, and emotions in ways that are respectful, authentic, and accessible to them. This involves learning to receive and respond to others' communication with empathy and care. Effective communication honors many communication styles and fosters mutual understanding, which is essential for healthy relationships and conflict resolution.

Description: Communication skills are key to building healthy relationships and supporting personal and community well-being. Students learn to use a variety of strategies, verbal, nonverbal, written, and digital, that respect different types of relationships and ways of thinking, cultures, languages, and access needs. They practice expressing needs and boundaries, giving and receiving consent, resolving conflicts, and working with others. Since there are multiple "correct" ways to communicate, students reflect on their own communication styles, recognize and respect others' differences, and learn how to adapt communication with empathy, clarity, and cultural awareness. This approach builds capacity for connection in both in-person and digital environments and empowers students to engage in communication that feels safe, authentic, and culturally responsive to them and others.

Standard 5—Demonstrate decision-making skills to enhance health and well-being.

Definition: Decision-making involves practicing thoughtful, reflective processes to make choices that support health and well-being in a variety of situations. Students explore different ways of approaching decisions—individually or with others—while considering needs, context, and potential outcomes. This

process encourages critical thinking, self-awareness, and personal responsibility. It also recognizes that decision-making looks different for each individual and community.

Description: Decision-making empowers students to thoughtfully navigate both everyday choices and more complex health-related situations. Through this skill, students learn to recognize when a decision is needed, consider the context, and evaluate options using critical thinking and reliable information. Students are encouraged to seek out diverse perspectives, reflect on their values and goals, and make choices that support their own overall well-being and the well-being of others. By practicing this process, students build self-awareness, take personal responsibility, and develop a deeper sense of curiosity and care. Decision-making is a lifelong skill that prepares students to make informed decisions—essential for success in careers, college, and their communities.

Standard 6—Demonstrate goal setting skills to enhance health and well-being.

Definition: Goal setting is the intentional process of identifying, creating, and actively working toward desired outcomes. This process supports both short-term objectives and long-term visions by fostering planning, sustained effort, and adaptability. Effective goal setting also includes regular reflection and revision, allowing goals to evolve in response to changing needs, insights, and circumstances. Ultimately, it promotes personal growth, motivation, and a deeper sense of purpose.

Description: Goal setting emphasizes creating short- and long-term goals that support health and well-being in personally meaningful ways. Students are supported in exploring their current habits with care and curiosity; identifying what supports or challenges their well-being; and setting goals that reflect their values, needs, and lived experiences. Students build awareness through reflection, explore flexible strategies, and adapt their approach. This process strengthens confidence, resilience, and self-determined skills for personal and collective health, while honoring the many ways well-being can look and feel.

Standard 7—Demonstrate practices and behaviors to enhance health and well-being.

Definition: The skill of applying practices and behaviors involves exploring and engaging in actions that support the health and well-being of oneself and others across individual, interpersonal, community, and societal contexts. This includes recognizing, building on, and exploring the strategies students and their communities already use to care for themselves and one another—while expanding and adapting practices that reflect their collective needs, values, and lived experiences.

Description: This standard encourages students to adopt and apply practices that promote well-being, such as routines, coping strategies, and digital wellness tools, while navigating the evolving impact of technology and daily life. They are supported in recognizing that what supports health and well-being for one person, community, or culture may look different for another. This approach acknowledges the importance of honoring diverse values, traditions, and lived realities, ensuring that students can engage in health practices that are meaningful, respectful, and relevant to their own identities and experiences.

Standard 8—Promote health, safety, and well-being of self and others.

Definition: This skill focuses on recognizing and honoring the diverse ways individuals and communities define, experience, and support health and well-being. It encourages exploring personal, cultural and community values, while learning how to actively support and contribute to health-promoting practices, policies, and environments. Students learn to collaborate with others, professionals, and community organizations to share accurate information, support others, and take safe, inclusive, and informed actions that demonstrate care, respect, and shared responsibility.

Description: This standard supports students in exploring and promoting health, safety, and well-being for themselves and others while developing an understanding of the systems and structures that influence access to wellness. Students examine how factors such as income, opportunity, housing, food access, environmental conditions, and healthcare disparities can impact individual and community health and safety. They reflect on how historical and current systems affect opportunities for well-being and consider ways they can contribute to positive change through informed, compassionate, and collaborative efforts that promote equity and inclusion in health, safety, and well-being for themselves and others.

Statutory Authority

Effective July 1, 2024, the commissioner of education was authorized to begin the rulemaking process to adopt statewide standards in health in accordance with Minnesota Statutes, chapter 14, section 120B.021 and corresponding funding for the commissioner to conduct the rulemaking process was appropriated. See Laws of Minnesota 2024, chapter 115, article 2, sections 21 and 22.

Background

MDE is proposing K-12 Academic Standards in Health Education that include the statutorily required learning, statutorily provided optional learning, and other topics determined necessary by the committee.

Statutory Statewide Academic Standard Requirements

Statewide standards for every subject area must adhere to the following statutes:

- Educational Expectations and Graduation Requirements Minnesota Statutes 2025, section 120B.02
- Required Academic Standards Minnesota Statutes 2025, section 120B.021

Statewide standards in health must include the following expectations for learning (See Laws of Minnesota 2024, chapter 115, article 2, section 21):

- 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;
- 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;
- 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;

- sexually transmitted infections and diseases education that meets the requirements of Minnesota Statutes, section 121A.23; and
- mental health education for students in grades 4 through 12 education that includes prevention of suicide or self-harm and mental health components of the National Education standards

Public Participation and Stakeholder Involvement

MDE Initial Public Comment Period Prior to First Committee Meeting (December 11, 2024-January 5, 2025)

To increase accessibility and opportunity for feedback, the MDE opened their own initial public feedback period from December 11, 2024-January 5, 2025. This opportunity was communicated with the public via our Health Education webpage, email through health standards GovDelivery list serve (e.g., all health standards committee applicants, Minnesota Youth Council, Minnesota Children's Cabinet, MNSHAPE, TNEC, etc.), articles in the MDE Update newsletter, and posted to social media (X, LinkedIn and Facebook). MDE's initial public comment resulted in 151 responses. All responses were reviewed and shared with the committee and helped inform Draft One.

Request for Comments in the Minnesota State Register (February 3-April 4, 2025)

Consistent with the Administrative Procedures Act (APA), the Office of General Council published a Request for Comments in the Minnesota State Register on February 3, 2025, following Commissioner Willie Jett's authorization on January 24, 2025. The MDE created a web page which displayed relevant information on this rulemaking process and provided the opportunity to make comments. The webpage became available prior to the Request for Comments was published and will continue to be available through the adoption of any rules.

In addition to the webpage, MDE created the Health Standards Public Comment mailing list (GovDelivery list serve) for interested parties to subscribe to be notified of public comment opportunities around the creation of the health standards, including this opportunity to comment from February 3-April 4, 2025. There were 31 comments submitted to the Court of Administrative Hearings' ecomment system (Revisor's ID Number R-04924, CAH Docket Number 65-9005-40585) and all responses were reviewed and shared with the committee.

MDE Draft One Public Comment Period (March 19-April 9, 2025)

The Draft One of the Minnesota K-12 Academic Standards in Health was then created by a health standards committee. The draft included a Career, College and Community Readiness (CCCR) statement, as required by Minnesota Statutes 2025, section 120B.021, subdivision 4(a) and academic standards, as defined in Minnesota Statutes, section 120B.018. The public was requested to provide feedback on draft one via the Draft One Health Standards Public Comment online survey. This public review and comment period was from March 19-April 9, 2025. The survey was posted on MDE's Health Education webpage (now moved to the Health Standards Review and Revision subpage), emailed through health standards GovDelivery list serve (e.g., all health standards committee applicants, Minnesota Youth Council, Minnesota Children's Cabinet, MNSHAPE, TNEC, etc.), articles

in the MDE Update newsletter, and posted to social media (X, BlueSky, LinkedIn and Facebook). Additionally, the Committee on Education in the Minnesota Legislature made mention of the comment period in their meeting (see YouTube video around 1:18:00).

MDE's Draft One public comment period resulted in 462 responses. Additionally, the Minnesota Youth Council provided their specific feedback directly to MDE. All responses were reviewed and shared with the committee and helped inform Draft Two.

MDE Draft Two Public Comment Period (June 16-July 18, 2025)

Changes to Draft One CCCR and Academic Standards were made by the committee. Benchmarks were also added since they define the specific knowledge or skill that a student must master to complete part of an academic standard by the end of the grade level or grade band.[5] Together, these changes formed Draft Two of the health standards. The Draft Two of Minnesota K–12 Academic Standards in Health with Benchmarks were published on June 16, 2025. MDE requested public provided feedback on the Draft Two of Minnesota K–12 Academic Standards in Health with Benchmarks through the Draft Two Health Standards Public Comment online survey from June 16-July 18, 2025.

In accordance with the requirements of Minnesota Statutes, chapter 14, and Minnesota Rules, chapter 1400, the department sought feedback and comments from the public, stakeholders, and individuals affected by having public comment windows after each of the drafts.

General Public Feedback

In anticipation for the Draft Two public comment, MDE published an article in the Educator Edition Bulletin on May 5, 2025 requesting educator sign up for the Health Standards Public Comment mailing list to be notified of the upcoming public comment period. Then, during MDE's Curriculum Leader meeting in May, 2025 the upcoming public comment period was announced and requested that educators sign up for the list serve to be notified by email. Additionally, at the end of a presentation by the University of Minnesota's Cannabis Research Center on May 22, 2025, the upcoming public comment period was announced, and attendees were encouraged to sign up for the list serve to be notified via email when the public comment period for Draft Two opens.

The survey was posted on MDE's Health Education webpage (now moved to the Health Standards Review and Revision subpage), emailed through health standards GovDelivery list serve (e.g., all health standards committee applicants, Minnesota Youth Council, Minnesota Children's Cabinet, MNSHAPE, TNEC, etc.), and articles in the MDE Update newsletter. Additionally, there were also a number of third-party organizations (e.g., Minnesota Public Radio, Fox 9 News, Alpha News, etc.) that provided more visibility to our public comment opportunity.

MDE's Draft Two public comment period resulted in over 2,500 responses. All responses were reviewed and shared with the committee and helped inform revisions.

[5] Minnesota Statutes, section 120B.018.

Focused Feedback

Starting July 15, 2025, MDE staff hosted focused feedback sessions for public comment on Draft Two. MDE hosted eight focused feedback groups in total from July 15-July 24, 2025. There were eight targeted groups included School and District Administrators, Drug and Violence Experts, Minnesota Indigenous Leaders Community, Education Organizations, Special Education Leaders, Higher Education, and Youth Organizations. The purpose of these focus feedback sessions was to solicit organizations to provide focused feedback directly with MDE about the Health Standards Draft Two.

Each group was asked to provide feedback on the health academic standards by addressing the following questions in alignment with Minnesota Statutes, section 120B.021, subdivision 2(b):

1. Are they clear, concise, objective, measurable, and grade level appropriate?
2. Do the health standards provide flexibility for creating curriculum and teaching methodologies?
3. Do you feel the health standards are reasonable to attain given the allotted amount of time to health?
4. Are the health academic standards consistent with the Constitutions of the United States and the State of Minnesota?

Those targeted feedback groups included: Administrative Group, Drug Violence Group, Indigenous Group, Organizations Group, Special Education Group, Teacher Group, and Youth Focused Group.

In compliance with the requirements of Minnesota Statutes 2025, section 10.65, MDE consulted with the governing body of each individual Tribal government. In accordance with Minnesota Statutes 2025, section 120B.021, subdivision 2, standards development needs to include representatives from Tribal Nations Education Committee and Tribal Nations and communities in Minnesota, including both Anishinaabe and Dakota.

May 12, 2025, a meeting was held to with individuals associated with the Indigenous Health Program meeting where the following feedback was provided:

- What applies to everyone may not apply to Native students
- Importance of culturally adapting curriculum for students then within that mentioning indigenous student
- In the health standards, recommend that they (local districts) consult with healers, knowledge keepers, elders, urban Indian, Tribal Nations, etc.
- Keeping in mind that every tribal community has an individual identity

In accordance with Minnesota Statutes 2025, section 120B.021, subdivision 2, standards development included obtaining input from Minnesota Youth Council. The Minnesota Youth Council was engaged in additional meetings on three different occasions throughout the Health Standards development process. As such MDE met with the Minnesota Youth Council Liaison several times throughout the process, including during the focused feedback session for youth.

Additionally, as described in Laws of Minnesota 2024, chapter 115, article 2, section 21, subdivision 1, the commissioner of education will consult with the commissioners of Minnesota Department of Health and Minnesota Department of Human Services, so it was critical to involve members from Department of Health and

Human Services in the process as Health Standards Committee members as well as offer focused feedback groups based on their recommendations.

With the legislation including MDE identifying Cannabis Model Programs, it was essential to engage and solicit members from the Office of Cannabis Management in this work from having representation on the Health Standards Committee, to engaging Drug and Violence Prevention focused feedback sessions.

All responses were reviewed and shared with the committee and helped inform Draft Three.

Expert Reviewer Feedback

In May 2025, MDE met with the group of three expert reviewers to go over the task of reviewing the draft, what would be needed, and answer any questions from the group. The expert reviewers were given four weeks to complete their thorough review of all standards and benchmarks. All responses were reviewed and shared with the committee and helped inform Draft Three.

Reasonableness of the Rules

General Reasonableness

This section describes the need for and reasonableness of each of the eight proposed standards that form the foundation of the new health education rule. These standards are necessary to establish clear, consistent, and high-quality expectations for health education statewide, as directed by Minnesota Statutes 2024, section 120B.021. The proposed standards are reasonable because they were developed through a transparent, evidence-informed, and inclusive process that incorporated the expertise of educators, health professionals, parents, students, and community representatives. They reflect national best practices in health education while balancing statewide consistency with local flexibility in curriculum design and instructional delivery. Collectively, these eight standards provide a coherent framework that ensures all Minnesota students have equitable access to the essential knowledge and skills needed to make informed decisions that support their lifelong health and well-being.

The proposed standards align with national public health priorities for K-12 health education. According to a policy brief from the American Public Health Association, “schools have more influence on the lives of young people than any other social institution except the family and provide a setting in which friendship networks develop, socialization occurs and behavioral norms are developed and reinforced.” Health education in schools constitutes not only a reasonable, but powerful strategy for supporting the health of students and communities and addressing health disparities.

Results from reviewing over 40 studies published in *Journal of School Health* concluded “Health education is an important school-based strategy to improve students' [physical activity] and nutrition [knowledge, attitudes, and perceptions] and behaviors. Innovative strategies can provide students with learning opportunities and lead to improvements in [knowledge, attitudes, and perceptions] and behaviors. Standards-based health education that

is supported by policies that require and include health education across the K-12 grade span may be important for preparing students to make healthy decisions as adults."[6]

Rule-by-Rule Analysis

The proposed rules fulfill legislative requirements established in Minnesota Statutes 2024, section 120B.021 and Laws of Minnesota 2024, chapter 115, article 2, section 21, ensuring that all Minnesota students receive a well-rounded education that includes statewide health education standards. Legislation enacted in 2024 directed the MDE to develop and adopt these standards, replacing locally developed approaches with a consistent, high-quality framework that guarantees equitable access for every student, regardless of district or community. The standards encompass grade level and grade bands that fulfill additional statutory requirements, including contributions of Minnesota Tribal Nations, embed ethnic studies, and embed technology and information literacy.

The proposed standards are built upon a skills-based health education model, an evidence-informed approach shown to be most effective in promoting lifelong healthy behaviors. This model integrates functional health knowledge (the "what," addressed in Standard 1) with essential health skills (the "how," addressed in Standards 2-8). By combining content knowledge with practical skill development, the standards ensure that students can apply what they learn to real-world health situations developing critical competencies such as decision-making, analyzing influences, and accessing reliable information. This approach is both necessary and reasonable to prepare students for the complex health challenges of modern life.

The standards address all legislatively mandated and optional content areas including cardiopulmonary resuscitation and automatic external defibrillator education, vaping awareness and prevention, cannabis and substance use education including fentanyl, prevention of sexually transmitted infections and diseases, mental health education including suicide and self-harm prevention, child sexual abuse prevention, violence prevention curriculum, character qualities instruction, instruction on healthy aging and dementia, and anti-bullying education. This comprehensive approach is both necessary and reasonable to prepare students for the complex health challenges of modern life while ensuring full compliance with state legislative requirements.

Proposed Rule Alignment to Health Education Legislation

Minn. R. 3501.1500, subp. 2 and subp. 10: The student will use functional health knowledge to enhance health and well-being.

Need and Reasonableness: These subparts establish the foundational knowledge that makes skill application of health skills meaningful. It serves to directly fulfill the cognitive understanding requirements embedded throughout Minnesota's health education legislation. The subparts ensure students learn essential, accurate,

[6] Sarah M. Lee, Leigh E. Szucs, Emily Young, and Melissa Fahrenbruch, *Using Health Education to Address Student Physical Activity and Nutrition: Evidence and Implications to Advance Practice*, Journal of School Health 93, no. 9 (September 2023): 788–798, https://doi.org/10.1111/josh.13372.

age-appropriate, culturally inclusive, and relevant science-based health information mandated by state law across all required health concepts, providing the context required to understand and apply the skills addressed in the remaining standards.

These subparts equip students with the practical health knowledge needed to make safe, informed decisions throughout their lives. Students gain understanding of real-world health concepts, including growth and development, safety, nutrition, physical activity, mental health, disease prevention, and healthy relationships. This knowledge forms the context for analyzing influences, making decisions, setting goals, practicing behaviors, and promoting health, safety, and well-being.

These subparts directly support Minnesota's health education laws by ensuring instruction is comprehensive, evidence-based, and accurate, fulfilling statutory requirements across all required content areas. The following learning expectations directly fulfill the Minnesota legislative health education statutes:

- **CPR and AED Training:** Students learn the purpose and function of cardiopulmonary resuscitation and AED use, ensuring compliance with statutory requirements for lifesaving skills instruction.
- **Substance Use and Vaping:** Students learn the effects of vaping, cannabis, and other substances on physical, mental, and social health. Understanding this information ensures instruction is accurate and evidence-based, meeting the law's requirement for substance use prevention in grades 6-12.
- **Sexual Health and STI Prevention:** Students acquire knowledge about how sexually transmitted infections are transmitted and prevented. This supports the legislative requirement for medically accurate, comprehensive sexual health education.
- **Mental Health:** Students learn about factors affecting mental well-being, including stress, coping strategies, and emotional regulation. This supports instruction aimed at preventing suicide and promoting mental health awareness.

Summary: By ensuring students understand and can apply functional health knowledge, these subparts lay the foundation for all subsequent health skills. They guarantee that Minnesota's health education system delivers instruction that is comprehensive, developmentally and age-appropriate, culturally responsive, and fully aligned with legislative intent.

Minn. R. 3501.1500, subp. 3 and subp. 10: The student will analyze influences that affect health and well-being.

Need and Reasonableness: These subparts equip students with the critical thinking skills to recognize and evaluate the various internal and external factors (e.g., family, peers, media, culture) that shape their health choices. This skill develops self-awareness and empowers students to manage influences that may lead to harmful behaviors.

These subparts allow students to learn how different things in their lives affect their health and the choices they make. This includes influences from family, friends, school, community, culture, and media. Students think critically about these influences so they can make safer, healthier decisions for themselves and others. These subparts relate to analyzing influences related to topics including growth and development, safety, nutrition, physical activity, mental health, disease prevention, and healthy relationships.

These subparts directly support Minnesota's health education laws by ensuring instruction is comprehensive, evidence-based, and accurate, fulfilling statutory requirements across all required content areas. The following learning expectations directly fulfill the Minnesota legislative health education statutes:

- **Substance Use and Vaping:** Students learn how peer pressure, advertising, and social norms can affect decisions about vaping, cannabis, and other substances. This helps meet the law's requirement to teach substance prevention in grades 6-12.
- **Sexual Health and STI Prevention:** Students examine how social and cultural factors influence sexual behavior. Understanding these influences helps reduce risks for STIs as required by law.
- **Mental Health:** Students explore how family, peers, school, and other factors affect mental well-being. This supports instruction aimed at preventing suicide and self-harm.

Summary: In short, these subparts teach students to analyze the factors that shape their health and behavior, preparing them to make better and more informed health decisions immediately and for the rest of their lives. By doing this, schools meet the state's legal requirements for health education by going beyond facts but using them to think critically. In addition to supporting the legislative requirements, analyzing influences is a necessary skill that is practical, needed in the real-world, and a skill to refine and build in the next generation of Minnesotans.

Minn. R. 3501.1500, subp. 4 and subp. 10: The student will access valid and reliable information, products, and services to enhance health and well-being.

Need and Reasonableness: In an era of widespread health misinformation, these subparts are essential for Integrating technology and information literacy, students learn to navigate digital health content, evaluate sources, and use technology responsibly to support lifelong health and wellness. They are reasonable because they help students locate, evaluate, and use trustworthy health resources, enabling informed and responsible choices throughout life. This competency is fundamental for making informed decisions throughout their lives.

These subparts teach students how to find and use trustworthy information, reliable products, and applicable services to support their health. They learn to tell the difference between reliable sources, like health professionals or government guidance, and unreliable sources, such as social media rumors. Students will make informed decisions and take responsible actions about their health. This includes knowing when and how to access health services. This skill directly supports Minnesota's health education laws, which cover substance use prevention, sexual health, and mental health.

These subparts directly support Minnesota's health education laws by ensuring instruction is comprehensive, evidence-based, and accurate, fulfilling statutory requirements across all required content areas. The following learning expectations directly fulfill the Minnesota legislative health education statutes:

- **Substance Use and Vaping:** Learning how to prevent risky behaviors.
- **Sexual Health and STI Prevention:** Understanding how to reduce risks for sexually transmitted infections.
- **Mental Health:** Recognizing mental health needs and knowing how to get help.

Summary: In a world where Minnesota's students are bombarded by information, ensuring our students know how to access valid information, products and services is critical. This will prepare them to make safer, evidence-based decisions based on valid information to improve their health. These subparts support the state's goals

(expressed through the legislative direction) of reducing substance use, preventing STIs, promoting mental health, preventing violence, and fostering safe and respectful school communities through teaching techniques to locate valid information, reliable products and applicable services to address any health issue they, their families, and community will face now and into the future.

Minn. R. 3501.1500, subp. 5 and subp. 10: The student will demonstrate interpersonal communication skills to enhance health and well-being.

Need and Reasonableness: Effective communication supports healthy relationships, emotional well-being, and safety. These subparts are needed to help students express needs, set boundaries, and resolve conflict respectfully. They are reasonable because these skills are universally applicable in personal, social, and professional settings.

Students learn how to communicate effectively with others to support their health and the health of those around them. This includes skills like listening, expressing needs and feelings, asking for help, setting boundaries, and resolving conflicts respectfully. Students will use communication to make safe, responsible, and healthy choices. This aligns with Minnesota's health education laws.

These subparts directly support Minnesota's health education laws by ensuring instruction is comprehensive, evidence-based, and accurate, fulfilling statutory requirements across all required content areas. The following learning expectations directly fulfill the Minnesota legislative health education statutes:

- **Substance Use and Vaping:** Talk about peer pressure and make informed choices.
- **Sexual Health and STI Prevention:** Communicate about consent, boundaries, and healthy relationships.
- **Mental Health:** Share feelings, ask for help, and support peers.

Summary: As the world becomes more digital, including virtual with increased asynchronous and anonymous communication, emphasis on effective verbal, written, and visual communication is imperative. By learning to communicate effectively, students are prepared to handle real-life situations safely with peers and adults (e.g., parents or guardians, teachers, doctors, health practitioners, etc.). In addition to supporting the legislative requirements, interpersonal communication is a necessary skill that supports a student's own well-being, and contributes to healthy, respectful, and safe school and community environments for all, regardless of zip code.

Minn. R. 3501.1500, subp. 6 and subp. 10: The student will demonstrate decision-making skills to enhance health and well-being of self and others.

Need and Reasonableness: These subparts are needed and reasonable as they provide students with a structured yet flexible process for making thoughtful choices. They encourage critical thinking, self-awareness, and personal responsibility, which are transferable skills essential for navigating complex health situations and preparing students for success in college, careers, and their communities.

These subparts teach students how to make thoughtful, responsible choices about their health. This includes weighing options, considering short- and long-term consequences, evaluating influences, and choosing actions that promote safety and well-being. Students will apply these decision-making skills in concepts, including growth and development, safety, nutrition, physical activity, mental health, disease prevention, and healthy

relationships, which supports Minnesota's health education laws focused on substance use prevention, sexual health, and mental health.

These subparts directly support Minnesota's health education laws by ensuring instruction is comprehensive, evidence-based, and accurate, fulfilling statutory requirements across all required content areas. The following learning expectations directly fulfill the Minnesota legislative health education statutes:

- **Substance Use and Vaping:** Make safe choices when facing peer pressure or other influences.
- **Sexual Health and STI Prevention:** Make informed decisions about relationships, consent, and reducing STI risk.
- **Mental Health:** Make choices that support emotional well-being and seek help when needed.

Summary: Balancing the plethora of information (e.g., data, services, products, etc.), culture (e.g., expectations, personalities, dynamics, etc.), the specifics of the health situation (e.g., facts, effects, possible outcomes, etc.), as well as the needs and desires of the individual(s) involved can be very complex and change depending on who and what is involved. By learning and exploring various decision-making processes to make informed decisions, students are better prepared to navigate real-world challenges that vary in complexity in safe and culturally supportive ways. Ultimately these subparts support the legislative requirements as well as student well-being, and contributing to healthy, respectful, and safe relationships including families, friends, schools, and other communities that come together and form One Minnesota.

Minn. R. 3501.1500, subp. 7 and subp. 10: The student will demonstrate goal-setting skills to enhance health and well-being.

Need and Reasonableness: Goal setting builds planning, resilience, and self-management. These subparts are needed to help students translate intentions into action and reasonable because it fosters self-efficacy and motivation to maintain healthy behaviors.

These subparts teach students how to set, plan, and achieve goals that support their health and well-being. This includes identifying a goal, creating steps to reach it, monitoring progress, and adjusting plans as needed. Students will use goal-setting skills to make positive changes in their lives, which supports Minnesota's health education laws covering substance use prevention, sexual health, and mental health.

These subparts directly support Minnesota's health education laws by ensuring instruction is comprehensive, evidence-based, and accurate, fulfilling statutory requirements across all required content areas. The following learning expectations directly fulfill the Minnesota legislative health education statutes:

- **Substance Use and Vaping:** Set goals to avoid risky behaviors and maintain healthy choices.
- **Sexual Health and STI Prevention:** Plan for safe behaviors in relationships and reduce STI risk.
- **Mental Health:** Set personal goals to maintain or improve emotional well-being.

Summary: Learning various goal setting processes prepares students to intentionally improve their own well-being, make safe choices in situations varying in complexity, and contribute to healthy, supportive school and community environments. Building in students the skill of setting goals, whether it is to never do something (e.g., bullying), incorporate positive healthy choices (e.g., exercise and proper nutrition, reporting threats,

character development, etc.), or in between, is a necessary step to turn facts into a healthy Minnesota for the next generation.

Minn. R. 3501.1500, subp. 8 and subp. 10: The student will demonstrate practices and behaviors to enhance health and well-being.

Need and Reasonableness: These subparts move students from knowledge to action. They encourage students to explore, adopt, and apply healthy practices and behaviors that support their overall health and wellness. They are reasonable because it emphasizes practical application, cultural relevance, and personal responsibility for health.

These subparts help students learn how to practice habits and behaviors that promote health, safety, and well-being. This includes applying what they've learned about making healthy choices — like eating well, being active, managing stress, preventing disease, and maintaining safe relationships. Students will move from knowing what is healthy to actually doing it, through consistent, responsible actions that support their physical, mental, and social health.

These subparts directly support Minnesota's health education laws by ensuring instruction is comprehensive, evidence-based, and accurate, fulfilling statutory requirements across all required content areas. The following learning expectations directly fulfill the Minnesota legislative health education statutes:

- Substance Use and Vaping: Encourages students to practice behaviors that prevent use of vaping, cannabis, and other substances.
- Sexual Health and STI Prevention: Reinforces safe sexual health practices, including consent, boundaries, and disease prevention.
- Mental Health: Promotes habits that support emotional regulation, stress management, and help-seeking.

Summary: Through learning and practicing health-enhancing behaviors related to health topics before students encounter them, or possibly while they are walking through various situations, students learn ways to take action that protects and improves their well-being. This is a key desired outcome emphasized in every area of Minnesota's health education legislation.

Minn. R. 3501.1500, subp. 9 and subp. 10: The student will promote health, safety, and well-being of self and others.

Need and Reasonableness: These subparts develop students' capacity to promote health and well-being. They are needed to build awareness of systemic factors that influence health equity and reasonable because the subparts encourage students to contribute to positive change through informed, collaborative, and compassionate action in their communities.

These subparts help students learn how to advocate for their own health and the health of others in their schools, families, and communities. Students practice how to communicate effectively, take positive action, and influence their environment to make it healthier and safer for everyone. Students will become health advocates and leaders—individuals who not only make safe, healthy choices for themselves but also encourage and support others to do the same.

These subparts directly support Minnesota's health education laws by ensuring instruction is comprehensive, evidence-based, and accurate, fulfilling statutory requirements across all required content areas. The following learning expectations directly fulfill the Minnesota legislative health education statutes:

- **Substance Use and Vaping:** Students promote prevention messages and model refusal behaviors.
- **Sexual Health and STI Prevention:** Students encourage healthy, respectful relationships and access to accurate information.
- **Mental Health:** Students reduce stigma, encourage peers to seek help, and support suicide prevention.

Summary: Through the education of the next generation of Minnesotans promote health and well-being for all, students develop the agency, empathy, and civic responsibility essential for implementing Minnesota's legislative goals for safe, healthy, and supportive schools.

Minn. R. 3501.1500, subp. 10

Need and Reasonableness: Subpart 10 of the proposed rule unites subparts 2-9 to demonstrate adherence to the legislatively required health topics. This cohesive listing serves to directly support Minnesota's health education laws by ensuring instruction is comprehensive, evidence-based, and accurate, fulfilling statutory requirements across all required content areas. The following learning expectations directly fulfill the Minnesota legislative health education statutes:

- C**PR and AED Training:** In subpart 2, students learn the purpose and function of cardiopulmonary resuscitation and AED use (instruction will include hands-on practice and incorporate psychomotor skills to support learning), ensuring compliance with statutory requirements for lifesaving skills instruction. Through subparts 3-9 students will analyze influences, access valid and reliable information, demonstrate interpersonal communication skills, demonstrate decision-making skills, demonstrate goal setting skills, demonstrate practices and behaviors, and promote health, safety, and well-being to administer CPR or utilize and AED to enhance health and well-being of the community.
- **Substance Use and Vaping:** In subpart 2, students learn the effects of vaping, cannabis, and other substances on physical, mental, and social health. Understanding this information ensures instruction is accurate and evidence-based, meeting the law's requirement for substance use prevention in grades 6-12. Through subparts 3-9 students will analyze influences, access valid and reliable information, demonstrate interpersonal communication skills, demonstrate decision-making skills, demonstrate goal setting skills, demonstrate practices and behaviors, and promote health, safety, and well-being to avoid risky behaviors and maintain healthy choices related to substances.
- **Sexual Health and STI Prevention:** In subpart 2, students acquire knowledge about how sexually transmitted infections are transmitted and prevented. This supports the legislative requirement for medically accurate, comprehensive sexual health education. Through subparts 3-9 students will analyze influences, access valid and reliable information, demonstrate interpersonal communication skills, demonstrate decision-making skills, demonstrate goal setting skills, demonstrate practices and behaviors, and promote health, safety, and well-being to avoid risky behaviors and maintain healthy choices for their sexual health.
- **Mental Health:** In subpart 2, students learn about factors affecting mental well-being, including stress, coping strategies, and emotional regulation. This supports instruction aimed at preventing suicide and promoting mental health awareness. Through subparts 3-9 students will analyze influences, access valid and reliable information, demonstrate interpersonal communication skills, demonstrate decision-

making skills, demonstrate goal setting skills, demonstrate practices and behaviors, and promote health, safety, and well-being to avoid risky behaviors and make healthy choices to maintain mental health for themselves and their fellow community members.

Summary: Through the skills-based approach, subpart 10 demonstrates adherence of the statutorily required topics.

Regulatory Analysis

Minnesota Statutes 2025, section 14.131, identifies eight factors for a regulatory analysis that must be included in the SONAR of the proposed rules. Paragraphs (1) through (8) below quote these factors and then give the agency's response.

- **Description of the classes of persons who probably will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.**

The following classes of persons are affected by the proposed rules: Minnesota parents and students; Minnesota schools and districts, including charter schools; educators and teachers implementing the academic standards in their discipline; and curriculum specialists and directors. The department does not believe that there will be significant costs to these classes of persons associated with the proposed rules, as discussed in this SONAR; however, minimal costs related to implementation are likely to be borne by the department and by local education agencies (LEAs), including Minnesota school districts and charter schools. Individual persons, such as educators, teachers, parents, and students, will not incur any costs from the proposed rules. Minimal costs borne by the LEA are described further in question 5 of this regulatory analysis. The classes that will benefit from the proposed rules include Minnesota students who will achieve greater levels of health literacy and competency, preparing them for career, college and career opportunities in Minnesota's economy.

- **The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.**

The passed legislation provided one-time funding available over multiple years for a Health Education specialist position in the amount of $627,000. This has provided support for the development of the proposed rules and support throughout the rulemaking process.

MDE will incur planned costs for providing training and technical assistance to support implementation of the proposed rules. Since there is not legislatively appropriated ongoing funding for a Health Specialist, MDE is exploring options. The level of implementation support MDE provides will depend, in part, on funding availability.

- **A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.**

Given that establishing state academic standards in the area of health education is a legislative requirement, there is no less costly or less intrusive method for achieving the purpose of the proposed rules.

- **A description of any alternative methods for achieving the purpose of the proposed rule that were seriously considered by the Agency and the reasons why they were rejected in favor of the proposed rule.**

Because adopting rules containing state academic standards in health education is a legislative requirement, there is no alternative method for satisfying this requirement or achieving the purpose of the proposed rules.

- **The probable costs of complying with the proposed rule, including the portion of the total costs that will be borne by identifiable categories of affected parties, such as separate classes of governmental units, businesses, or individuals.**

LEAs may face initial increased costs to implement the new rules, including for professional development, curriculum development, and instructional material review and adoption. However, LEAs typically anticipate and undertake a regular curriculum adoption cycle, so many of these costs would be borne regardless of the adoption into rule of the proposed standards. The department has generally allowed for a three to five-year implementation timeline, and the costs for adjusting curriculum will be spread out over the years.

As outlined by MMB, and based on its definition of "local government", because this rule primarily affects LEAs, there is no fiscal impact or fiscal benefit to units of local government. However, LEAs are likely to experience costs when implementing the new health standards, including for professional development, curriculum development, and instructional material review/adoption. These costs will vary by LEA, and in many cases will have been previously anticipated.

- **The probable costs or consequences of not adopting the proposed rule, including those costs or consequences borne by identifiable categories of affected parties, such as separate classes of government units, businesses, or individuals.**

Not adopting statewide health standards will continue to result in differing health instruction and content in LEAs across the state, which does not permit LEAs to benefit from streamlined instructional materials and curriculum aligned to state standards. Students around the state would continue receive differing health standards resulting in varied health education outcomes.

- **An assessment of any differences between the proposed rule and existing federal regulations and a specific analysis of the need for and reasonableness of each difference.**

There is not a significant difference between the proposed rules and existing federal regulations that govern state academic standards. The Minnesota Legislature's decision to require statewide academic standards in Health Education is permissible and consistent with current and applicable federal laws. The *Every Student Succeeds Act* (ESSA),[7] which reauthorized the Elementary and Secondary Education Act (ESEA) of 1964, requires that all students in the United States be taught to high academic standards that prepare them for success in career and college. As a part of the state plan that Minnesota submitted for the ESSA, the state provided an assurance that the state has adopted or has a process for adopting academic standards required under the federal law for mathematics, reading or language arts, and science as well as standards for other subjects

[7] Every Student Succeeds Act (ESSA) of 2015, Pub. L. No. 114-95, 129 Stat. 1802.

determined by the state, including physical education, social studies and the arts.[8] Minnesota has academic standards in these content areas, including mathematics, which satisfies both state and federal requirements.

The reauthorized ESSA builds upon the previous version of the ESEA, known as the *No Child Left Behind Act* (NCLB). The previous definition of core academic subjects in NCLB included reading and language arts. The amended ESSA law expanded "core academic subjects" to "well-rounded education," meaning "courses, activities and programming in subjects such as English, reading or language arts, writing, science, technology, engineering, mathematics, foreign languages, civics and government, economics, arts, history, geography, computer science, music, career and technical education, health, physical education and any other subject, as determined by the State or local educational agency, with the purpose of providing all students access to an enriched curriculum and educational experience."[9] Thus, the proposed rules comply with existing federal law and state law requiring state academic standards in specific content areas.

- **An assessment of the cumulative effect of the rule with other federal and state regulations related to the specific purpose of the rule.**

The department is proposing these rules to improve and to provide clarity and consistency in health education, for both teachers and students. The proposed rules are intended to align with state laws that govern academic standards and with the federal legislation, ESSA, which requires states to submit a state plan that provides assurances that the state has adopted challenging academic standards aligned with academic achievement. The proposed standards do not establish overlapping or additional requirements; rather, they comply with existing requirements related to academic standards that are permitted (and required) by federal and state law. The cumulative effect of the proposed standards in combination with state statutes and the new federal regulation under ESSA is a higher quality education for all Minnesota students with better outcomes related to career, college and community readiness and success and meaningful citizenship. The department believes the proposed rules and the supporting benchmarks will benefit all Minnesota families, students, educators and school communities in their understanding and implementation of the K-12 academic standards in health education.

Performance-Based Rules

The SONAR must also describe how the agency, in developing the rules, considered and implemented the legislative policy supporting performance-based regulatory systems set forth in Minnesota Statutes 2025, section 14.002. This statute requires state agencies, whenever feasible, to develop rules and regulatory programs that emphasize superior achievement in meeting the agency's regulatory objectives and maximum flexibility for the regulated party and the agency in meeting those goals.

Throughout the development of the proposed rules and this SONAR, the department made every attempt to develop rules that will be understandable to and workable for education practitioners and families, ensuring efficient and effective delivery of services while achieving the best possible education results for students. The

[8] See The Minnesota Department of Education, Minnesota State Plan, https://education.mn.gov/MDE/dse/ESSA/mnstp/.
[9] Every Student Succeeds Act (ESSA) of 2015, Pub. L. No. 114-95, § 8002, 129 Stat. 1802, 2099.

department believes the proposed rules help Minnesota educators provide a higher quality education and promoting positive education outcomes for all students. The proposed rules and supporting benchmarks help Minnesota teachers, curriculum developers, and other district staff craft high-quality education and help ensure Minnesota students are receiving a robust education that will lead to career and college readiness and success and an overall increase in literacy. The department believes the proposed rules are performance-based to the extent possible because the proposed rules extend duties and burdens no further than is necessary to meet the state's academic standard requirements. Flexibility still remains as districts can create and modify their own high-quality and rigorous curriculum that aligns with state standards in this content area.

The department proposes these rule amendments to improve and provide clarity and consistency for teachers and students in health education. The proposed rules are intended to align with state laws that govern academic standards and the federal legislation, ESSA, which requires states to submit a state plan that assures that the state has adopted challenging academic standards aligned with academic achievement. The proposed standards do not establish overlapping or additional requirements; instead, they comply with existing requirements related to academic standards that are permitted (and required) by federal and state law. The cumulative effect of the proposed standards, in combination with state statutes and the new federal regulation under ESSA, is a higher quality education in health for all Minnesota students, with better outcomes related to career, college, and community readiness, as well as success and meaningful citizenship. The department believes the proposed rules governing health standards and the supporting benchmarks will benefit all Minnesota families, students, educators, and school communities in understanding and implementing the updated K-12 academic standards in health.

Notice Plan

The MDE initiated the formal rulemaking process by publishing a Request for Comments in the State Register. MDE convened a Health Education Standards Committee representing educators, administrators, parents, school health professionals, higher education faculty, community and tribal representatives from across Minnesota. The committee followed the guidelines in Minnesota Statutes 2025, section 120B.021, subdivision 4(h). This process resulted in a proposed set of health education standards that are rigorous, equitable, and responsive to the diverse health needs of Minnesota students.

Throughout the drafting process, MDE sought extensive input through public feedback opportunities, focused feedback sessions, stakeholder consultations, and expert reviews to ensure that the rules are both rigorous and reasonable. This committee met regularly to review research, consider public input, and draft standards that reflect both Minnesota's statutory priorities and community values.

The committee worked collaboratively with the Department of Health and the Department of Human Services, as well as various other agencies to draft standards that reflect both national best practices and Minnesota's unique educational values. The resulting framework provides statewide consistency in learning expectations while allowing flexibility for local districts to design instruction

Required Notice

The department is required under Minnesota Statutes, chapter 14 to identify and send notice to several groups. The steps the department will take to meet those statutory requirements are laid out in detail below.

Consistent with Minnesota Statutes, section 14.14, subdivision 1a, on the day the Dual Notice is published in the State Register, it will send via email a copy of the Dual Notice and the proposed rule to the contacts on the department's list of all persons who have registered with the department for the purpose of receiving notice of rule proceedings. The Dual Notice will be sent at least 33 days before the end of the comment period.

Consistent with Minnesota Statutes, section 14.116(b), the department will send a copy of the Dual Notice, a copy of the proposed rules, and a copy of the SONAR to the chairs and ranking minority party members of the applicable finance and policy committees and the Legislative Coordinating Commission. These documents will be sent at least 33 days before the end of the comment period.

Consistent with Minnesota Statutes, section 14.131, the department will send a copy of the SONAR to the Legislative Reference Library when the Dual Notice is sent.

Minnesota Statutes, section 14.116(c) requires the department to "make reasonable efforts to send a copy of the notice and the statement to all sitting legislators who were chief house of representatives and senate authors of the bill granting the rulemaking authority" if it is within two years of the effective date of the law granting rulemaking authority. The department will do so at least 33 days before the end of the comment period.

Additional Notice

In addition to mailing the proposed rules and the appropriate notice to all persons who have registered to be on the department's email rulemaking mailing lists under Minnesota Statutes, section 14.14, subdivision 1a, MDE intends to send an electronic notice with a hyperlink to electronic copies of the Dual Notice, SONAR and the proposed rule amendments to the following list of interested and impacted parties:

General Education-Related Organizations/Entities

- African American Leadership Forum (AALF)
- Arc Minnesota
- Association of Metropolitan School Districts (AMSD)
- Board of School Administrators (BOSA)
- Center of the American Experiment
- Charter School Partners
- Child Protection League (Minnesota chapter)
- EdAllies
- Education Minnesota
- Equal Employment Opportunity Commission (EEOC)
- Equity Alliance MN
- Generation Next

- Intermediate districts 287, 288, 916, 917
- Information and Technology Educators of Minnesota
- Learning Disabilities Association (LDA)
- Learning Forward Minnesota
- Literacy Minnesota
- Mentoring Partnership of Minnesota (MPM)
- Metro Area Curriculum Leaders (MACL)
- Metropolitan Library Service Agency (MELSA)
- Minneapolis Public Schools Career and Technical Education
- Minneapolis Public Schools Early Childhood/Community Education Department
- Minneapolis Urban League
- Minnesota Administrators for Special Education (MASE)
- Minnesota Association for Supervision and Curriculum Development (MASCD)
- Minnesota Association for the Education of Young Children (MnAEYC)
- Minnesota Association of Alternative Programs
- Minnesota Association of Charter Schools (MACS)
- Minnesota Association of Colleges for Teacher Education (MACTE)
- Minnesota Association of School Administrators (MASA)
- Minnesota Association of Secondary School Principals (MASSP)
- Minnesota Association of Special Educators (MASE)
- Minnesota Business Partnerships (MBP)
- Minnesota Chamber of Commerce
- Minnesota Citizens League
- Minnesota Council for the Gifted and Talented
- Minnesota Council on Foundations
- Minnesota Department of Employment and Economic Development (DEED)
- Minnesota Education Equity Partnership
- Minnesota Elementary School Principal's Association (MESPA)
- Minnesota Independent School Forum (MISF)
- Minnesota Indian Affairs Council (MIAC)
- Minnesota Indian Education Association
- Minnesota Kindergarten Association
- Minnesota Low Incidence Projects
- Minnesota Office of Higher Education (OHE)
- Minnesota Parent Teacher Student Association (MNPTA)
- Minnesota Parents Alliance
- Minnesota Parents United
- Minnesota Private College Council (MPCC)
- Minnesota Professional Educator Licensing and Standards Board (PELSB)
- Minnesota Reading Association
- Minnesota Rural Education Association (MREA)
- Minnesota School Boards Association (MSBA)
- Minnesota School Counselors Association
- Minnesota State Colleges and Universities (Minnesota State)
- Minnesota State High School League (MSHSL)
- Minnesota Tribal Nations Education Committee (TNEC)

- Minnesota Youth Council
- Moms for Liberty (Minnesota chapters)
- MN Association for Career and Technical Education
- National Association for the Advancement of Colored People (NAACP) – St. Cloud, St. Paul, and Minneapolis branches
- Never Divided Up
- PACER Center
- Parents United
- Schools for Equity in Education (SEE)
- Service Cooperatives/Regional Service Cooperatives
- Special Olympics Minnesota
- Take Action MN
- The Minneapolis Foundation
- Tribal Contract Schools
- University of Minnesota/University of Minnesota College of Education and Human Development
- University of Minnesota Medical School Office of Diversity, Equity and Inclusion

Health Education-Related Organizations/Entities

- Change the Outcome
- Health Standards Committee, including MN Department of Health and Minnesota Department of Human Services
- Mending the Sacred Hoop
- Mental Health Minnesota
- Minnesota Coalition Against Sexual Assault
- Minnesota Developmental Adaptive Physical Education (MNDAPE)
- Minnesota Indian Women's Sexual Assault Coalition
- Minnesota Society of Health and Physical Educators (MNSHAPE)
- School Nurse Organization of Minnesota
- Violence Free Minnesota

MDE Listservs

- Career and Technical Education (CTE) Health Science Update listserv
- MDE Achievement and Integration listserv
- MDE Charter School Directors and Non-Public listserv
- MDE Curriculum Directors listserv
- MDE General Rulemaking listserv
- MDE Health Education Specific Rulemaking listserv
- MDE Minnesota Special Education Directors listserv
- MDE School Mental Health listserv
- MDE Superintendents listserv
- School Leaders Update listserv

Consultation with MMB on Local Government Impact

As required by Minnesota Statutes, section 14.131, the department consulted with Minnesota Management and Budget (MMB). A response was received on December 8, 2025. In their report, MMB stated that they reviewed the proposed rules and a draft of the Statement of Need and Reasonableness (SONAR) to explore the potential fiscal impact and fiscal benefits these changes may have on local governments. They further stated that the proposed rule is anticipated to impact Minnesota students and parents; school districts; charter schools; health educators and teachers implementing the health academic standards in their respective disciplines; and health curriculum specialists and directors.

The MMB concluded that "The only definition of "local government" within M.S. Chapter 14 does not include local educational agencies (LEAs) such as school districts and charter schools. Because this rule primarily affects LEAs, there is no fiscal impact or fiscal benefit to units of local government. However, LEAs are likely to experience costs when implementing the new health standards, including for professional development, curriculum development, and instructional material review/adoption. These costs will vary by LEA, and in many cases will have been previously anticipated."

The Department will submit a copy of the cover correspondence and any response received from Minnesota Management and Budget to CAH at the hearing or with the documents it submits for the Administrative Law Judge's review.

Impact on Local Government Ordinance and Rules

As required by Minnesota Statutes 2025, section 14.128, the agency has considered whether these proposed rules will require a local government to adopt or amend any ordinance or other regulation in order to comply with these rules. The agency has determined that they do not because the proposed rules do not affect any local governments included in the scope of Minnesota Statutes, section 14.128.

Costs of Complying for Small Business or City

Agency Determination of Cost

As required by Minnesota Statutes 2025, section 14.127, subdivision 1, the department has considered whether the cost of complying with the proposed rules in the first year after the rules take effect will exceed $25,000 for any small business or small city. The department has determined that the cost of complying with the proposed rules in the first year after the rules take effect will not exceed $25,000 for any small business or small city. This determination was made because the proposed rules do not affect small businesses or cities.

Authors and Witnesses

Authors

The primary author of this SONAR is Brian Rhoads, a Minnesota Health Specialist, in MDE Division of Academic Standards, Instruction, and Assessment.

Witnesses

If these rules go to a public hearing, the MDE anticipates having the following witnesses testify in support of the need for and reasonableness of the rules:

- Jennifer Dugan, Director, MDE Division of Academic Standards, Instruction, and Assessment. Mrs. Dugan will testify about the history of academic standards in Minnesota, the history of health standards in Minnesota, the role of academic standards in Minnesota's education community, the health standards review committee formation process, the rule review and revision process, and how the national standards impact MDE's process.
- Angela Hochstetter, Supervisor of Academic Standards, Instruction, and Assessment of the MDE. Mrs. Hochstetter will testify about the history of academic standards in Minnesota, the history of health standards in Minnesota, the role of academic standards in Minnesota's education community, the health standards review committee formation process, the rule review and revision process, and how the national standards impact MDE's process.
- Brian Rhoads Minnesota Health Specialist, MDE Division of Academic Standards, Instruction, and Assessment. Mr. Rhoads will testify about the history of academic standards in Minnesota, the history of health standards in Minnesota, the role of academic standards in Minnesota's education community, the health standards review committee formation process, the rule review and revision process, and how the national standards impact MDE's process.
- Dr. Kristen Ford, Professor, Concordia College, Moorhead, Director, Undergraduate and Graduate Health and Physical Education Programs; Committee Co-chair
- Sue Green, Adjunct, Concordia College, Moorhead, Former K-12 Health and Physical Educator and Instructional Coach; Committee Co-chair
- Jessica Matheson, Health and Physical Educator, 2022 SHAPE America Health Teacher of the Year; Committee Co-chair

Conclusion

The proposed K-12 Academic Standards in Health are the product of a thorough and inclusive review process involving a diverse committee, extensive public feedback, and expert consultation. The standards are grounded in current research and best practices, aligning with statutory requirements to provide an equitable, high-quality health education for all Minnesota students. The department believes these standards will be a valuable resource for educators and will better prepare students for success in their careers, college, and communities. Based on the foregoing, the proposed rules are both needed and reasonable.

In this SONAR, the department has established the need for and the reasonableness of each of the proposed Health Education rules. The MDE has provided the necessary notice and documented its compliance with all applicable administrative rulemaking requirements of Minnesota statutes and rules.

Based on the forgoing, the proposed subparts are both needed and reasonable.

Digitally signed and dated:


12/10/2025

Willie L. Jett II, Commissioner

Minnesota Department of Education