

# **HB 136\_The Arc Maryland\_FAV.pdf**

Uploaded by: Ande Kolp

Position: FAV

HB 136- Education- Public and Nonpublic Schools- Seizure Action Plans (Brynleigh's Act)

House Ways and Means Committee  
January 20, 2022

**Position: Support**

The Arc Maryland is the largest statewide advocacy organization dedicated to protecting and advancing the rights and quality of life of people with intellectual and developmental disabilities. We firmly support of the Maryland Seizure Safe School Act, or Brynleigh's Act.

Brynleigh's Act includes several critical components including training school personnel on seizure detection and first aid response on a biennial basis; mandating Seizure Action Plans to be on file for every student diagnosed with epilepsy or a seizure disorder and requiring those plans be available to all personnel responsible for the student; ensuring the administration of medications approved by the U.S. Food & Drug Administration; and a Good Samaritan clause. **Research shows that approximately 1 in 10 people will have a seizure in their lifetime.**<sup>i</sup> Despite this very common condition, seizures (and how to respond to them) is still largely misunderstood.

Seizure training and awareness will not only help students, potential visitors to the school, and school personnel who might experience a seizure; it will also help demystify and decrease the stigma associated with seizures and seizure conditions.

**There are approximately 7,900 children living with epilepsy in Maryland. This amounts to a ratio of roughly 913 students for every 1 school nurse.**<sup>ii</sup> Education, information, and training on seizure recognition would ensure school personnel are prepared and can recognize and respond appropriately and efficiently to a student experiencing a seizure, thus creating a safer environment for every student in Maryland's public schools.

Parents, as critical partners in education, would be actively involved in collaboration with school personnel to create a seizure action plan for their student with a seizure condition. That plan will be kept by the school and provided to staff and volunteers with direct contact with the student.

School personnel must be prepared and enabled to respond quickly and safely to seizure incidents. **Timely seizure identification and care is critical to the health of a student.** Often, care to a student who is having a seizure cannot wait for a nurse to arrive.

To date, **12 states have successfully passed Seizure Safe Schools legislation,**<sup>iii</sup> including neighboring states Virginia and New Jersey. This number is more than

double the number of states who had Seizure Safe Schools laws in the books just a year ago.

We hope that Maryland will follow in its tradition of leading by example to create positive school learning environments that are supportive and welcoming to all students and we encourage a favorable report on HB136.

Sincerely,



Ande Kolp  
Executive Director  
[akolp@thearcmd.org](mailto:akolp@thearcmd.org)  
[443-851-9351](tel:443-851-9351)  
[www.thearcmd.org](http://www.thearcmd.org)

## Key facts

- Epilepsy is a chronic noncommunicable disease of the brain that affects people of all ages.
- Around 50 million people worldwide have epilepsy, making it one of the most common neurological diseases globally.
- Nearly 80% of people with epilepsy live in low- and middle-income countries.
- It is estimated that up to 70% of people living with epilepsy could live seizure-free if properly diagnosed and treated.
- The risk of premature death in people with epilepsy is up to three times higher than for the general population.
- Three quarters of people with epilepsy living in low-income countries do not get the treatment they need.
- In many parts of the world, people with epilepsy and their families suffer from stigma and discrimination.

Source: World Health Organization

<https://www.who.int/news-room/fact-sheets/detail/epilepsy>

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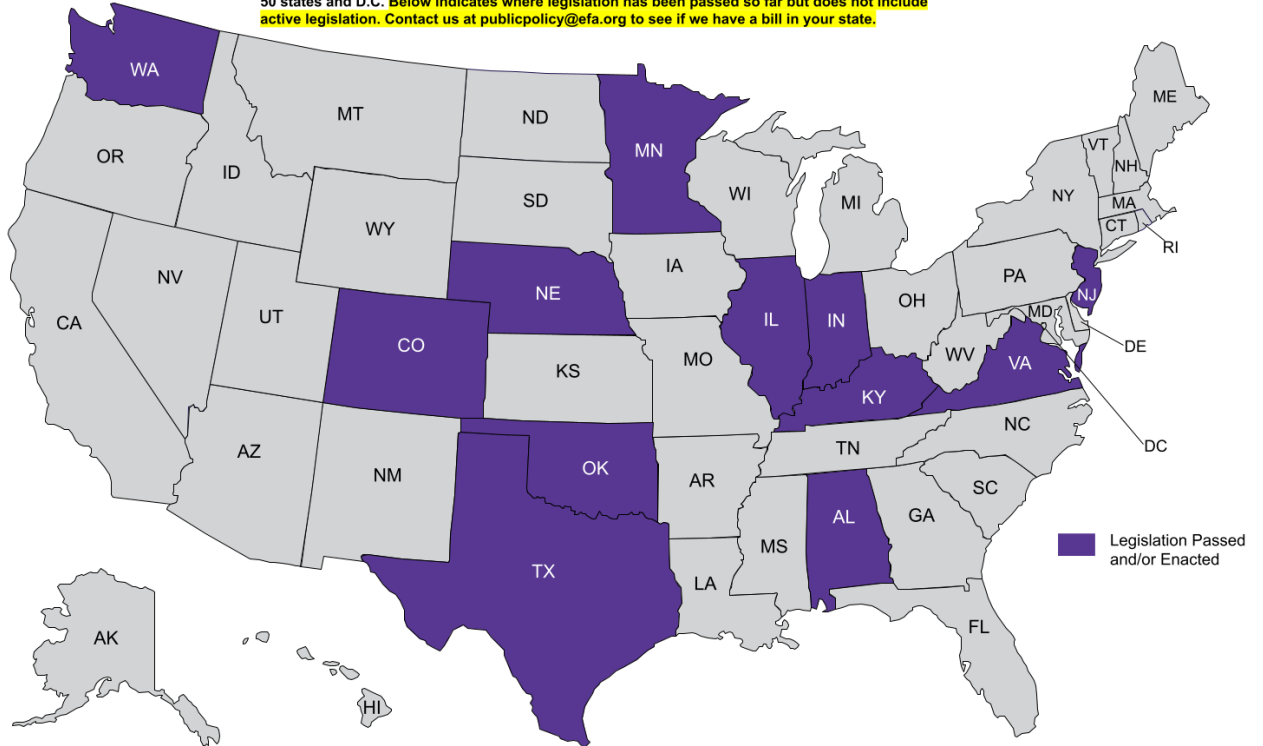
<sup>i</sup> <https://www.who.int/news-room/fact-sheets/detail/epilepsy>

<sup>ii</sup> <https://www.epilepsy.com/release/2022/1/maryland-advocates-organizations-and-elected-officials-champion-seizure-safe-school-legislation>

## Passage of Seizure Safe Schools Legislation



The Epilepsy Foundation has a nationwide initiative to enact Seizure Safe Schools legislation in all 50 states and D.C. Below indicates where legislation has been passed so far but does not include active legislation. Contact us at [publicpolicy@efa.org](mailto:publicpolicy@efa.org) to see if we have a bill in your state.



Updated: July 2021

<sup>iii</sup> <https://www.epilepsy.com/about-us/advocacy/advocacy-priorities/public-health-awareness-education/seizure-safe-schools>

# **Education Team Allies Support for HB0136 Delegate**

Uploaded by: Beth Nolan

Position: FAV



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**January 18, 2022**

**Ways and Means Committee**

**Position: Support HB136**

Dear Members of the Ways and Means Committee;

I am writing today to voice my support for HB136 - Brynleigh's Act - Seizure Action Plans. I worked in Baltimore City schools and while some training for teachers were in-person, several training sessions were given online annually, such as Blood Borne Pathogen training. I would receive an email that a specific training was due and would be provided with a link to a list, which included this training course and others, along with due dates, and a direct link to each course. If this bill is passed, it is my belief that on a practical level, the school districts would be able to add the online training to an already existing list of other training that staff are required to complete, along with a link to the American Epilepsy Foundation training.

Currently, my organization, Education Team Allies, works to support families across the state of Maryland. Within the last week I had a conversation with a family that is trying to understand why their son experienced his first seizure. He has no history of any type of seizure disorder. His seizure happened at home only because he was home for a snow day. The staff at his school need to be prepared if such an event were to occur there.



When I worked in Baltimore City Schools, we had a medical technician that was supervised by a nurse who oversaw around 5 different schools. This is similar to the way staffing occurs across our state and would have been the case at this child's school. Providing this training to **only** school nurses will not ensure that trained personnel will be at the school when these protocols are needed.

As someone who has taken the time to take this training it was quick and informative and something I believe every school staff should actively participate in as it can save lives. I am confident you will move this bill forward to ensure the safety of every child in the state of Maryland.

Thank you for your time.

Kind Regards,

A handwritten signature in black ink, appearing to read "Beth Nolan", is positioned below the "Kind Regards," text.

**Beth Nolan, MAT**

Education Team Allies, Co-Founder and Principal

410-793-7060

225 Berrywood Drive

Severna Park, Maryland 21146

<http://www.educationteamallies.com>



# **Letter of Support\_Seizure Safe Schools\_BrynleighsA**

Uploaded by: Britt Dorfman

Position: FAV



January 18, 2022

Delegate Vanessa Atterbeary, Chair  
Ways and Means Committee  
Room 131 House Office Building  
Annapolis, Maryland 21401

Dear Chairwoman Atterbeary and committee members:

The Epilepsy Foundation and our local chapter, Epilepsy Foundation Maryland, are pleased to endorse House Bill 136, also known as *Brynleigh's Act*. This bill supports a critical priority for the Epilepsy Foundation and the epilepsy community writ large – safety and continuity of care in the event of a seizure at school. *Brynleigh's Act* would greatly improve the care and safety of students with epilepsy and seizures in schools by safeguarding physician-directed care by requiring at least two school personnel to meet training requirements necessary to administer or assist with the self-administration of FDA-approved seizure rescue medications, through requiring all school personnel to undergo an approved seizure recognition and first-aid training on a biennial basis, and ensuring that a seizure action plan is on file for each student with a seizure disorder.

Epilepsy is a medical condition characterized by seizures, which are sudden surges of electrical activity in the brain, that affects a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy, and approximately 1 in 10 people will experience a seizure, at some point in their lifetime. A seizure can happen to any person, in any place, at any time, and it is vital that school personnel are prepared to respond in this event appropriately and effectively. Compared to students with other health concerns, one Centers for Disease Control and Prevention study showed that students aged 6-17 years living with epilepsy were more likely to miss 11 or more days of school in the past year. For these students, proper seizure first aid and continuity of care while they are at school is crucial to ensuring they can reach their full potential with as minimal disruption to their learning environment as possible. Effective training and having student specific seizure action plan taken together represents important protections necessary to make certain that students living with epilepsy are safe while attending school or a school-related function. This will ensure they are not only prepared for but can recognize and respond appropriately and efficiently to a student experiencing a seizure.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of the at least 3.4 million Americans with epilepsy and seizures. Our local chapter, Epilepsy Foundation Maryland, provides services and advocates on behalf of the 59,900 Marylanders, including 7,900 children, living with epilepsy and seizures in the state. Together,

National Headquarters

3540 Crain Highway, Ste. 675, Bowie, MD 20716

301.459.3700

Our mission is to lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives.

TAKE ACTION [Epilepsy.com](https://www.epilepsy.com)  
24/7 HELPLINE 800.332.1000



we foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services.

The Epilepsy Foundation and Epilepsy Foundation Maryland urge you to support this important legislation to help ensure children living with epilepsy and seizures are safe and experience continuity of care while at school. Together, we can make sure Maryland is at the forefront of this important nationwide initiative by joining the 12 other states that have passed these critical protections.

Please feel free to contact Dominique Brown, Senior Manager, State Relations and Public Policy, Epilepsy Foundation at [dbrown@efa.org](mailto:dbrown@efa.org) with any questions or follow-up.

Sincerely,

Laura Thrall  
President & CEO  
Epilepsy Foundation

Kira Eyring  
Executive Director, Regional Teams  
Epilepsy Foundation Maryland

# **HB0136 Testimony of Diana Briemann 01.20.2022.pdf**

Uploaded by: Diana Briemann

Position: FAV

Testimony of  
Diana L. Briemann  
Educator  
Anne Arundel County Public Schools

Before the  
**Ways and Means Committee**  
on  
**HB 0136: Education – Public and Nonpublic Schools – Seizure Action Plans  
Brynleigh’s Act**

**SUPPORT**  
January 20, 2022

Thank you, Madam Chairperson and the members of the Committee, for providing the opportunity to submit written testimony in support of House Bill 0136.

My name is Diana Briemann, and I live in Pasadena, Maryland. I am an educator with Anne Arundel County Public Schools. As an educator, the care and safety of my students is a priority. At the start of each school year, teachers are trained on several health issues such as recognizing allergic reactions and how to administer epi-pens, diabetes, and sickle cell anemia. Currently, teachers are not trained in seizure recognition or first aid response.

After my own diagnosis of epilepsy in 2018, I began researching. I became aware of how prevalent epilepsy and seizures are. Being an educator, I believe knowledge is power, so following my diagnosis, it became a personal mission to educate others about epilepsy and seizures. I learned statistics such as one in ten will have a seizure in their lifetime, and one in twenty-six will be diagnosed with epilepsy. To put that into perspective that is equivalent to one student in every classroom across the United States. There are approximately 470,000 school aged children with epilepsy versus 208,000 children with diabetes.

Parents send their children to school each day for an average of six and a half hours, trusting that the faculty and staff will keep their child safe. Teachers are the first responders of the school should there be health concerns, accidents, or emergencies. Being able to recognize seizures in students and other staff members is critical. Just a few seconds or minutes for a person experiencing a seizure can be life altering.

No two seizures are exactly alike. To someone not trained, seizures may appear to be something different. For example, atonic seizures, once referred to as “drop attacks” could be confused with fainting. Myoclonic seizures are sudden, involuntary muscle jerks or spasms. This could appear to be a tic. Absence seizures, which are very common in children, are a blank stare. The child would appear to be unfocused or daydreaming. Teachers could confuse this type of seizure

with Attention Deficit Hyperactivity Disorder. Under this bill, teachers would be provided with seizure action plans for each student with epilepsy. Action plans are individualized for each child's situation. It is imperative for teachers to recognize the signs and symptoms so they can help their students and communicate information to their families.

There may be questions about the financial responsibilities for what seems like a large undertaking to train school staff across the state. Fortunately, the Epilepsy Foundation developed and provides a forty-five minute online training for school personnel at absolutely no cost. Forty-five minutes is nothing to save the life of a child.

In requiring seizure recognition and first aid response training for school personnel, we are creating safe schools for those who may have a seizure. I urge the committee to pass HB 0370. Thank you for this opportunity to testify.

**(MSC) HB136 Testimony (FAV).pdf**

Uploaded by: Jon DiPietro

Position: FAV

# MARYLAND STUDENT COALITION

JON DIPIETRO, DIRECTOR  
HUNTER CRAIG, DEPUTY DIRECTOR

CHRIS LIDARD, ASSOCIATE DIRECTOR  
LAUREN RASKIN, ASSOCIATE DIRECTOR  
VINAY KHOSLA, ASSOCIATE DIRECTOR

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## TESTIMONY

**BILL:** House Bill (HB) 136 - Education - Public and Nonpublic Schools -  
Seizure Action Plans (Brynleigh's Act)

**SPONSOR:** Delegate Kerr and Delegate Johnson

**POSITION:** **FAVORABLE**

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Monday, January 17, 2022

### HB 136: Favorable

*The Maryland Student Coalition is an entirely student-led, advocacy group that serves to bring students together to promote education policy reform. Founded in 2020 as a vehicle for advocating for students' right to demonstrate, our scope has since expanded to include more educational advocacy initiatives. You can learn more at [marylandstudents.org](http://marylandstudents.org)*

Chair Atterbeary, Vice Chair Washington, and honorable members of the Ways and Means Committee.  
We are writing in favor of House Bill 136.

House Bill (HB) 136, Education - Public and Nonpublic Schools - Seizure Action Plans, will require that at least two school personnel, per school, be trained in appropriate and effective seizure response methods. Additionally, this legislation will provide training for all school personnel for seizure recognition and response methods.

The Maryland Student Coalition echoes the need for trained staff to handle vast health needs that occur in schools. By requiring personnel to be knowledgeable on the correct way to react to a seizure, you will save lives. This legislation is a simple way to address this important issue, through a reasonable mandate to serve the general public health.

The Maryland Student Coalition supports the principles within the legislation and strongly encourages issuing a **favorable** report on HB 136.



# **Brynleigh's Act Combined Letters of Support - TSC**

Uploaded by: Katie Smith

Position: FAV



8737 Colesville Road, Suite 400 | Silver Spring, MD 20910  
800-225-6872 | [info@tscalliance.org](mailto:info@tscalliance.org) | [tscalliance.org](http://tscalliance.org)

Ways and Means Committee  
January 20, 2022  
HB0136 - Seizure Action Plans - Brynleigh's Act  
Position: Support

Dear Delegate Vanessa E. Atterbeary,

On behalf of the TSC Alliance, I am writing in support of the Maryland's Seizure Safe School Act, "Brynleigh's Act," or HB.136, which calls for state legislation to ensure that all school personnel, including nurses, teachers, and volunteers, are prepared to recognize seizures and are able to respond appropriately and efficiently to students experiencing seizures. Approximately 1 in 26 people will develop epilepsy in their lifetime; 1 in 10 people will have a single seizure in their lifetime; approximately 7,900 Maryland children currently have an active epilepsy diagnosis, but there is only one nurse per 913 students.

Based in Silver Spring, Maryland, the TSC Alliance is the only national organization dedicated to finding a cure for tuberous sclerosis complex (TSC) while improving the lives of those affected. TSC is a lifelong genetic disorder that causes tumors to form in many different organs, primarily in the brain, eyes, heart, kidney, skin, and lungs. The aspects of TSC that most strongly impact quality of life are generally associated with the brain: seizures, developmental delay, intellectual disability, and autism. We estimate over 1,008 individuals in Maryland are affected by TSC. Seizures remain one of the most common neurological features of TSC, occurring in 85% of individuals with TSC. Additionally, more than 50% of individuals with TSC who have epilepsy will not respond to standard antiepileptic medications and have intractable epilepsy.

It is critical to the TSC and epilepsy communities that school staff know how to recognize and respond to a seizure should one occur in their classroom, school bus, or specialized area. Quick response is vital and cannot wait for a school nurse to arrive, making it essential that all school personnel have training and familiarity with seizure recognition. Students with TSC will likely experience multiple seizures while at school, some may require rescue medication.

HB.136 will ensure that all school personnel have some familiarity with seizure recognition, and in doing so, will make all our children safer in their school environment. Twelve other states have passed similar bills, and many other states will follow. We hope that Maryland will, as always, lead by example. We stand with the Epilepsy Foundation in supporting this legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Kari Luther Rosbeck".

Kari Luther Rosbeck  
President and CEO

**Hope no matter how complex**

A decorative graphic at the bottom of the page consisting of three thick, curved, overlapping lines in shades of blue, orange, and purple.

Ways and Means Committee  
January 20, 2022  
HB0136 - Seizure Action Plans - Brynleigh's Act  
Position: Support

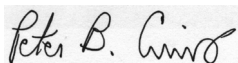
Dear Delegate Atterbeary,

We are writing in support of the Maryland Seizure Safe School Act, or Brynleigh's Act or HB0136, which calls for state legislation to ensure all school personnel, including nurses, teachers, and volunteers, are not only prepared but can recognize and respond appropriately and efficiently to students experiencing seizures. Approximately 1 in 26 people will develop epilepsy in their lifetime, 1 in 10 people will have a single seizure in their lifetime, and approximately 7900 Maryland children currently have an active epilepsy diagnosis, but there is only one nurse per 913 students. It is of vital importance that school staff know how to recognize and respond to a seizure should one occur in their classroom, school bus, or specialized area. Quick response to a seizure is vital and cannot wait for a nurse to arrive. It is not enough for school nurses to be the only ones with that training. Many students will have their first seizure while in school, so this is not just a matter of following a plan that is already in place.

As Director of the Clinical Center for Adults with Neuro-Developmental Disabilities and the TSC Center of Maryland, many of our patients are adolescents and teenagers currently attending Maryland public and private schools. The need for a school safety plan for seizures is an imperative.

Brynleigh's Act will ensure that all school personnel have some familiarity with seizure recognition, and in doing so, will make all our children safer in their school environment. Twelve other states have passed similar bills, and many other states will follow. We hope that Maryland will, as always, lead by example.

We stand with the Epilepsy Foundation in supporting this legislation.



Peter B. Crino, MD, PhD  
Professor and Chairman  
Department of Neurology  
Director, Clinical Center for Adults with Neuro-Developmental Disabilities  
Director, TSC Center of Maryland  
University of Maryland School of Medicine  
University of Maryland Medical Center  
215-908-928





*Seizure Action Plans save lives  
Do you have one?*

Ways and Means Committee  
January 20, 2022  
HB.136 - Seizure Action Plans - Brynleigh's Act  
Position: Support

Dear Delegate Vanessa E. Atterbeary,

We are writing in support of the Maryland's Seizure Safe School Act "Brynleigh's Act" or HB.136, which calls for state legislation to ensure school personnel, including nurses and teachers, are not only prepared but can also recognize and respond appropriately and efficiently to students experiencing seizures. Although approximately 1 in 26 people will develop epilepsy in their lifetime, 1 in 10 people will have a single seizure in their lifetime, and approximately 7,900 children in Maryland currently have an active epilepsy diagnosis, there is only one nurse per 913 students. It is vitally important for school staff to know how to recognize and respond to a seizure should one occur in the classroom, school bus or specialized area. Quick response to a seizure is crucial and cannot wait for a nurse to arrive. It is not enough for school nurses to be the only ones with this training.

The Seizure Action Plan (SAP) Coalition was formed to educate people with epilepsy, their caregivers and healthcare professionals about seizure emergency rescue protocols and the importance of personalized seizure action plans. The partnering organizations include the Dravet Syndrome Foundation (DSF), Lennox-Gastaut Syndrome (LGS) Foundation and TSC Alliance<sup>®</sup>. The mission of DSF is to aggressively raise funds for Dravet syndrome and related epilepsies; support and fund research; increase awareness; and provide support to affected individuals and families. The LGS Foundation is a nonprofit organization dedicated to improving the lives of those impacted by LGS through research, education and family support programs. The TSC Alliance is an internationally recognized nonprofit dedicated to finding a cure for tuberous sclerosis complex, while improving the lives of those affected.

HB.136 will ensure all school personnel have some familiarity with seizure recognition and in doing so will make all our children safer in their school environments. Twelve other states have passed similar bills, and many other states will follow. We appreciate the state of Maryland leads by example. We stand with the Epilepsy Foundation in supporting this legislation.

Sincerely,  
Dravet Syndrome Foundation  
Lennox-Gastaut Syndrome Foundation  
TSC Alliance





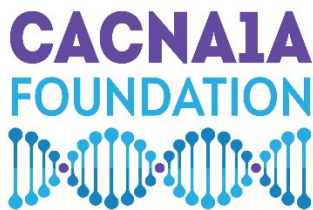
*Seizure Action Plans save lives  
Do you have one?*

**Additional Organizations Signing on to this Letter:**

Alliance for Genetic Etiology in  
Neurodevelopmental Disorders and Autism  
Autism Science Foundation  
Batten Disease Support and Research  
Foundation  
BPAN Warriors  
CACNA1A  
CFC International  
Child Neurology Foundation  
Coalition to Cure CHD2  
COMBINEDBrain  
CureGRIN  
CureSHANK3  
DEE-P Connections  
Doose Syndrome Epilepsy Alliance  
Dup15Q Alliance  
Families SCN2A  
Glut1 Deficiency Foundation  
Hope for HIE  
Hope for Hypothalamic Hamartomas  
International Foundation for CDKL5 Research  
International SCN8A Alliance

KCNQ2 Cure  
KIF1A.org  
Koolen-de Vries Syndrome Foundation  
Lightning and Love Foundation  
Malan Syndrome Foundation  
Mickie's Miracles  
NORE Institute  
PACS1 Syndrome Research Foundation  
PCDH19 Alliance  
Phelan-McDermid Syndrome Foundation  
Ring 14 USA  
SLC6A1 Connect  
SNAP25 Foundation  
STXBP1 Foundation  
SynGAP Research Fund  
SynGAP1 Foundation  
Tbc1d24 Foundation  
TESS Research Foundation  
The Brain Recovery Project: Childhood Epilepsy  
Surgery Foundation  
The Cute Syndrome Foundation  
The Epilepsy Foundation Maryland









# AGENDA

Alliance for Genetic Etiologies  
in Neurodevelopmental  
Disorders and Autism



**AUTISM SCIENCE FOUNDATION**

SEARCHING  
SOLVING  
SHARING



**IFCR**

**International Foundation  
for CDKL5 Research**

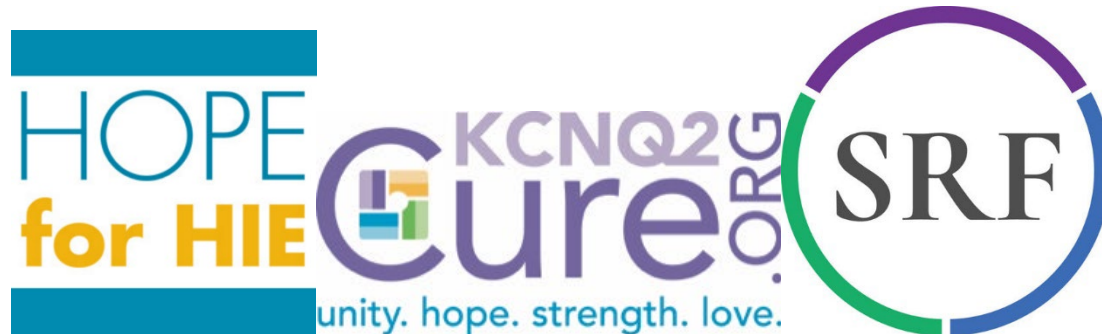


**MALAN SYNDROME  
FOUNDATION**



**KDVS**

Koolen-de Vries Syndrome Foundation





[www.G1DFoundation.org](http://www.G1DFoundation.org)



# **Seizure Safe School Legislation- Written Testimony**

Uploaded by: Lauren DiBitetto

Position: FAV

**HB0136-Support**  
Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)  
January 20, 2022

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Ways & Means Committee  
6 Bladen Street  
Annapolis, MD 21401



Dear Honorable Committee Members:

I write to you with appreciation for your consideration of this proposed legislation. The preschool class photo to the right was taken in the spring of 2016. My sweet Gavin was 4 years old at the time. He was learning, growing, playing; a typical healthy little boy. A year later Gavin was diagnosed with epilepsy after experiencing two unprovoked seizures. Two years after his diagnosis his epilepsy became drug resistant. Since becoming refractory, Gavin has had 3 brain surgeries. The most recent of which occurred in October. We spent 7 weeks away from home; 4 at Boston Children's and 3 at Kennedy Krieger. The repeated seizure activity and surgery resulted in deficits to the entire left side of his body. He has worked very hard retraining his brain and body how to walk and use his hand and arm. He is currently taking 5 antiepileptic drugs, and still, seizures persist.

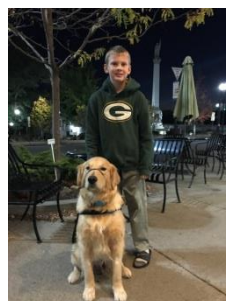
Another child in this class, Katie, would go on to have a single seizure in the summer of 2019. Coincidentally, Katie's mom brought our family a meal in the days following Gavin's first brain surgery. As a friend who lent support and a sympathetic ear, she had seizure awareness that allowed her to act with knowledge during her own daughter's experience.

Unfortunately, epilepsy can be very isolating and seizures can carry a stigma, but the reality is that seizures and seizure disorders are quite common. With statistics like 1 in 26 people being diagnosed with epilepsy and 1 in 10 people experiencing a seizure during their lifetime, chances are you know a Gavin or a Katie too. Seizures have been identified as one of the top 3 emergencies in schools. In addition to the 7,900 students who have diagnosed seizure disorders in the state of Maryland, it would not be unheard of for school personnel to find themselves responding to a student that has had a seizure as a result of becoming overheated during PE, for example. You do not have to have a seizure disorder to experience a seizure. The day that preschool class picture was taken no one would have thought that seizures would become a part of Gavin and Katie's story. Our school communities deserve the tools to act from a place of awareness, knowledge and preparedness when handling seizures. By passing Brynleigh's Act, we can ensure that will happen.

Respectfully,

*Gavin's mom, Lauren DiBitetto*

Lauren DiBitetto  
3614 Conch Drive  
Edgewater, MD 21037



rappla@hotmail.com  
908-619-2860

**HB0136 Written Testimony - Lauren Shillinger.docx.**

Uploaded by: Lauren Shillinger

Position: FAV

**Written Testimony of Lauren Shillinger**  
**Ways and Means Committee**  
**January 20, 2022**  
**HB0136 - Seizure Action Plans - Brynleigh's Act**  
**Position: Support**

Hello, my name is Lauren Shillinger and this act is named after my daughter, Brynleigh. I would like to begin by thanking the Ways and Means Committee for hearing my testimony today.

In 2014, at 9 ½ months, Brynleigh began having seizures and spent a week at Children's National Medical Center. After an EEG and full body scans she was diagnosed with Epilepsy and a rare genetic disorder called "Tuberous Sclerosis Complex." This genetic disorder causes tumors to grow in all major organs and is the leading genetic cause of both autism and epilepsy. Our doctors prescribed Brynleigh numerous anti-seizure medications, but they failed to work for her, meaning she was having more than 25 seizures a day. In October 2016 she had two brain surgeries to remove the majority of her left temporal lobe and reduce her number of seizures. Thankfully the surgery did reduce her seizures, but she still has tumors in her brain and can have seizures at any time. She recently had a third brain surgery in October 2021.

As Brynleigh grew she continued to take anti-seizure medications daily and we had to carry a seizure rescue medication at all times, to interrupt the two most dangerous conditions if they occurred: a cluster of seizures, or a seizure that won't stop, potentially leading to brain damage. As we approached the time for her to begin preschool, I started to worry about how this would impact her future. Not to mention, how would it change her daily life? How would she be able to attend school safely?

As that time approached, we met with her team to prepare for her to begin preschool. We shared our concerns that we were scared for her to attend school. As a mother I was as anxious as when we had handed our daughter over for brain surgery.

Her teachers and team shared the same concerns that they were scared too. They had never been trained on dealing with students with seizures or seizure rescue medications. For most parents the start of school is filled with the excitement of getting a new backpack and school supplies, while our time was filled with anxiety and determining how best we could prepare her team. How would they know what to look for to recognize a seizure? How would they help her? Who would administer her rescue medication?

Now that Brynleigh is in first grade we still continue to have these same fears and concerns daily. We knew we had to make a change so that we will not be faced with this fear every year until she graduates from high school.

In December 2019, we contacted the honorable Delegate Kenneth Kerr in the hope that he would help us create seizure safe school legislation, as we were concerned not only about our daughter Brynleigh, but also the almost 8,000 students and the approximately 59,900 adults in Maryland living with seizures and epilepsy.

Currently, there are twelve states in the country that have laws to protect children who have seizures during the school day. Fifteen more are looking at similar legislation right now, so this is important and timely. It is our hope that Maryland will be the next state to train teachers and school staff in seizure recognition and first aid. This critical online training is free and already

created by the National Epilepsy Foundation and only takes approximately 45 minutes to complete, which we have taken with our daughter's team. We believe 45 minutes annually to potentially save lives is a small request. Tragically, children do die from seizures as they can be life threatening and can also lead to permanent brain damage if not responded to timely and properly.

By enacting this life saving legislation, Maryland would be protecting almost 8,000 children (age 0 to 17) with epilepsy and seizures, not to mention those who have a single seizure while in school. If House Bill 136 becomes Brynleigh's Act, 16,000 Maryland parents, including myself and my husband, would sleep better every night knowing that our children are as safe as possible in school.

In addition to being Brynleigh's mom, I am a volunteer, fundraiser and advocate for both TSC and Epilepsy research and education. We want to be her voice since she is unable to be her own advocate. Passing this bill would ensure adequate training is provided and will make our schools seizure safe. I urge you to please support and vote yes to Brynleigh's Act which will make a world of difference for our children. Thank you for your time.



Sincerely,

Lauren S. Shillinger  
5905 Union Ridge Dr.  
Adamstown, MD 21710  
240-361-8399  
lauren.shores@gmail.com

**EACtestimony.HB136.pdf**

Uploaded by: Leslie Margolis

Position: FAV

**Education Advocacy Coalition  
for Students with Disabilities**

**HOUSE WAYS AND MEANS COMMITTEES**

**HOUSE BILL 136: EDUCATION—PUBLIC AND NONPUBLIC SCHOOLS—SEIZURE ACTION PLANS  
(BRYNLEIGH'S ACT)**

**JANUARY 20, 2022**

**POSITION: SUPPORT**

The Education Advocacy Coalition for Students with Disabilities (EAC), a coalition of approximately 40 organizations and individuals concerned with education policy for students with disabilities in Maryland, submits this testimony in support of House Bill 136, which would require an individualized, written seizure action plan for each student with a seizure disorder attending a public school. The bill would also require, among other provisions, training for school personnel to administer or assist students in self-administering seizure rescue medication, as well as training about seizures for all school staff who have direct contact with and supervision of students.

EAC members have represented or worked with many students who have seizure disorders and who require seizure care, including the administration of seizure rescue medication during the school day. The ease with which it has been possible to get these services onto a student's individualized education program (IEP) has depended on the particular school system and the particular IEP team. Statewide requirements would help significantly in clarifying that rescue medicine must be administered as a "routine" health task and that it can be administered by trained but unlicensed school personnel. Rescue medicines such as Diastat and Nazyilam and manual vagus nerve stimulation are intended to be used by families and other lay people in order to avoid trips to the emergency room; in the experience of EAC members, some IEP teams and districts have been reluctant or have refused to administer rescue medicine to students with IEPs who have seizure disorders or have refused to swipe a vagus nerve stimulator magnet over a student's vagus nerve implant, insisting instead on calling 911, or they have administered the rescue medicine and called 911, even if it is not necessary to do so. The EAC also supports seizure education for staff and for students; this will help decrease the stigma still associated with seizures and will also help members of a student's school community support a student who may have a seizure during school hours.

For these reasons, the EAC supports House Bill 136. For more information, please contact Leslie Seid Margolis, Chairperson, at 410-727-6352, ext. 2505 or at [lesliem@disabilityrightsmd.org](mailto:lesliem@disabilityrightsmd.org).

Respectfully submitted,

Selene A. Almazan, Selene Almazan Law, LLC  
Rene Averitt-Sanzone, The Parents' Place of Maryland  
Linda Barton, Education Consultant  
Elizabeth Benevides, Howard County Autism Society  
Ellen A. Callegary, Law Offices of Ellen A. Callegary, P.A.  
Rich Ceruolo, Parent Advocacy Consortium  
Michelle Davis, ABCs for Life Success

Jennifer Engel Fisher, Weinfeld Education Group  
Ann Geddes, Maryland Coalition of Families  
Kalman Hettleman, Independent Advocate  
Morgan Durand Horvath, Abilities Network  
Nicole Joseph, Law Offices of Nicole Joseph  
Rosemary Kitzinger and Marjorie Guldán, Bright Futures, LLC  
Rachel London, Maryland Developmental Disabilities Council  
Leslie Seid Margolis, Disability Rights Maryland  
Lauren Ochalek, Maryland Down Syndrome Advocacy Coalition  
Ellen O'Neill, Atlantic Seaboard Dyslexia Education Center  
Rebecca Rienzi, Pathfinders for Autism  
Jaime Seaton, BGS Law, LLC  
Karleen Spitulnik, Decoding Dyslexia Maryland  
Ronnetta Stanley, M.Ed., Loud Voices Together  
Guy Stephens, Alliance Against Seclusion and Restraint  
Wayne Steedman, Steedman Law Group, LLC  
Maureen van Stone, Project HEAL at Kennedy Krieger Institute  
Daya Chaney Webb, IMPACT Advocacy  
Jessica Williams, Education Due Process Solutions, LLP



# **Support HB 0136 Education Public and Nonpublic Sch**

Uploaded by: Lindsay Ward

Position: FAV



## **Support: HB 0136 Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)**

1/17/2022

Maryland House of Delegates  
Ways and Means Committee  
House Office Building  
6 Bladen Street  
Annapolis, Maryland 21401

Dear Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our support of **HB 0136 Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)**.

Epilepsy is a broad term used for conditions that affect the brain that is characterized by recurrent and unpredictable seizures which affect a variety of mental and physical functions. About 0.6% of children aged have active epilepsy in the United States. According to the CDC, there are over 470,000 children living with epilepsy in the US and, over 7,900 students in Maryland are diagnosed with epilepsy. For many children, epilepsy is easily controlled with medications, however for some control can be challenging and a seizure could occur at any time. Because children spend a significant part of the day in school teachers, office staff, bus drivers, and others are likely to witness a seizure. In addition **12** states have enacted Seizure Safe Schools legislation – Kentucky, Indiana, Texas, Illinois, New Jersey, Virginia, Washington, Oklahoma, Colorado, Alabama, Nebraska, and Minnesota.

This legislation would ensure that school personnel, including nurses, teachers, and volunteers, are prepared to care for a student experiencing a seizure, training them recognize a seizure and respond appropriately and efficiently. School nurses already have this training, however there are 913 students per school nurse in Maryland (National Education Association, 2019). School nurses cannot and should not be the sole provider responsible for recognizing and responding to a seizure. Even more importantly, the legislation will allow a student to have a seizure action plan on file. This action plan would be available and distributed to any school personnel or volunteer who is responsible for the supervision or care of a child diagnosed with a seizure disorder. The seizure action plan would direct the treatment of an individual's seizure by the student's personal health care provider. The seizure action plan would allow the nurse to administer necessary and life-saving medication according to the prescriber's guidelines.

Lastly, this bill will bring awareness to the entire educational community including teacher's, aides, bus drivers, volunteers, office staff and even student peers. This would allow students living with epilepsy or a seizure disorder to feel safe in school and decrease the stigma associated with a seizure disorder allowing them reach their full academic potential.



For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **HB 0136 Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)**.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners are committed to improving the health and advocating for of Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Deborah Busch, the Chesapeake Chapter President at 410-614-6284 or [dbusch1@jhu.edu](mailto:dbusch1@jhu.edu).

Sincerely,

*Deborah W. Busch DNP, CRNP, IBCLC, CNE, FAANP*

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*Lindsay J. Ward*

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter President Elect and Legislative Co-Chair

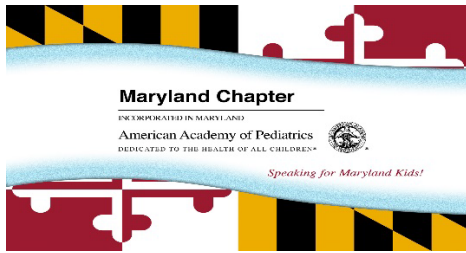
*Linda Aveni Murray, DNP, CRNP-Ped*

Linda Aveni Murray, DNP, CRNP-Ped  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter Legislative Co-Chair

# **HB0136\_FAV\_MDAAP\_Public & Nonpublic Schools - Seiz**

Uploaded by: Pam Kasemeyer

Position: FAV



TO: The Honorable Vanessa E. Atterbeary, Chair  
Members, House Ways and Means Committee  
The Honorable Ken Kerr

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Christine K. Krone

DATE: January 20, 2022

RE: **SUPPORT** – House Bill 136 – *Education – Public and Nonpublic Schools – Seizure Action Plans (Brynleigh's Act)*

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The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for House Bill 136.

House Bill 136 requires local boards of education and authorizes nonpublic schools, beginning in the 2023-2024 school year, to address the health care needs of students with seizure disorders. The local board must, at a minimum, have at each public school two school personnel trained in seizure recognition and response methods. In addition, each public school must provide training every two years to school personnel, either in-person or online, on seizure recognition and response methods. The parent or guardian of a student diagnosed with a seizure disorder must collaborate with school personnel to create a seizure action plan and provide medication and authorization for treatment so that the school can appropriately respond to the needs of the student. And lastly, the bill provides civil liability immunity for a person who responds in good faith to a student experiencing a seizure or seizure disorder symptoms.

Staff and student education is important as seizure disorders can be life-threatening, if not managed properly. It can also be traumatic for students and staff that witness a seizure and are not able to properly respond or understand what is happening. Enacting the provisions reflected in House Bill 136 will ensure that schools are equipped, and staff are educated on seizure disorders. It will not only protect the health and well-being of students with seizure disorders but will also benefit the entire school community. A favorable report is requested.

**For more information call:**

Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Christine K. Krone  
410-244-7000

# **HB 136 - MDDC Support - Education - Public and Non**

Uploaded by: Rachel London

Position: FAV



## Maryland Developmental Disabilities Council

CREATING CHANGE • IMPROVING LIVES

### House Ways & Means Committee

#### HB 136: Education – Public and Nonpublic Schools – Seizure Action Plans (Brynleigh Act)

January 20, 2022

Position: Support

The Maryland Developmental Disabilities Council (DD Council) is an independent, public policy organization that creates changes to make it possible for people with developmental disabilities to live the lives they want with the support they need. The DD Council is led by people with developmental disabilities and their families. **From that perspective, the DD Council supports HB 136 which requires schools to make action plans and train staff to ensure a safe and enriching environment for students with seizure disorders.**

#### WHY is this legislation important?

- There are 7,900 children living with epilepsy in Maryland.<sup>1</sup> That is 913 students per school nurse.<sup>2</sup>
- Ensuring that all school personnel who work directly with students can recognize and respond appropriately and efficiently to a student experiencing a seizure.
- It will help to create a safer environment for every student in Maryland's public schools.

#### WHAT does this legislation do?

**Brings awareness to all members of the educational community who work directly with students so that students living with epilepsy or a seizure disorder can feel safe in school and reach their full potential by requiring:**

- Two school employees to be trained in recognizing the signs and symptoms of a seizure, administering first aid, and administering seizure medication.
- Biennial training to school personnel with direct contact and supervision of students on recognizing the signs and symptoms of a seizure.
- Parents of a student diagnosed with a seizure disorder to collaborate with school personnel to create a seizure action plan.

**The proactive approach that HB 136 provides is essential so that students who may experience seizures maintain their independence and meaningfully participate in all aspects of school life.**

Contact: Rachel London, Executive Director, [RLondon@md-council.org](mailto:RLondon@md-council.org)

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<sup>1</sup> <https://www.cdc.gov/epilepsy/data/index.html>

<sup>2</sup> <https://www.cdc.gov/healthyschools/npao/epilepsy.htm>

# **Testimony In Support of HB 136 Ways and Means - Se**

Uploaded by: Rich Ceruolo

Position: FAV





Jan. 18, 2022

Maryland House of Delegates  
6 Bladen St.  
Annapolis, MD. 21401

**In Support of HB 136 (2022): Education – Public/Non Public Schools – Seizure Actions Plans.**

Members of the Maryland House of Delegates Ways and Means Committee.

We are an organization of military and non-military families with over 1300 members and fully support students with disabilities and health challenges. We fully support HB 136, in the hopes of addressing student healthcare concerns, school staff action plans and staff training related to students with seizure conditions (Brynleigh's Act).

MGA members, MSDE & MDH: This is an issue related to the health, safety and wellbeing of students, and of school staff members. It is also a question of equity for those students that have health conditions that require an action plan to be created and acted upon by school staff while the child is on school property. To allow these students equal access to their education (FAPE) while also being fully supported by the educators & staff members of the schools that they attend. "Seizure action plans" and training should also include bus drivers and all school support staff that may come into contact with a student. We trust that these services would be provided to the student in school, as needed. Their future success and health depend on necessary supports being in place to support them today and beyond as part of the Blueprint for Maryland's Future. Thank you all for supporting health and wellbeing of all Maryland students.

Please support House Bill 136 and return a favorable report. Thank you for your time, and for considering our testimony today.

Mr. Richard Ceruolo  
Parent and Lead Advocate and Director of Legislative Efforts  
Parent Advocacy Consortium (Find us on Facebook/Meta)  
[richceruolo@gmail.com](mailto:richceruolo@gmail.com)

**2022 MASHN and MNA HB 136 House Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** House Ways and Means Committee  
**Bill Number:** House Bill 136  
**Bill Title:** Education – Public and Nonpublic Schools – Seizure Action Plans  
(Brynleigh’s Act)  
**Hearing Date:** January 20, 2022  
**Position:** Support

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The Maryland Association of School Health Nurses (MASHN) and the Maryland Nurses Association (MNA) support *House Bill 136 – Education – Public and Nonpublic Schools – Seizure Action Plans (Brynleigh’s Act)*. The bill provides for increased awareness of seizure symptoms among school personnel as well as delineates protocols for administering emergency seizure medication.

MASHN and MNA believe that keeping children healthy, safe, in school, and ready to learn should be a top priority for both healthcare and educational systems. Children with unmet health needs have a difficult time engaging in the educational process. Students who are medically fragile or who deal with chronic health issues are coming to school in increasing numbers and with increasingly complex medical problems that require a variety of treatments. The school nurse serves in a pivotal role that bridges health care and education and is an essential member of interdisciplinary teams to reduce health-related barriers to learning.

This legislation advances the health and educational opportunities for students with seizure disorders by:

- Increasing awareness of the symptoms of seizure disorders and the protocols for emergency response through training of school personnel. Children – whether in class, on the bus, or at an after-school activity – will be more protected by adults who recognize signs of seizures; and
- Expanding the number of individuals who can safely administer or help students

self-administer emergency seizure medication. The bill aligns with existing law that governs how school nurses delegate the administration of emergency medication to non-clinicians, such as teachers or administrative staff. The involvement of the school nurse is important as it ensures non-clinicians have the appropriate training, guidance, and support to provide medications safely. Under this bill, each school must have at least two staff members who can administer emergency seizure medications.

We thank the sponsor and the advocates for their commitment to ensuring all children can participate in the educational system. We ask for a favorable report on this bill. If we can provide any additional information, please contact Kristy Gorman of MASHN and [kristygorman@gmail.com](mailto:kristygorman@gmail.com) or Robyn Elliott of MNA at [relliott@policypartners.net](mailto:relliott@policypartners.net).

# **HB136\_SeizurePlan\_KennedyKrieger\_Support\_amendment**

Uploaded by: Emily Arneson

Position: FWA



**DATE:** January 20, 2022                      **COMMITTEE:** House Ways and Means  
**BILL NO:** House Bill 136  
**BILL TITLE:** Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)  
**POSITION:** Support with amendment

**Kennedy Krieger Institute supports House Bill 136 - Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)**

**Bill Summary:**

HB136 requires, beginning in the 2023-2024 school year, at least two school personnel in each school to be trained in certain seizure recognition and response methods. Each school will provide training every two years to school personnel designated.

**Background:**

Epilepsy is a neurological disorder characterized by a tendency to have recurrent, unprovoked seizures. Epilepsy affects up to 1 percent of children in the United States (1). Incidence is greater in economically disadvantaged populations (1, 2). Children with epilepsy are more likely to miss school as compared to students with other health concerns (3), and subsequently miss out on opportunities to enhance their neurodevelopmental growth, as well as cognitive and adaptive skills. Therefore, collaboration between school personnel, families of children with epilepsy, epilepsy specialists, and epilepsy organizations is critical to optimize the quality of life for children with epilepsy.

A seizure can have various manifestations including staring, pause in activity, facial twitching, eyelid fluttering, falls or even jerking of one or all extremities. Seizures are usually unpredictable. Data suggest that once a seizure lasts for more than 5-10 minutes, it is unlikely to stop spontaneously within the next few minutes (4). Death or permanent disability can occur, albeit rarely, as a result of status epilepticus. More often, serious consequences occur hours or days later as a result of prolonged muscle stress, cardiorespiratory compromise and other complications such as organ failure (5). Therefore, current medical guidelines recommend immediate treatment of children with seizures lasting more than 5 min to prevent progression to status epilepticus and neurological injury (6).

**Rationale:**

Schools may be ill-equipped to meet the complex healthcare needs of school children with epilepsy due to inadequate training of school personnel in managing seizures as well as barriers to administration of seizure medication. Failure to effectively treat and manage seizures can have serious consequences for the child including status epilepticus (i.e., a prolonged and potentially life threatening seizure), permanent neurological injury, and death. More broadly, such failure leads to elevated health care costs for society.

**Management of seizures in school:**

School nurses play a crucial role in supporting students with epilepsy at school and ensuring their safety (7). The school nurse should be informed by the child's guardians if there is a history of any type of seizure for any student in his/her care (5). A student-centered seizure action plan should be developed that lists seizure type and treatment, describes basic and emergency first aid procedures and outlines specific interventions (5). Developing this the plan requires collaboration amongst school personnel, student, guardians, and the student's epilepsy healthcare team.

Children with epilepsy may be prescribed an antiseizure “rescue” medication for use in emergency situations such as clusters of back-to-back seizures, or prolonged seizures (typically seizures not abating at 5 minutes). The Epilepsy Foundation specifically recommends that the school nurse engage proactively with the student’s parents and healthcare team to clarify indications and instructions for rescue medication’s use (5). The student’s seizure action plan should clearly outline instructions for administration of rescue medications including name of the antiepileptic medication, dosage, dosing regimen, parameters of administration, route of administration, potential side effects, and how to monitor for effectiveness or lack thereof. Rectal administration of diazepam gel is one of the most widely used rescue medications and is generally well tolerated (8). However, rectal administration may create hesitation for school staff as well as social stigma for the patient. Other rescue medications approved for children in specific age groups are intranasal midazolam and intranasal diazepam. Intranasal formulations circumvent the social stigma and discomfort associated with rectal diazepam. Common side effects of all these medications sedation and difficulty with coordination. Rarely, cardiorespiratory instability requiring emergency medical care may be seen. All of these medications are available in premeasured dosing amounts based on age and weight of the child, and may improve safety of administration in the school setting (8). On occasion, the child’s seizure may not abate after administration of rescue medications and emergency medical services may need to be called. On other occasions, side effects such as cardiorespiratory instability may necessitate emergency medical care. The student’s seizure action plan should provide guidance regarding criteria on when to seek emergency medical care. It is important to keep in mind that the school setting encompasses not only the classroom but also bus transportation and off-campus activities such as field trips. School nurses may not be available in all situations (8). Therefore, we recommend basic seizure management training for all school personnel, including athletic coaches and school bus drivers. Studies support that such education measures improve confidence of personnel in taking care of children with epilepsy (7).

**Amendment:**

While the Kennedy Krieger Institute supports House Bill 136, we are concerned with one potential unintended consequence of the bill in its current form related to Section 1.F.II. which states that a parent or guardian of a student provides the “prescribed medication in an unopened, sealed package with the label affixed by the dispensing pharmacy”. The most common medication used in a seizure emergency in children is rectally administered diazepam. The diazepam rectal gel is packaged and sold as a sealed twin pack, with each pack containing two prefilled syringes of diazepam gel. Caregivers are typically advised to keep one syringe at home and provide one syringe to the school. The bill as written would require caregivers to purchase two twin packs, resulting potentially in higher copays or other out of pocket expenses which could be a hardship for some families. We recommend amending the language of the bill so that this potential inequity can be avoided.

**Conclusion:**

School-going children and adolescents living with epilepsy may experience seizures, including seizure emergencies, in school and school-associated settings. Administering a seizure rescue medication can abort the seizure and may improve health outcomes for children with epilepsy, decrease emergency care visits and inpatient hospitalizations, and subsequently shorten time away from class. Therefore, we advocate for training of school nurses in administration of anti-seizure rescue medications, and training of all school personnel in management of seizure emergencies. We anticipate that this will enhance learning and academic success for all children. We are concerned about a potential unintended consequence of the bill’s language in Section 1.F.II and recommend modification as addressed above.

**References**

1. Russ SA, Larson K, Halfon N. A national profile of childhood epilepsy and seizure disorder. *Pediatrics*. 2012;129(2):256–264[PubMed]
2. Camfield P, Camfield C. Incidence, prevalence and aetiology of seizures and epilepsy in children. *Epileptic Disord*. 2015 Jun;17(2):117-23. doi: 10.1684/epd.2015.0736. PMID: 25895502.

3. Pastor PN, Reuben CA, Kobau R, Helmers SL, Lukacs S. Functional difficulties and school limitations of children with epilepsy: findings from the 2009–2010 National Survey of Children with Special Health Care Needs. *Disabil Health J.* 2015. DOI: 10.1016/j.dhjo.2014.09.002.
4. Shinnar S, Berg AT, Moshe SL, Shinnar R. How long do new-onset seizures in children last? *Ann Neurol.* 2001 May;49(5):659-64. PMID: 11357957.
5. *Managing Students with Seizures. A quick reference guide for school nurses.* 2ND ed. 2009. Epilepsy Foundation. 17598\_text-R2:17598\_text-R2 (nwesd.org)
6. Cross JH, Wait S, Arzimanoglou A, Beghi E, Bennett C, Lagae L, Mifsud J, Schmidt D, Harvey G. Are we failing to provide adequate rescue medication to children at risk of prolonged convulsive seizures in schools? *Arch Dis Child.* 2013 Oct;98(10):777-80. doi: 10.1136/archdischild-2013-304089. Epub 2013 Jul 30. PMID: 23899921; PMCID: PMC3786609.
7. Austin JK, Kakacek JRM, Carr D. Impact of Training Program on School Nurses' Confidence Levels in Managing and Supporting Students With Epilepsy and Seizures. *The Journal of School Nursing.* 2010;26(6):420-429. doi:10.1177/1059840510380206
8. Adam L. Hartman, Cynthia Di Laura Devore, and the SECTION ON NEUROLOGY, COUNCIL ON SCHOOL HEALTH, Peter B. Kang, Donald Gilbert, Andrea Gropman, Adam L. Hartman, Sucheta Joshi, Sonia Partap, Jeffrey Okamoto, Mandy Allison, Richard Ancona, Elliott Attisha, Cheryl De Pinto, Breena Holmes, Christopher Kjolhede, Marc Lerner, Mark Minier, Adrienne Weiss-Harrison, Thomas Young; Rescue Medicine for Epilepsy in Education Settings. *Pediatrics* January 2016; 137 (1): e20153876. 10.1542/peds.2015-3876

Further information and resources:

1. School nursing evidence-based practice clinical guideline: students with seizures and epilepsy. National Association of School Nurses. [Seizure-and-Epilepsy-Guidelines\\_NASN\\_2018.pdf \(ncesd.org\)](#)
2. Epilepsy in Schools | Healthy Schools | CDC. <https://www.cdc.gov/healthyschools/npao/epilepsy.htm>
3. School Health Epilepsy. <https://www.cdc.gov/epilepsy/pdfs/SchoolHealthProfilesBrief.pdf>
4. Managing Students with Seizures Program for School Nurses | Epilepsy Foundation. <https://www.epilepsy.com/living-epilepsy/our-training-and-education/seizure-training-school-nurses-caring-students>



**HB136 Seizure Action Plans SWA 1.20.22.pdf**

Uploaded by: Jeanette Ortiz

Position: FWA



**HB136 EDUCATION - PUBLIC AND NONPUBLIC SCHOOLS - SEIZURE ACTION PLANS  
(BRYNLEIGH'S ACT)**

January 20, 2022

WAYS AND MEANS COMMITTEE

**SUPPORT WITH AMENDMENTS**

Jeanette Ortiz, Esq., Legislative & Policy Counsel (410.703.5352)

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Anne Arundel County Public Schools (AACPS) supports with amendments **HB136 Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)**. This bill requires a county board of education and authorizes a nonpublic school, beginning in the 2023-2024 school year, to require two school personnel at a school to be trained in certain seizure recognition and response methods. It also requires a public school, beginning in a certain school year, to provide training to all school personnel with direct contact and supervision of students on seizure recognition and response methods. The Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH), in consultation with the Epilepsy Foundation of America and stakeholders, are required to develop guidelines and a training program for school personnel on the health care needs of a student diagnosed with a seizure disorder. The parent/guardian of a student diagnosed with a seizure disorder must collaborate with school personnel to create a seizure action plan.

AACPS recognizes the importance of developing a healthy school environment which promotes student health, well-being, and the ability to learn. However, AACPS generally opposes legislation or efforts to limit the authority of the local school board to set policy related to school nutrition and health.

We have concerns with the training requirements in the legislation. A seizure education course would need to be fully consistent with the guidelines published by the American Epilepsy Foundation and it will be extremely difficult to train all AACPS staff – administration, teachers, therapists, counselors, classroom aids, bus drivers, all contracted employees, and any other personnel in contact with students as required under the bill. This provision creates an employee workload issue. Accordingly, AACPS recommends that the bill be amended to strike this requirement to train all staff and only require school nurses or health room staff to receive the training. It is important to note that seizures take on varying characteristics and that school nurses and health room staff are the best equipped staff to address a situation where a seizure is taking place.

Accordingly, AACPS respectfully requests a **FAVORABLE WITH AMENDMENTS** committee report on HB136.

# **HB 136.Seizure Action Plans.pdf**

Uploaded by: John Woolums

Position: FWA

**BILL:** House Bill 136  
**TITLE:** Education – Public and Nonpublic Schools – Seizure Action Plans  
(Brynleigh’s Act)  
**DATE:** January 20, 2022  
**POSITION:** SUPPORT WITH AMENDMENTS  
**COMMITTEE:** Ways and Means Committee  
**CONTACT:** John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) supports House Bill 136 with amendments to ensure that the school health needs of students with seizure disorders are met through the administration of student health plans, including seizure action plans.

MABE has supported legislation in recent years to ensure that school health guidelines are updated and strengthened to adequately address students with health conditions such as diabetes and sickle cell disease. In this context, MABE supports this bill’s proposal that parents, healthcare providers, and school health personnel and administrators develop seizure action plans for students with a seizure disorder. However, this bill goes much further by requiring that school nurses train and certify that non-nursing school staff are approved to administer not only first aid but also emergency medication.

The development of legislation ultimately enacted to revamp school health guidelines and health services for students with diabetes involved similar questions of whether and how to allow non-medical staff to administer medication. That legislation stopped short of mandating the training and authorization of a minimum number of staff to administer insulin or glucagon. House Bill 136 would inappropriately mandate that each school system require non-medical staff to be trained to administer emergency medication to treat seizures. Such medications may be administered by injection, intravenously, rectally, or via nasal spray. This facet of the bill is troubling in light of the lack of discretion for school systems and staff to undertake this extremely serious emergency medical care responsibility.

Again, MABE has recently supported legislation to ensure that school health plans ensure a high degree of care and heightened awareness among school personnel regarding the needs of students with certain health conditions and supports the intent of this bill to provide similar assurances for students with seizure disorders. MABE supports the bill’s provisions calling for school health guidelines devoted to seizure disorders and the value of broader awareness among school staff of appropriate responses to seizures.

Local boards of education place a very high priority on student health, by ensuring that schools are operating in accordance with adopted state school health guidelines and local policies and procedures intended to provide a health and safe school environment conducive to student learning. Under the law, MSDE and the Maryland Department of Health must provide technical assistance to schools to: implement the adopted guidelines, train school personnel at the local level, and develop a process to monitor the implementation of the guidelines. The law also establishes the office of the school health services program coordinator, who is responsible for implementing State and local health policies in the public schools, ensuring that public schools adhere to local health services guidelines, and communicating State and local health policies to the parents and guardians of public school students.

For these reasons, MABE requests a favorable report on House Bill 136 with the amendments described above.

**MAJ -HB 136 - FWA - Seizure Action Plan.pdf**

Uploaded by: Josh Howe

Position: FWA



Thursday January 20, 2022

**HB 136 - Education - Public and Nonpublic Schools - Seizure Action Plans  
(Brynleigh's Act)  
Favorable with Amendments**

The Maryland Association for Justice (MAJ) envisions a fair and impartial legal system that protects the rights and safety of all people. The Maryland Association for Justice is dedicated to improving and protecting the civil justice system through legislative advocacy and the professional development of trial lawyers.

HB 136 would establish components of a Seizure Action Plan to be adopted and maintained by public and non-public schools in Maryland. Central to HB 136 is a legislative grant of immunity: causes of action for civil liability “may not arise” against certificate holders who participate in the plan and negligently cause harm. §7-450 (page 5, Part (G)). MAJ respectfully submits that a broad legislative grant of immunity is bad public policy, because victims of negligent conduct, including minor children, lose their chance to get justice in court. HB 136 attempts to narrow the immunity to only those who respond in good faith in accordance with the Seizure Action Plan; however, MAJ respectfully offers the following amendments to further clarify immunity eligibility.

*Beginning on Page 5, Line 1 of HB 136 insert and remove the following:*

- 1        **(G) EXCEPT FOR ANY WILLFUL OR GROSSLY NEGLIGENT ACT, AN EMPLOYEE**
- 2        **OR OTHER SCHOOL PERSONNEL WHO RESPONDS IN ACCORDANCE WITH THIS**
- 3        **SECTION AND IN GOOD FAITH TO A STUDENT**
- 4        **~~EXPERIENCING A SEIZURE OR SEIZURE DISORDER SYMPTOMS IN~~**
- 5        **~~ACCORDANCE WITH~~**
- 6        **~~THIS SECTION IS IMMUNE FROM CIVIL LIABILITY FOR ANY ACT OR OMISSION~~**
- 7        **~~IN THE~~**
- 8        **~~COURSE OF RESPONDING TO THE SITUATION.~~**

**MAJ respectfully urges a Favorable with Amendments Report**