

SB 299_The Arc Maryland_FAV House.pdf

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Position: FAV

SB299- Education- Public and Nonpublic Schools- Seizure Action Plans (Brynleigh's Act)
House Ways and Means Committee
March 22, 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.ⁱ** Despite this very common condition, seizures (and how to respond to them) is still largely misunderstood. Research also shows that **20% of people with an intellectual disability have epilepsyⁱⁱ**. Children with prior unrecognized seizures are at higher risk for presenting behavior issues at school. Children may be having seizures that appear as if they are not focusing on the instruction. They may be exhausted or confused, which may manifest as irritability or anxiousness. **It has been established that children with long-standing epilepsy have behavior challenges at rates almost 5 times higher than general population children.ⁱⁱⁱ** The bright light in these statistics is that often, once epilepsy is discovered and addressed, behavior challenges often diminish.

Seizure training and awareness will not only help keep students, potential visitors to the school, and school personnel safe, it will also help de-mystify 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.^{iv} 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,**^v 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 SB299.

Sincerely,



Ande Kolp
Executive Director
akolp@thearcmd.org
[443-851-9351](tel:443-851-9351)
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>

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

ⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6013187/>

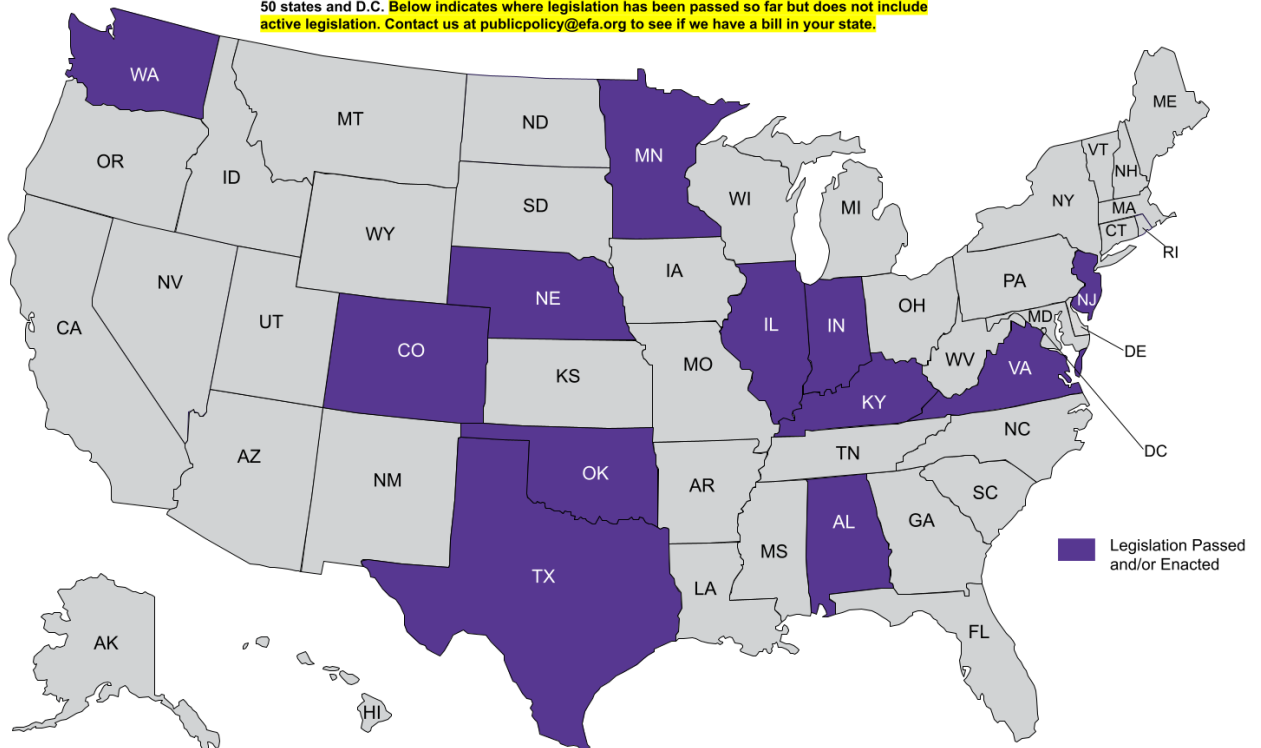
ⁱⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3182400/>

^{iv} <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 to see if we have a bill in your state.



Updated: July 2021

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

SB299__Support_Epilepsy Foundation_3.22.2022_v1.pd

Uploaded by: Christine Krone

Position: FAV



March 22, 2022

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

Dear Chair Atterbeary and Ways and Means Committee Members:

The Epilepsy Foundation and our local chapter, Epilepsy Foundation Maryland, are pleased to support Senate Bill 299 as amended, also known as *Brynleigh's Act*. We urge the committee to vote favorably and swiftly for this legislation. The bill would safeguard physician-directed care by ensuring the administration of FDA-approved medications and require school personnel to receive potentially life-saving seizure recognition and first aid training. To date, 12 states, including our neighbor Virginia, have passed similar legislation. Together, we can make sure Maryland is at the forefront of this important nationwide initiative.

The Epilepsy Foundation of America, headquartered in Bowie, Maryland, is the leading national voluntary health organization that speaks on behalf of the 3.4 million Americans living with epilepsy, including approximately 59,900 people in Maryland. Epilepsy is a medical condition characterized by recurrent seizures, which are sudden surges of electrical activity in the brain, that affect a variety of mental and physical functions. Epilepsy is the fourth most common neurological disorder. The incidence of epilepsy is highest in children and older adults. 1 in every 26 individuals live with epilepsy, and 1 in every 10 will have a seizure at some point in their lifetime.

Members of the school community would be the first to respond to medical emergency situations at school. We believe they should be prepared if a student experiences a seizure. An individual does not need to have a diagnosis of epilepsy to have seizures, as they are associated with other medical conditions such as diabetes, autism, and head injuries from high-contact sports. This legislation would benefit not only the 7,900 children in Maryland diagnosed with epilepsy but also other children with disabilities that may have seizures as a symptom of their condition. It would also benefit those children who experience their first seizure while at school. *Brynleigh's Act* would undoubtedly help keep students who experience seizures safer at school, but the impact of this legislation would reach far beyond that. A seizure can happen to anyone, in any place, at any time, and individuals who are familiar with seizure first aid can help keep Marylanders safe within and beyond the school walls.

Passing Seizure Safe Schools legislation in our home state would mean a lot to the Epilepsy Foundation and our 23 Maryland-based employees who have dedicated their efforts to fighting for the epilepsy community. We are hopeful for your support for swift passage through the committee. Please feel free to contact Dominique Brown, Senior Manager, State Relations and Public Policy, Epilepsy Foundation at dbrown@efa.org with any questions or follow-up.

Sincerely,

Laura Thrall
President & CEO
Epilepsy Foundation

National Headquarters

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

301.459.3700

SB299_SeizurePlan_KennedyKrieger_Support_HOUSE.pdf

Uploaded by: Emily Arneson

Position: FWA



DATE: March 24, 2022 **COMMITTEE:** House Ways and Means
BILL NO: Senate Bill 299
BILL TITLE: Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)
POSITION: Support with amendment

Kennedy Krieger Institute supports Senate Bill 299 - Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)

Bill Summary:

SB299 requires, beginning in the 2023-2024 school year, at least two school personnel in each school to attend a paid training in certain seizure recognition and response methods. These trained personnel will present, every two years, to all school personnel an abridged version of the best practice for seizure response.

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 SB299, we are concerned with one potential unintended consequence of the bill in its current form related to page 5, lines four and five, 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>

SB299 Seizure Action Plans SWA 3.24.22.pdf

Uploaded by: Jeanette Ortiz

Position: FWA



**SB299 EDUCATION - PUBLIC AND NONPUBLIC SCHOOLS - SEIZURE ACTION PLANS
(BRYNLEIGH'S ACT)**

March 24, 2022

WAYS AND MEANS COMMITTEE

SUPPORT WITH AMENDMENTS

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

Anne Arundel County Public Schools (AACPS) supports with amendments **SB299 Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)** to address concerns primarily related to the bill's troubling mandated delegation of nursing duties to non-medical school staff.

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. AACPS has particular concerns with the training provisions in the legislation as it requires that school nurses train and certify that non-nursing school staff are approved to administer not only first aid but also emergency medication

More specifically, the school system also has concerns with the language in the amended bill which would authorize a school nurse to designate school staff to receive training. A school nurse does not have the authority to determine whether school system employees receive training and should not have the authority in this instance. This is especially concerning for AACPS as the school nurse is not a school system employee but rather a county employee. The district is also concerned about the use of the term "volunteer" in this instance as it is unclear and could create confusion. AACPS also has concerns with the amended training requirements as they remove all flexibility in how the training is administered.

Accordingly, AACPS requests that the bill be amended as follows:

- Insert on page 2 in line 10 after "YEAR," "IN ACCORDANCE WITH THE STATE APPROVED SCHOOL HEALTH SERVICES GUIDELINES".
- On page 2 in line 27 strike "ONE OF" to clarify that only health professionals may be required to be trained in administering medication.
- Strike lines 29 through 31 on page 2, which include confusing provisions governing the non-nursing staff serving as trained personnel.
- Amend lines 4 through 20 on page 3 to remove the requirement that the biannual training be provided by the nursing or other trained staff, as opposed to any other individuals or entities designated by the school system.

Accordingly, AACPS respectfully requests a **FAVORABLE WITH AMENDMENTS** committee report on SB299.

SB 299.Seizure Action Plans - with Amendments - HO

Uploaded by: John Woolums

Position: FWA

BILL: Senate Bill 299
TITLE: Education – Public and Nonpublic Schools – Seizure Action Plans
(Brynleigh’s Act)
DATE: March 24, 2022
POSITION: SUPPORT WITH AMENDMENTS
COMMITTEE: Ways and Means
CONTACT: John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) supports Senate Bill 299 with amendments to address concerns primarily related to the bill’s troubling mandated delegation of nursing duties to non-medical school staff.

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. 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.

MABE requests amendments to:

- Insert on page 2 in line 10 after “YEAR,” “IN ACCORDANCE WITH THE STATE APPROVED SCHOOL HEALTH SERVICES GUIDELINES”.
- On page 2 in line 27 strike “ONE OF” to clarify that only health professionals may be required to be trained in administering medication.
- Strike lines 29 through 31 on page 2, which include confusing provisions governing the non-nursing staff serving as trained personnel.
- Amend lines 4 through 17 on page 3 to remove the requirement that the biannual training be provided by the nursing or other trained staff, as opposed to any other individuals or entities designated by the school system.
- On page 5 in lines 23-28, the helpful provision granting immunity to “AN EMPLOYEE OR OTHER SCHOOL PERSONNEL” acting in good faith should be amended to reflect the fact that school nurses are often not school employees. Specifically, amend lines 23-24 to read “AN EMPLOYEE OR OTHER SCHOOL PERSONNEL OR SCHOOL NURSE OR CERTIFIED NURSING ASSISTANT OR CERTIFIED MEDICATION TECHNICIAN”.

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. MABE and local boards are deeply troubled that Senate Bill 299, as introduced and amended in the Senate, would continue to inappropriately mandate that each school system require non-medical staff to be trained to administer emergency medication to treat seizures. MABE appreciates the adoption of amendments to address these concerns.

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.

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 Senate Bill 299 with the amendments outlined above.

2022 MASHN and MNA SB 299 House Side.pdf

Uploaded by: Scott Tiffin

Position: FWA



Committee: House Ways and Means Committee
Bill Number: Senate Bill 299
Bill Title: Education – Public and Nonpublic Schools – Seizure Action Plans
(Brynleigh’s Act)
Hearing Date: March 24, 2022
Position: Support with Amendments

The Maryland Association of School Health Nurses (MASHN) and the Maryland Nurses Association (MNA) support *Senate Bill 299 – 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 ask the House Ways and Means Committee to amend SB 299 to reflect the posture of the House crossfile, House Bill 136. The Senate amended the bill to allow “volunteer” school personnel to administer seizure medications outside of the school health program. It is not clear if this change was intentional. However, the provision is problematic as:

- There is no provision to ensure that the volunteers are competent. The volunteers will receive training, but that does not equate to competency. To make matters more problematic, volunteers only get retrained every two years which is insufficient for medication administration.
- There is no provision to ensure that the volunteer has been approved by the child’s primary care provider. Nor is there any provision that addresses the documentation or storage of the medication. If the school nurse, or one of the school nurses’ clinical staff (e.g. certified medication technician) or designees, there are existing rules on how that is handled. But there are no existing rules,

nor any delineated in the bill on how that is handled.

We ask the committee to consider the following amendments:

On page 3, line 29-30 strike, "**OR OTHER SCHOOL HEALTH PRACTITIONER OR VOLUNTEER**"

On Page 2, line 23-25 restore:

"SCHOOL PERSONNEL MUST BE APPROVED BY THE SCHOOL NURSE BEFORE THE PERSONNEL ARE AUTHORIZED TO ADMINISTER OR ASSIST WITH SELF-ADMINISTRATION OF A SEIZURE RESCUE MEDICATION."

On page 4, line 8-10 restore:

"(2) SCHOOL PERSONNEL MUST BE APPROVED BY THE SCHOOL NURSE BEFORE THE PERSONNEL ARE AUTHORIZED TO ADMINISTER OR ASSIST WITH SELF-ADMINISTRATION OF A SEIZURE RESCUE MEDICATION"

These amendments protect student safety by ensuring that medication is only administered by an individual determined competent by a school nurse. Thank you for your consideration of our testimony. If you need any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB0299 Howard Co BOE Testimony 032422 for W&M - Se

Uploaded by: Staff Howard County

Position: UNF



**Board of Education of Howard County
Testimony Submitted to the Maryland House of Delegates,
Ways and Means Committee
March 24, 2022**

**Board of Education
of Howard County**

**SB0299: UNFAVORABLE
Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's
Act)**

Vicky Cutroneo, *Chair*

Antonia Watts, *Vice Chair*

Christina Delmont-Small

Yun Lu, Ph.D.

Jennifer Swickard Mallo

Jolene Mosley

Chao Wu, Ph.D.

Peter J. Banyas
Student Member

Michael J. Martirano, Ed.D.
*Superintendent
Secretary/Treasurer*

The Board of Education of Howard County (the Board) opposes **SB0299 Education - Public and Nonpublic Schools - Seizure Action Plans (Brynleigh's Act)**.

SB0299 places an unfunded mandate on schools to have two employees at each school trained in recognition, response and administration of seizure protocols and medication, one of which shall be a registered nurse, nursing assistant or technician working in the school. All school personnel with direct contact and supervision of students must also receive bi-annual training on response to seizures consistent with guidelines developed by the Epilepsy Foundation of America. Parents must collaborate with school system personnel to create a seizure action plan, which must be retained and distributed to all school personnel or volunteers responsible for supervision of that student. The bill includes civil immunity for personnel who respond in good faith to a seizure situation.

While Howard County Public School System (HCPSS) Health Services staff support the intent of this bill, existing chronic illness guidelines address seizures and other such potential student health issues comprehensively. HCPSS currently trains any staff member working with students with seizures, including bus personnel, on that student's individualized care and emergency management. This bill would be a redundancy to the current training that is already in place.

Outside of those working with a student with a known seizure disorder, staff would be concerned with the mandated assignment of emergency medication administration and identification of generic seizure symptoms to non-medical school staff. Amendments made to SB0299 before passage by the Senate do not address this concern as schools may not have more than one nurse or health assistant to be assigned.

Moreover, the unfunded mandate for school personnel training every two years beginning school year 2023-2024 was amended by the Senate to remove language allowing for an online training, instead indicating one of the two individuals trained per school must "present" an abridged version of best practice guidelines, and all personnel with direct contact and supervision of students must "attend the presentation." School systems need flexibility in training formats to accommodate personnel schedules and can implement cost and time savings when such trainings can be developed and managed centrally.

For these reasons, we urge a UNFAVORABLE report of SB0299 from this Committee.