COMMITTEE REPORT

January 20, 2022

**H. 3464**

Introduced by Reps. Gilliam, Pope, Caskey, Huggins, Rivers, S. Williams and Felder

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Read the first time January 12, 2021.

**THE COMMITTEE ON EDUCATION AND PUBLIC WORKS**

To whom was referred a Bill (H. 3464) to amend the Code of Laws of South Carolina, 1976, to enact the “Seizure Safe Schools Act” by adding Section 59‑63‑97 so as to require, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass with amendment:

Amend the bill, as and if amended, SECTION 2, by striking Section 59‑63‑97(A),(B), and (C) and inserting:

/ (A) As used in this section, ‘seizure action plan’ means a written, individualized health plan between a school and the parent or legal guardian of a student who is diagnosed with a seizure disorder. Such a plan must acknowledge the health care needs of the student, prepare both parties to meet those needs, and apply over the course of a school year.

(B)(1) The parent or legal guardian of a student may petition a school the student attends for the development of a seizure action plan for the student if the student is:

(a) diagnosed with a seizure disorder; and

(b) enrolled in the school.

Upon receipt of the parent or legal guardian’s petition, the school and parent or legal guardian shall develop a plan in accordance with the provisions of this section.

(2) A school shall keep each seizure action plan on file in the office of a school administrator or school nurse employed by the school, if any, and make the plan available to school personnel and, with the permission of the parent or legal guardian of the student, a volunteer responsible for the supervision of the student. The parent or guardian and the school shall develop the seizure action plan consistent with policies and procedures developed by the governing body of the school. At a minimum, the plan must include:

(a) a written statement from the health care provider of the student with:

(i) the name of the student;

(ii) seizure medication prescribed to the student;

(iii) the dosage and method of administering the seizure medication;

(iv) the frequency of administration of the seizure medication; and

(v) the symptoms necessitating administration of the seizure medication;

(b) a written statement from the parent or legal guardian indicating whether school personnel or volunteers are permitted to administer the seizure medication to the student in the applicable school year, which must be renewed in each subsequent school year the student attends the school; and

(c) if school personnel or volunteers who meet the training requirements of this section are permitted to administer the seizure medication to the student, a written statement that the parent or legal guardian will provide the school with at least one, unopened dosage of the medication with an intact pharmaceutical label. The school shall store the medication in a safe and secure location accessible only by school personnel or volunteers with training to administer seizure medication in accordance with subsection (C).

(C) In instances where a student needs seizure medication, the school nurse has primary responsibility for the administration of the medication. In the event the school nurse is not available for any reason, at least one other employee in each school must be trained to administer or assist with the self‑administration of seizure medication provided to the school pursuant to subsection (B). Each school district shall adopt minimum training requirements for these employees and for any volunteer that may supervise students with seizure disorders if the volunteer elects to receive the training. The training requirements must be consistent with training guidelines established by the Epilepsy Foundation of America, Inc., or its successor. /

Renumber sections to conform.

Amend title to conform.

MERITA A. ALLISON for Committee.

**STATEMENT OF ESTIMATED FISCAL IMPACT**

**Explanation of Fiscal Impact**

**State Expenditure**

This bill requires public schools to develop a seizure action plan for students diagnosed with a seizure disorder. Schools must keep each seizure action plan on file in the office of a school administrator or school nurse and make the plan available to school personnel and, with permission of the parent, a volunteer responsible for the supervision of the student.

The bill also requires at least one employee in each school to be trained to administer or assist with the self-administration of seizure medication. Each school district must adopt minimum training requirements for these employees and any volunteers that may supervise students with seizure disorders. Each school district must also adopt a policy outlining the requirements of a seizure education program for all school personnel having direct contact with students in kindergarten through the twelfth grade. The seizure education program must be administered on an annual basis in each public school. Additionally, each district must adopt a policy requiring all principals, guidance counselors, and teachers in the school to complete at least one hour of self-study review on seizure disorder materials annually and must select the materials for study. Further, each public school must display at least one informational poster on seizure first aid in a visible, high traffic area.

Additionally, the bill requires SDE to develop and post on its website an informational poster on seizure first aid and to provide the poster to all public and private schools at no charge. The State Board of Education must develop a policy regarding seizures for all schools under its control.

**State Department of Education.** SDE indicates that it can accomplish the requirements of the bill within existing appropriations. Therefore, the bill will have no expenditure impact on the agency.

**State Agency Schools.** The Governor’s School for Science and Mathematics and the Wil Lou Gray Opportunity School indicate that any expenses associated with the development and administration of a seizure education plan can be accomplished within existing appropriations. The Governor’s Office for the Arts and Humanities indicates that the school currently adheres to the provisions of the bill by having student emergency plans and training for school personnel. Based upon these responses, we anticipate similar responses from the Governor’s School for Agriculture at John de la Howe and the School for the Deaf and Blind. Therefore, we do not expect this bill will have an expenditure impact on the state agency schools.

**Local Expenditure**

This bill requires public schools to develop a seizure action plan for students diagnosed with a seizure disorder. Schools must keep each seizure action plan on file in the office of a school administrator or school nurse and make the plan available to school personnel and, with permission of the parent, a volunteer responsible for the supervision of the student.

The bill also requires at least one employee in each school to be trained to administer or assist with the self-administration of seizure medication. Each school district must adopt minimum training requirements for these employees and any volunteers that may supervise students with seizure disorders. Each school district must also adopt a policy outlining the requirements of a seizure education program for all school personnel having direct contact with students in kindergarten through the twelfth grade. The seizure education program must be administered on an annual basis in each public school. Additionally, each district must adopt a policy requiring all principals, guidance counselors, and teachers in the school to complete at least one hour of self-study review on seizure disorder materials annually and must select the materials for study. Further, each public school must display at least one informational poster on seizure first aid in a visible, high traffic area. SDE must develop the poster and provide the poster on its website at no charge to public and private schools.

SDE surveyed the seventy-nine regular school districts and the two charter districts and received responses from thirty districts. Seventeen of the districts indicate that the bill will have no expenditure impact since they are either currently adhering to the provisions of the bill or can manage the requirements of the bill within their existing budgets. Eight of the responding districts indicate that the bill could increase expenses by a range of $1,000 to $1,960,000 per district for legal and policy development of a seizure action plan, training materials for school personnel, and for more nursing staff to meet the needs of students diagnosed with a seizure disorder. The remaining five responding districts indicate that the bill could increase expenses for training for school personnel but could not determine an amount. Due to the varying responses from the school districts, the local expenditure impact is undetermined. Any expenses will ultimately depend upon the policy regarding seizures developed by the State Board of Education, the number of students diagnosed with a seizure disorder by district, and any required training for district personnel.

Frank A. Rainwater, Executive Director

Revenue and Fiscal Affairs Office

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE “SEIZURE SAFE SCHOOLS ACT” BY ADDING SECTION 59‑63‑97 SO AS TO REQUIRE THE ESTABLISHMENT OF SEIZURE ACTION PLANS IN PUBLIC SCHOOLS, AND TO PROVIDE REQUIREMENTS FOR SUCH PLANS AND THEIR IMPLEMENTATION, AMONG OTHER THINGS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act must be known and may be cited as the “Seizure Safe Schools Act”.

SECTION 2. Article 1, Chapter 69, Title 59 of the 1976 Code is amended by adding:

“Section 59‑63‑97. (A) As used in this section, ‘seizure action plan’ means a written, individualized health plan between a school and the parent of a student who is diagnosed with a seizure disorder. Such a plan must acknowledge the health care needs of the student, prepare both parties to meet those needs, and apply over the course of a school year.

(B)(1) The parent of a student may petition a school the student attends for the development of a seizure action plan for the student if the student is:

(a) diagnosed with a seizure disorder; and

(b) enrolled in the school.

(2) A school shall keep each seizure action plan on file in the office of a school administrator or school nurse employed by the school, if any, and make the plan available to school personnel and, with the permission of the parent of the student, a volunteer responsible for the supervision of the student. The parent and the school shall develop the seizure action plan consistent with policies and procedures developed by the governing body of the school. At a minimum, the plan shall include:

(a) a written statement from the health care provider of the student with:

(i) the name of the student;

(ii) seizure medication prescribed to the student;

(iii) the dosage and method of administering the seizure medication;

(iv) the frequency of administration of the seizure medication; and

(v) the symptoms necessitating administration of the seizure medication;

(b) a written statement from the parent indicating whether school personnel or volunteers are permitted to administer the seizure medication to the student in the applicable school year, which must be renewed in each subsequent school year the student attends the school; and

(c) if school personnel or volunteers who meet the training requirements of this section are permitted to administer the seizure medication to the student, a written statement that the parent will provide the school with at least one, unopened dosage of the medication with an intact pharmaceutical label. The school shall store the medication in a safe and secure location accessible only by school personnel or volunteers with training to administer seizure medication in accordance with subsection (C).

(C) At least one employee in each school must be trained to administer or assist with the self‑administration of seizure medication provided to the school pursuant to subsection (B). Each school district shall adopt minimum training requirements for these employees and for any volunteer that may supervise students with seizure disorders if the volunteer elects to receive the training. The training requirements must be consistent with training guidelines established by the Epilepsy Foundation of America, Inc., or its successor.

(D) Each school district shall adopt a policy outlining the requirements of a seizure education program for all school personnel having direct contact with students in grades kindergarten through twelve. The seizure education program must be administered on an annual basis in each public school and, at a minimum, must:

(1) provide instruction in administering seizure medications;

(2) provide instruction in recognizing signs and symptoms of seizures and the appropriate steps to be taken to respond to symptoms of a seizure; and

(3) be consistent with guidelines established by the Epilepsy Foundation of America, Inc., or its successor.

(E) Each school district shall:

(1) adopt a policy requiring all principals, guidance counselors, and teachers in the school to complete at least one hour of self‑study review of seizure disorder materials each school year; and

(2) select the materials for study in accordance with current practices and standards.

(F) The State Department of Education shall develop an informational poster on seizure first aid which it must provide online to all public and private schools at no charge. Each public school shall display at least one such poster in at least one visible, high‑traffic area in the school. The placement of such poster is in the sole discretion of the school.

(G) The State Board of Education shall develop a policy regarding seizures for all schools operated under the control of the board.”

SECTION 3. This act takes effect July 1, 2022.

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