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Bill Analysis

Version: As Introduced

Primary Sponsor: Rep. Bird

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SUMMARY

- Requires public schools and chartered nonpublic schools to create an individualized seizure action plan for each enrolled student who is diagnosed with a seizure disorder.
- Requires at least one employee at each school to be trained on implementing seizure action plans.
- Requires students enrolled in public and chartered nonpublic schools to receive age-appropriate instruction on seizure disorders.
- Entitles the act the “Seizure Safe Schools Act.”

DETAILED ANALYSIS

Seizure action plans

The bill requires city, local, exempted village, and joint vocational school districts, other public schools (community schools, STEM schools, and college preparatory boarding schools), and chartered nonpublic schools to create an individualized seizure action plan in collaboration with the student’s parent or guardian for each enrolled student who is diagnosed with a seizure disorder. Each plan must include:

1. A written request signed by a parent, guardian, or other person having care or charge of the student to have one or more drugs prescribed for a seizure disorder administered to the student, in accordance with the school’s staff drug administration policy (see “**Background**” below);

2. A written statement from the student's treating practitioner providing the drug information required under continuing law for each drug prescribed to the student for a seizure disorder;
3. Any other component required by the State Board of Education.¹

Seizure action plans are effective only for the school year in which the parent's written request is submitted and must be renewed at the beginning of each school year. Plans must be maintained in the school nurse's or school administrator's office.²

Under the bill, a school nurse or school administrator must notify each school employee, contractor, and volunteer in writing regarding the existence of each seizure action plan in force and identify each individual who has received training under the seizure action plan in the administration of drugs prescribed for seizure disorders.³

A drug prescribed to a student with a seizure disorder must be provided to a person at the school who is authorized to administer it to a student. The drug also must be provided in the container in which it was dispensed by the prescriber or licensed pharmacist.⁴

Training on seizure action plans

The bill requires districts and schools to train or arrange to have trained at least one employee at each school, aside from a school nurse, on the implementation of seizure action plans. Training must be consistent with guidelines and best practices established by the Epilepsy Foundation of America (EFA),⁵ or its successor organization, and address the following:

1. Recognizing the signs and symptoms of a seizure;
2. Appropriately treating a student exhibiting the symptoms of a seizure;
3. Administering seizure disorder drugs prescribed for the student.⁶

Districts and schools also must require each person employed as an administrator, guidance counselor, or teacher to complete a minimum of one hour of self-study training on seizure disorders each school year. The training qualifies as a professional development activity for the renewal of educator licenses.⁷

¹ R.C. 3313.7117(B), 3314.03(A)(11)(d), 3326.11, and 3328.24.

² R.C. 3313.7117(E) and (F).

³ R.C. 3313.7117(C).

⁴ R.C. 3313.7117(D).

⁵ <https://www.epilepsy.com/living-epilepsy/our-training-and-education>.

⁶ R.C. 3313.7117(G).

⁷ R.C. 3313.7117(H)(1).

Student attendance

The bill prohibits preventing a student with a seizure disorder from attending the school the student is entitled to attend under continuing law. However, if a student has an individualized education plan (IEP) or 504 plan that specifies that the student's health condition requires the student's care to be provided by a licensed health care professional at a different school, the student must be placed in the school specified in that plan.⁸

Instruction on seizure disorders

The bill also requires students enrolled in public and chartered nonpublic schools to receive age-appropriate instruction on seizure disorders. Instruction must be consistent with guidelines and best practices established by the EFA. The State Board of Education must determine the manner for implementing such instruction.⁹

Qualified immunity

The bill provides a qualified immunity in a civil action for money damages for a school, school district, members of a school district board or school governing authority, and a district's or school's employees for injury, death, or other loss allegedly arising from executing duties under the bill. The immunity does not apply if the execution of duties or omission thereof constitutes willful or wanton misconduct.¹⁰

Background – administration of drugs

Continuing law requires each school district and chartered nonpublic school to have a general policy on the administration of drugs that have been prescribed for its students. That policy must either (1) prohibit the district's or school's employees from administering prescription drugs or (2) authorize designated employees to do so. A district or school that permits the administration of prescription drugs must adopt a policy designating the employees authorized to administer them. Those employees must be licensed health professionals or individuals who have completed a drug administration training program conducted by a licensed health professional and considered appropriate by the district board. Conversely, a district or school that does not permit the administration of prescription drugs must adopt a policy stating that no employee may do so, except as required by federal special education law. The law is silent on whether other public schools must adopt such a policy.¹¹

⁸ R.C. 3313.7117(I); see also R.C. 3323.01, not in the bill, and Section 504 of the "Rehabilitation Act of 1973," 29 United States Code 794.

⁹ R.C. 3313.7117(H)(2).

¹⁰ R.C. 3313.7117(J).

¹¹ R.C. 3313.713, not in the bill.

HISTORY

Action	Date
Introduced	07-07-21
