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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

**H.B. 606**  
**134<sup>th</sup> General Assembly**

## **Fiscal Note & Local Impact Statement**

[Click here for H.B. 606's Bill Analysis](#)

**Version:** As Reported by House Primary and Secondary Education

**Primary Sponsors:** Reps. Bird and Ingram

**Local Impact Statement Procedure Required:** No

Andrew C. Ephlin, Budget Analyst

### **Highlights**

- School districts and other public schools may incur minimal costs to create individualized seizure action plans and carry out related administrative tasks.
- The bill's required training for school staff on seizure disorders and implementing seizure action plans can be provided at no cost through nonprofit entities.

### **Detailed Analysis**

The bill requires school districts, other public schools, and nonpublic schools to create an individualized seizure action plan for each student who has an active seizure disorder diagnosis. The plans must be created in collaboration with a student's parent or guardian. In general, the plans provide parental consent for a school nurse or other authorized staff to administer medications prescribed for a seizure disorder and information on the student's medication, including instructions for administration. In addition, the bill requires certain school staff, aside from school nurses, to receive training on seizure disorders and implementing seizure action plans. According to the Centers for Disease Control (CDC), the latest estimates, from 2015, indicate that 0.6% of children aged 0-17 have active epilepsy,<sup>1</sup> which translates to about six in 1,000 students.<sup>2</sup>

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<sup>1</sup> Active epilepsy is defined as a parent or guardian reporting their child younger than 17 currently has epilepsy or seizure disorder or a doctor or health care provider has ever said the child had epilepsy or seizure disorder.

<sup>2</sup> See the CDC's [Epilepsy Fast Facts](#), which is available at the CDC's website: [cdc.gov](http://cdc.gov).

School districts and other public schools may incur some minimal costs to create, annually renew, and carry out various administrative responsibilities with respect to individualized seizure action plans, to the extent they do not have them already. Existing resources can likely be used to create the plans. Also, the administrative workload of these entities may increase for applicable personnel to take the training required under the bill. The bill requires a district or school to train at least one employee, besides the school nurse, on the seizure action plan every two years. This training must be consistent with guidelines and best practices established by a nonprofit organization that supports the welfare of individuals with epilepsy and seizure disorders. It may be no more than an hour in length. If this training is provided on portable media by a nonprofit entity, the bill requires it to be provided free of charge. The bill also requires each administrator, guidance counselor, teacher, and bus driver to complete either one hour of self-study or in-person training on seizure disorders. The trainings can be provided at no cost through nonprofit entities, as training courses on seizure disorders for school personnel are readily available. For example, the Epilepsy Foundation<sup>3</sup> and Epilepsy Alliance America<sup>4</sup> each provide an online, on-demand course of about one hour at no cost to participants.

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<sup>3</sup> See the Epilepsy Foundation's [Seizure Training for School Personnel](#), which is available at the Epilepsy Foundation's online learning website: [learn.epilepsy.com](http://learn.epilepsy.com).

<sup>4</sup> See Epilepsy Alliance America's [Seizure Recognition and First Aid Training](#), which is available at the Epilepsy Alliance America website: [epilepsyallianceamerica.org](http://epilepsyallianceamerica.org).