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**LEGISLATIVE EDUCATION STUDY COMMITTEE**  
**BILL ANALYSIS**  
**57th Legislature, 1st Session, 2025**

<b>Bill Number</b>	<u>SB246</u>	<b>Sponsor</b>	<u>Pope</u>
<b>Tracking Number</b>	<u>.229014.2</u>	<b>Committee Referrals</b>	<u>SEC/SJC</u>
<b>Short Title</b>	<u>Seizure Safe Schools Act</u>		
<b>Analyst</b>	<u>Davalos</u>	<b>Original Date</b>	<u>2/11/2025</u>
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**BILL SUMMARY**

Synopsis of Bill

Senate Bill 246 (SB246) would amend the Public School Code to establish the Seizure Safe Schools Act, ensuring schools are equipped to manage students with seizure disorders.

The bill requires annual training for all school employees and bus drivers on seizure management, including recognizing seizure symptoms and providing appropriate intervention. By December 31, 2025, the Public Education Department (PED), in consultation with the New Mexico Department of Health (DOH) and the School Nurses Association, would adopt and promulgate rules regarding training on management of seizure disorders.

Each school with a student diagnosed with a seizure disorder would be required to have at least two trained personnel, including nurses or designated seizure care personnel, to administer seizure rescue medications and operate prescribed medical devices. SB246 would require at least one trained individual to be available during school hours and all school-sponsored activities. Schools without sufficient trained personnel would be required to seek volunteers through a written request to staff.

Parents or guardians would be required to provide a Seizure Action Plan detailing the student's medical needs, symptoms, required accommodations, emergency contacts, and a signed medical release. SB246 requires the school to share this plan with all relevant school employees and bus drivers responsible for the students' care.

**FISCAL IMPACT**

SB246 does not contain an appropriation.

Analysis from DOH indicates the department would need one new FTE to administer the provisions of SB246, creating a recurring cost of approximately \$75 thousand annually.

DOH also anticipates some nonrecurring costs to develop an initial curriculum and training program, as well as to promulgate rules. DOH estimates the nonrecurring cost at approximately \$160 thousand in the first year of the program.

Because the bill does not include an appropriation for seizure care personnel and training programs—and the House Appropriations and Finance Committee Substitute for House Bills 2 and 3 (HB2/HAFCS) does not allocate funding for seizure care—DOH and PED would be required to absorb these costs within their existing budgets.

## SUBSTANTIVE ISSUES

**Impacts of Seizure Disorders.** Epilepsy is one of the most common neurological disorders, affecting approximately 2.9 million people in the United States, including [456 thousand children](#) in 2022. The condition is characterized by recurrent seizures, which can vary in severity and frequency. According to the Centers for Disease Control and Prevention (CDC), children with epilepsy are more likely to experience academic challenges, behavioral difficulties, and social stigma, making school-based support essential. In addition, children with epilepsy are more likely to live in poverty, and their families report higher rates of food insecurity compared to those without the condition. The annual direct healthcare costs per person with epilepsy range from \$10.2 thousand to \$47.9 thousand (2013 U.S. dollars), with significantly higher costs for individuals experiencing uncontrolled seizures.

A 2017 CDC [study](#) found that students with epilepsy are at higher risk of cognitive delays and mental health conditions, such as anxiety and depression, which can impact educational outcomes. Schools implementing structured epilepsy management programs help mitigate these challenges by offering necessary academic and emotional support. As more states adopt Seizure Safe Schools legislation, these policies ensure that students with epilepsy receive the care, accommodations, and protections they need to succeed academically while prioritizing their health and safety.

**Effectiveness of Seizure Action Plans.** The CDC's [Guidance for Schools](#) emphasizes the importance of seizure action plans, staff training, and clear communication among school personnel, students, and parents. The CDC encourages effective school policies, including emergency response procedures, accommodations for students with epilepsy, and collaboration with healthcare professionals. Additionally, ensuring that school nurses and designated staff are trained in seizure first aid and medication administration is critical to fostering a safe and supportive learning environment. Research has shown that well-prepared schools reduce seizure-related risks and improve the overall well-being of students with epilepsy.

[Research](#) that examined the impact of Seizure Action Plans (SAPs) in schools focused on their effectiveness in managing epilepsy-related emergencies and improving student safety. The study highlights that SAPs provide structured guidance for school personnel, ensuring timely and appropriate responses to seizures. Schools with established SAPs report better seizure management, increased staff confidence, and reduced emergency hospitalizations for students with epilepsy. The research also emphasizes the importance of training school personnel, clear communication between families and schools, and legal protections for staff administering seizure care. Ultimately, the study supports statewide policies mandating SAPs to enhance safety, minimize educational disruptions, and promote a more inclusive learning environment for students with epilepsy.

The American Epilepsy Society, a nonprofit organization supporting evidence-based practices of epilepsy, investigated seizure management practices in schools, identifying preparedness and staff training gaps. The [study](#) highlights that many schools lack standardized seizure response protocols, leading to inconsistent care for students with epilepsy. School personnel often feel underprepared to handle seizures, emphasizing the need for comprehensive training programs and SAPs. The research underscores the importance of collaboration between healthcare providers, educators, and parents to ensure students receive appropriate care. Ultimately, the study suggests statewide policies requiring seizure training and clear protocols to improve safety, reduce emergency incidents, and support students with epilepsy in educational settings.

A more recent [study](#) examined the challenges and best practices in supporting students with epilepsy within school settings. The research highlights that students with epilepsy face academic, social, and emotional difficulties, often exacerbated by inadequate school preparedness and limited staff training. Findings indicate that SAPs, staff education, and school-wide awareness programs significantly improve seizure response, student safety, and overall well-being. The study also emphasizes the importance of collaboration between schools, healthcare providers, and families to ensure students receive appropriate accommodations and medical support. Ultimately, the research recommends mandatory seizure training and policy implementation to create inclusive, supportive learning environments for students with epilepsy.

**Seizure Care Plans In New Mexico.** Although New Mexico does not currently have a statewide law mandating seizure management in schools, some schools are proactively implementing policies to support students with epilepsy. Schools train staff, establish connections with healthcare providers, and require SAPs to ensure a safe learning environment.

Analysis from the New Mexico School for the Blind and Visually Impaired notes that due to the population of students they serve, they employ a health services department with multiple registered nurses on both campuses. Any student with a seizure disorder already has a seizure care plan in place. Both classroom and transportation staff receive training and guidance from nursing staff and are supplied with care plans.

## ADMINISTRATIVE IMPLICATIONS

SB246 requires the principal or school administrator to distribute a written notice to all staff seeking volunteers to provide seizure care if a school lacks two trained employees. The notice must outline the requirements to provide seizure care, the tasks involved, the voluntary nature of participation, the availability of training, and the identity of the person whom school employees should contact.

SB246 directs PED to collaborate with the DOH and the New Mexico School Nurses Association to establish training regulations for school nurses and seizure care personnel. Analysis from DOH notes the department would play a critical role in this process by assisting PED with rule promulgation and clinical technical guidance, as well as by providing technical assistance and training support to PED.

Training must be provided by a school nurse or a qualified healthcare practitioner with expertise in seizure disorders. Additionally, the bill clarifies that trained volunteer employees may legally assist students experiencing seizures without violating nursing laws or medical delegation restrictions. Further, school employees, including nurses and bus drivers, are granted legal

immunity from civil and professional liability, provided they act with ordinary care under the Seizure Safe Schools Act.

## **OTHER SIGNIFICANT ISSUES**

**Seizure Safe School Legislation in Other States.** The Seizure Safe Schools Act is part of a growing national movement to ensure schools are equipped to support students with epilepsy and seizure disorders. Similar legislation has been enacted in at least 24 states, including New Mexico's neighbors, Arizona, Colorado, Oklahoma, Texas, and Utah.

These laws typically mandate seizure action plans, staff training, and legal protections for school personnel who assist students experiencing seizures. While the specifics vary by state, the overarching goal is to improve student safety, enhance emergency preparedness, and ensure compliance with disability rights laws such as the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act.

## **RELATED BILLS**

Conflicts with House Bill 300, Seizure Safe Schools Act, which would create the Seizure Safe Schools Act, requiring PED to collaborate with DOH and the School Nurses Association to develop regulations for training school personnel in the management of students with seizure disorders.

## **SOURCES OF INFORMATION**

- LESC Files
- Board of Nursing
- New Mexico Department of Health (DOH)
- New Mexico Public Education Department (PED)
- New Mexico Public Schools Insurance Authority (PSIA)
- New Mexico Regional Educational Cooperatives Association (NMRECA)
- New Mexico School for the Blind and Visually Impaired (NMSBVI)
- New Mexico School for the Deaf

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