
THIRD READING

Bill No: AB 1810
Author: Levine (D), et al.
Amended: 3/30/22 in Assembly
Vote: 21

SENATE EDUCATION COMMITTEE: 6-0, 6/15/22
AYES: Leyva, Ochoa Bogh, Cortese, Dahle, McGuire, Pan
NO VOTE RECORDED: Glazer

SENATE JUDICIARY COMMITTEE: 8-0, 6/21/22
AYES: Umberg, Borgeas, Caballero, Hertzberg, Jones, Laird, McGuire, Wiener
NO VOTE RECORDED: Durazo, Gonzalez, Stern

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 76-0, 5/25/22 - See last page for vote

SUBJECT: Pupil health: seizure disorders

SOURCE: Epilepsy Foundation Los Angeles

DIGEST: This bill authorizes a trained employee volunteer to administer emergency anti-seizure medication to a pupil upon the request of the parent, requires the development of state standards for the training, and requires the parent to provide specified information to the local educational agencies (LEA), including a seizure action plan.

ANALYSIS:

Existing law:

- 1) Allows pupils to be assisted if the pupil's health care provider gives a written statement with specific information, such as the medication the pupil is to take, the dosage, the period of time during which the medication is to be taken, and if the pupil's parent provides a written statement initiating a request

to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication. (CCR Title 5, § 600)

- 2) Requires a LEA or county office of education (COE) to provide emergency epinephrine auto-injectors to school nurses or trained volunteers and allows those individuals to utilize epinephrine auto-injectors to provide emergency medical aid to persons suffering from an anaphylactic reaction. (EC § 49414(a))
- 3) Requires a LEA, COE, or charter school to ensure that each employee who volunteers under this section will be provided defense and indemnification by the LEA, COE, or charter school for any and all civil liability, in accordance with, but not limited to, as specified in Government Code. (EC § 49414(j) and 49414.7(i))
- 4) Requires the State Superintendent of Public Instruction Superintendent (SSPI) to review, every five years, or sooner as deemed necessary by the SSPI, standards of training for the administration of epinephrine auto-injectors (EC § 49414(e)(1) – (3))

This bill authorizes a trained employee volunteer to administer emergency anti-seizure medication to a pupil upon the request of the parent, requires the development of state standards for the training, and requires the parent to provide specified information to the LEA, including a seizure action plan. Specially, this bill:

General Provisions

- 1) Authorizes a school or LEA, upon receipt of a request from the pupil's parent or guardian, to designate one or more volunteers at the pupil's school to receive initial and annual refresher training, based on the standards developed as specified by the State Superintendent of Public Instruction (SSPI) regarding the emergency use of anti-seizure medication from the school nurse or other qualified person designated by an authorizing physician and surgeon if a pupil diagnosed with seizures, a seizure disorder, or epilepsy has been prescribed an emergency anti-seizure medication by the pupil's health care provider.
- 2) Specifies there shall be no retaliation against any individual who chooses not to volunteer or who rescinds the individual's offer to volunteer, including after receiving training.

- 3) Authorizes an employee who volunteers to provide emergency anti-seizure medication to rescind their offer to administer emergency anti-seizure medication at any time, including after receiving training.
- 4) Authorizes a volunteer who is designated to administer emergency anti-seizure medication and has received training to administer emergency anti-seizure medication to a pupil diagnosed with seizures, a seizure disorder, or epilepsy if the pupil is suffering from a seizure, if a school nurse is not onsite or available or if the school does not have a school nurse.
- 5) Requires an LEA or school, upon receipt of a parent or guardian's request for a trained school employee to administer emergency anti-seizure medication, to distribute a notice at least once but no more than two times per school year to all staff if a trained employee volunteers to administer emergency anti-seizure medication.
- 6) Requires the notice to include specified information relative to the training of the volunteer.
- 7) Specifies if a volunteer rescinds their offer to volunteer or is no longer able to act as a volunteer for any reason, or if the placement of a pupil changes and the pupil no longer has access to a trained volunteer, an additional two notices per school year may be distributed to all staff.
- 8) Requires the LEA, upon receipt of a parent or guardian's request for a trained school employee to administer emergency anti-seizure medication, to shall notify the parent or guardian that their child may qualify for services or accommodations such as a 504 Plan and IEP and shall assist the parent or guardian with the exploration of that option.
- 9) Requires an LEA to notify the pupil's parent or guardian of the pupil's right to be assessed for services and accommodations such as a 504 plan and IEP if there are no volunteers at the pupil's school to administer emergency anti-seizure medication.
- 10) Clarifies that the Seizure Safe Schools Act shall not be construed to preclude the negotiation by collective bargaining of additional compensation for volunteers.

Training Materials from California Department of Education

- 11) Requires the SPI to establish minimum standards of training to recognize and respond to seizures, including training for the administration of emergency anti-seizure medication on or before July 1, 2023 and to review the minimum standards of training for the administration of emergency anti-seizure medication every five years, or sooner as deemed necessary.
- 12) Requires the SPI to develop minimum standards of training in consultation with organizations and providers with expertise in epilepsy and administering emergency anti-seizure medication and administering medication in a school environment including, but not limited to the Epilepsy Foundation, Epilepsy Foundations in California, The California School Nurses Organization, The California Medical Association, and the American Academy of Pediatrics.
- 13) Requires the SPI, in consultation with appropriate stakeholders, to include in the minimum standards of training recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to those symptoms, administration, or assisting with the self-administration of, an emergency anti-seizure medication, or a medication or therapy prescribed to treat the symptoms of seizures, seizure disorders, or epilepsy, basic emergency follow-up procedures, and written materials.
- 14) Clarifies training administering emergency anti-seizure medication shall be consistent with the most recent guidelines for medication administration issued by CDE and that training shall be provided to the volunteer at no cost to the volunteer and during the volunteer's regular working hours.
- 15) Requires CDE to include on its internet website a clearinghouse for best practices in training nonmedical personnel to administer emergency anti-seizure medication and for schools to retain the written information provided by CDE.

Seizure Action Plan

- 16) Requires an LEA to obtain from the pupil's parent or guardian a seizure action plan before administering emergency anti-seizure medication or therapy prescribed to treat seizures in a pupil diagnosed with seizures, a seizure disorder, or epilepsy. The seizure action plan must, among other things, include specified parental consent and a statement from the pupil's physician

with specified information related to the medication, its frequency, and method of administration:

- 17) Requires the school administrator or their designee to notify the school nurse assigned to the school or LEA if an employee at the schoolsite administers an emergency anti-seizure medication.
- 18) Requires the school administrator or their designee to notify the SSPI of the LEA, the county superintendent of schools, or the charter school administrator or their designees as appropriate, when an employee at the school administers an emergency anti-seizure medication if a school nurse is not assigned to the LEA.
- 19) Requires the school nurse assigned to the school or a nurse from LEA shall collaborate with the parent or guardian of each pupil diagnosed with seizures, a seizure disorder, or epilepsy to create a seizure action plan if the pupil does not have a 504 Plan or IEP.
- 20) Clarifies, a pupil's parent or guardian written consent shall distributed to any school personnel or volunteers responsible for the supervision or care of that pupil.
- 21) Requires the school nurse or a school administrator to store the notice and seizure action plan in compliance with all applicable state and federal privacy laws.
- 22) Requires emergency anti-seizure medication or medication prescribed to a pupil to treat the pupil's seizures, a seizure disorder, or epilepsy symptoms to be provided to the school with the label affixed by the dispensing pharmacy intact.

Protections for School Employees Who Volunteer

- 23) Requires that an LEA that designates volunteers ensure that each employee who volunteers will be provided defense and indemnification by the LEA for any and all civil liability.
- 24) Protects a volunteer who administers emergency anti-seizure medication or medication prescribed for seizure disorder symptoms in compliance with this article, in good faith and not for compensation, to a pupil diagnosed with

seizures, a seizure disorder, or epilepsy who appears to be experiencing a seizure from being subject to professional review, be liable in a civil action, or be subject to criminal prosecution for the person's acts or omissions in administering the emergency anti-seizure medication

- 25) Clarifies any public employee who volunteers to administer emergency anti-seizure medication is not providing emergency medical care for compensation, notwithstanding the fact that the employee is a paid public employee.

Comments

- 1) *Need for the bill.* According to the author, "Seizures are unpredictable and can occur at any time—including during school hours. While school nurses are trained to administer medication, school nurses may not be onsite or available when one occurs. In 2013, the California Supreme Court ruled that non-medical school employees could administer anti-seizure medication to students suffering from seizures. It is important that those who are supervising a child with epilepsy have the opportunity to be trained properly to recognize and, if necessary, to respond to a seizure and help the child. AB 1810 (Levine) would establish the Seizure Safe Schools Act to allow schools to designate one or more volunteers to receive initial and annual refresher training for the emergency use of anti-seizure medication for a pupil diagnosed with seizures, a seizure disorder, or epilepsy, if the pupil is suffering from a seizure."
- 2) *The provisions of SB 161 (Huff; 2011) expired 2017.* SB 161 (Huff, Chapter 560, Statutes of 2011) added to Education Code 49414.7 which authorized LEAs to train non-medical school employees, who volunteer, to administer emergency anti-seizure medication to students with epilepsy.

Schools electing to participate were required to develop a school plan including the identification of staff to be trained, pupils who may require anti-seizure medication, authorization from the parent, and written instructions from the pupil's healthcare provider. The measure also authorized, but did not require, schools to prepare an individualized health plan or seizure action plan to prepare for the child's health care needs in school. The CDE was required to develop guidelines for the training and supervision of employees under these provisions and to post this information on its website. This statute also contained significant protections for employee volunteers to avoid coercion by school administrators, as well as protections from civil liability.

This bill essentially reinstates the authority for trained non-medical school employees to administer anti-seizure medication. The CDE has maintained information and guidelines on the administration of seizure rescue medications, and other considerations for schools dealing with a pupil with a seizure disorder despite the provision of SB 161 ending in 2017. The provision of this bill require CDE to update that information. This bill provides similar options for schools to provide emergency medication to students experiencing a seizure.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

SUPPORT: (Verified 8/1/22)

Epilepsy Foundation Los Angeles (source)
American Academy of Pediatrics, California
Association of Regional Center Agencies
California Chronic Care Coalition
California Life Sciences
California Neurology Society
California School Nurse Organization
National Association of Pediatric Nurse Practitioners

OPPOSITION: (Verified 8/1/22)

California Nurses Association
California Teachers Association

ARGUMENTS IN SUPPORT: According to the sponsor, “In 2013, the Supreme Court of California ruled that non-medical school personnel may respond to a student having a seizure and administer their prescribed emergency anti-seizure medication, medications which were designed to be administered outside of a medical setting by a responsible adult and were approved by the FDA for that purpose. But as of now, there is no uniform standard for the training and education on seizure recognition and response these school employees receive. AB 1810 would close that gap, as well as offer additional protections to the school employees who assist a student having a seizure. California has already enacted similar laws to protect students who have allergic reactions (SB 1266, Huff 2014) or suffer from opioid overdoses (AB 1748, Mayes 2016) while attending school. Students who have seizures should be afforded the same protections. We also strongly support the provision of AB 1810 that would help keep students who have seizures safe at school by providing for the development of “seizure action plans”

for all students diagnosed with epilepsy or seizures and identify students eligible for individualized education plans (IEPs) and Section 504 accommodations”

ARGUMENTS IN OPPOSITION: According to the California Teachers Association “AB 1810 authorizes, if a pupil diagnosed with seizures, a seizure disorder, or epilepsy has been prescribed an emergency anti-seizure medication by the pupil’s health care provider, the pupil’s local educational agency, upon receipt of a request from the pupil’s parent or guardian, to designate one or more volunteers at the pupil’s school to receive initial and annual refresher training regarding the emergency use of anti-seizure medication and requires the Superintendent of Public Instruction to establish minimum standards of training of volunteers for the administration of emergency anti-seizure medication. CTA appreciates the opportunities to share our concerns with the author’s staff and bill supporters and is thankful for the “corrective” amendments agreed to but the organization’s internal policies, written and adopted by CTA members does not allow for a support position.”

ASSEMBLY FLOOR: 76-0, 5/25/22

AYES: Aguiar-Curry, Arambula, Bauer-Kahan, Bennett, Bigelow, Bloom, Boerner Horvath, Mia Bonta, Bryan, Calderon, Carrillo, Cervantes, Chen, Choi, Cooley, Cooper, Cunningham, Megan Dahle, Daly, Davies, Flora, Mike Fong, Fong, Friedman, Gabriel, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Gray, Grayson, Haney, Holden, Irwin, Jones-Sawyer, Kalra, Kiley, Lackey, Lee, Levine, Low, Maienschein, Mathis, Mayes, McCarty, Medina, Mullin, Muratsuchi, Nazarian, Nguyen, Patterson, Petrie-Norris, Quirk, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Seyarto, Smith, Stone, Ting, Valladares, Villapudua, Voepel, Waldron, Ward, Akilah Weber, Wicks, Wilson, Wood, Rendon

NO VOTE RECORDED: Berman, O'Donnell

Prepared by: Kordell Hampton / ED. / (916) 651-4105
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**** **END** ****