

April 8, 2026

The Honorable Kristin Nobel  
House Committee on Education Policy and Administration  
Legislative Office Building  
33 N. State St.  
Concord, NH 03301

**RE: Support for SB433 Seizure Safe Schools Act**

**Dear Chair Noble, Vice Chair Peternel, and Members of the Committee:**

My name is Leigh Prince and I live in Lyme, NH. I am testifying in **support of SB 433, the Seizure Safe Schools Act**. This testimony reflects my personal perspective, informed by my roles as an educational professional, a school board member, and the parent of a child with epilepsy.

My understanding of the importance of seizure preparedness is not theoretical—it is deeply personal. The day after my son was diagnosed with epilepsy, he experienced a 40-minute long tonic-clonic seizure. I knew there was rescue medication that could stop the seizure within minutes, yet no one present could administer it. Our local volunteer emergency responders arrived quickly and did everything within their scope of practice, but only a paramedic was authorized to carry and administer the medication—and none were immediately available.

It felt like an eternity watching my child struggle to breathe, his lips turning blue, arms and legs convulsing while we waited. I felt utterly helpless. An ambulance finally arrived, staffed with more EMTs and we started our transport the 12 miles to DHMC while the seizure continued. A second ambulance from a third town intercepted us on route to the hospital and a paramedic boarded to administer the medication. The seizure stopped within a minute. My son had a 40 minute long seizure despite the fact that we live 12 miles from a level 4 epilepsy center at DHMC and our Fast Squad was on site within 5 minutes.

That experience revealed a critical reality: in many New Hampshire communities, particularly rural ones, we cannot assume that emergency response will arrive in time with the level of care required. Variability in responder certification, distance, and infrastructure—such as inconsistent cell service—can delay life-saving treatment. This is not a reflection of the dedication of our emergency personnel, but rather the structural realities of our state. Because of this, preparedness within schools is essential.

I spent the next decade advocating and fighting to have my child's safety needs met. I worked with school nurses, advocated to the Board of Nursing, communicated with state agencies, elected officials, and collaborated with local and regional EMS to ensure my child would have his physician prescribed emergency medication administered in the event of a prolonged seizure. Families should not have to spend years advocating to secure basic safety measures for their children.

As an educational professional, I know how critical it is to handle seizures in school environments with calm, knowledgeable actions. Many staff lack the training to recognize and respond appropriately to seizures. Many feel anxious about having students with epilepsy in their classrooms. Schools need nurses to ensure students with chronic medical needs can safely attend school, to ensure medications are administered, and to train school personnel. Teachers need to know what to do beyond calling the nurse who may or may not be nearby. In those moments, uncertainty increases risk—not only for the individual experiencing the seizure, but also for the students witnessing the event. The way adults

respond in those critical moments shapes both safety outcomes and the social and emotional experience of the broader school community.

When staff are trained, they are able to act calmly and effectively—clearing the area, positioning the individual safely, timing the seizure, and providing reassurance. Just as importantly, they are able to help students process what they witnessed, reducing fear and stigma while reinforcing understanding and compassion.

Seizures are not rare. Approximately 1 in 10 people will experience a seizure in their lifetime, and 1 in 26 will develop epilepsy. First-time seizures can occur in individuals with no prior diagnosis at any age. Seizure preparedness does not only support students with known medical conditions—it will equip school personnel to respond to events that can occur unexpectedly in any setting.

SB 433 provides a structured, consistent approach to addressing this need. It ensures that school personnel receive training in seizure recognition and first aid, that students with epilepsy have documented seizure action plans, and that trained staff are available to administer prescribed rescue medication when necessary. These elements are consistent with existing frameworks for managing other medical conditions in schools, such as anaphylaxis and asthma.

Importantly, this bill does not create an entirely new system. New Hampshire already has standards of practice through the Board of Nursing and the School Nurse Association that support delegation of medication administration under appropriate conditions. Department of Education rules also clearly define the authority and structure for medication administration within the school setting. However, without consistent implementation and training requirements, there remains variability in how student needs are met across districts. SB 433 helps close that gap.

From a systems perspective, this bill also supports equity. As the New Hampshire legislature continually seeks to expand school choice and open enrollment options, it is critical that students with medical needs—such as epilepsy—have equal access to all schools and programs. A statewide standard ensures that families are not limited in their choices based on whether a school has the capacity or willingness to safely support their child.

From a taxpayer perspective, this is a targeted and efficient investment. Training is relatively low-cost and can be integrated into existing professional development structures. In contrast, a lack of preparedness can result in avoidable emergency responses, increased healthcare costs, and potential legal exposure for districts. Proactive training reduces unnecessary utilization of emergency services, and supports safer, more stable school environments.

Finally, I would emphasize that a consistent statewide approach ensures that all students are afforded the same level of care and protection, regardless of where they attend school.

I respectfully urge you to support this bill.

Thank you for your time and consideration.

Leigh Prince