



**Testimony to the
HOUSE EDUCATION POLICY AND ADMINISTRATION COMMITTEE
April 8, 2026**

**IN SUPPORT OF SB 433
ESTABLISHING THE SEIZURE SAFE SCHOOLS ACT**

Offered by
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TO:
Representative Kristin Noble, Chair
Representative Katy Peternel, Vice Chair
Members of the House Education Policy and
Administration Committee

On behalf of Epilepsy Foundation New England (EFNE), thank you for the opportunity to testify in support of SB 433, Establishing the Seizure Safe Schools Act.

We are grateful to Senator Lang and the bill's cosponsors, as well as the many New Hampshire families who have shared their lived experiences to bring this issue forward.

To date, more than half of the country has enacted versions of seizure-safe schools laws, including Maine last session. SB 433 brings New Hampshire in line with these proven, commonsense policies.

The Critical Need to Make Schools Seizure Safe
First, some context on our community.

Epilepsy is a neurological condition that produces seizures affecting a variety of cognitive and physical functions.

- 1 in 10 Americans will experience a seizure.
- Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime.
 - 1 in 26, in some cases that is like saying one in a classroom!

650 Suffolk Street, #405 Lowell MA 01854 www.epilepsynewengland.org

[Our mission is to help people and families affected by epilepsy in New England.](#)
[We are an independent 501 \(c\)\(3\) nonprofit organization with tax identification # 22-2505819.](#)

- According to the American Academy of Pediatrics, throughout the country, seizures are the third most common medical emergency in schools.
- More than **13,000 people in New Hampshire** live with epilepsy, including **over 1,500 school-aged children**.

These statistics show that seizures are not rare events – they are recurring medical emergencies happening in our schools to NH families.

When school personnel are not trained to respond, the consequences can escalate rapidly. Delayed treatment increases the risk of prolonged seizures, which among other consequences can lead to permanent brain injury and death. By contrast, research is clear: timely administration of seizure rescue medication can stop a seizure, prevent costly and scary hospitalizations, and save a life.

We cannot emphasize this enough: a prompt, appropriate response to a seizure is essential—and schools must be equipped to provide it. SB 433 is a straightforward, evidence-based measure that equips schools to respond when seconds matter. Without it, we are leaving children vulnerable to preventable harm. With it, we ensure that a medical emergency does not become a tragedy.

Key Components of Establishing a Seizure Safe Schools Act

SB 433 establishes four practical, low-burden protections:

- 1. Training for school personnel**
 - Provides access to seizure recognition and first aid training at no cost.
 - Available online or in-person, with modules tailored to staff roles.
 - Offers continuing education credits approved by the CDC.
 - Training provided at no cost.
- 2. Seizure Action Plans**
 - Requires an individualized plan in a student’s file with clear instructions for staff and volunteers.
 - Ensures consistent, informed response during an emergency.
- 3. Medication access**
 - Ensures FDA-approved, physician-prescribed seizure rescue medications can be administered in school.
- 4. Awareness and education**
 - Allows age-appropriate epilepsy education to reduce stigma and improve peer understanding.
 - Materials are provided at no cost.

Addressing common questions

Is this duplicative of IEPs or 504 plans?

No. SB 433 addresses emergency response and safety, not academic services.

- Not all students with epilepsy qualify for an IEP or 504 plan.

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- A student's first seizure often occurs at school, before any plan exists.
- Seizure first aid and staff training are not standard 504 accommodations.

Requiring 504 plans for basic medical response would also create significant administrative burden for districts.

Is this an unfunded mandate?

No. Training and educational materials are free, provided by Epilepsy Foundation New England, and schools can integrate training into existing professional development.

Who benefits?

The entire school community. With 1 in 26 affected, staff—not just students—may also experience seizures or have an epilepsy diagnosis.

Conclusion

For families living with epilepsy, sending a child to school should not come with fear. No parent should wonder if the adults in the building know how to save their child's life.

SB 433 is a commonsense, cost-conscious policy that improves emergency preparedness, protects students, and provides peace of mind to both families and school personnel. It establishes clear, consistent expectations without creating new systems or significant burden.

Epilepsy Foundation New England respectfully urges the Committee to recommend SB 433 as **Ought to Pass**.

Thank you for your consideration. I am happy to answer any questions.

Respectfully submitted,

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