



LFC Requester: Liu

**PUBLIC EDUCATION DEPARTMENT
BILL ANALYSIS
2026 REGULAR SESSION**

SECTION I: GENERAL INFORMATION

Check all that apply:

Original Amendment
Correction Substitute

Date Prepared: January 31 2026

Bill No: SB191

Committee Referrals: SEC/SJC

Agency Name and Code: PED - 924

PED Lead Analyst: /

Sponsor: Pope

Phone: (505) / **Email:** ...@ped.nm.gov

Short Title: SEIZURE SAFE SCHOOLS ACT

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SECTION II: FISCAL IMPACT

(Parenthesis () Indicate Expenditure Decreases)

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY27	FY28		
None	None	N/A	NFA

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY27	FY28	FY29		
None	None	None	N/A	NFA

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY27	FY28	FY29	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$1.0	None	None	\$1.0	Nonrecurring	GF

Duplicates/Relates to Appropriation in the General Appropriation Act: None as of February 9, 2026.

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: Senate Bill 191 (SB191) would create the Seizure-Safe Schools Act. The act would require the Public Education Department (PED) to consult with the Department of Health and New Mexico School Nurses Association in establishing rules for public schools to train personnel on the management of students with seizure disorders.

The bill would require that at least two employees at schools attended by a student with a seizure disorder receive training annually in seizure safety and care. The bill would require a parent who seeks seizure disorder care for a child while at school to submit a seizure action plan (SAP) to be reviewed and implemented by the trained personnel. Each school employee and bus driver responsible for the student's supervision and care would be given notice also of the SAP, and the SAPs would be required to be followed when seizure care was needed, whether during the school day or during school-sponsored activities beyond the school day.

Seizure care personnel would not be required to be health care practitioners, would be exempted from all applicable laws that would restrict them from providing seizure care, and would be immune from liability for acts consistent with the Seizure-Safe Schools Act.

The bill does not provide an effective date. Laws go into effect 90 days after the adjournment of the legislature enacting them unless a later date is specified. If enacted, this bill would become effective June 20, 2025.

FISCAL IMPLICATIONS

This bill does not contain an appropriation.

The estimated cost for PED to promulgate rule for the training of personnel at schools is \$1,000.

Training personnel for appropriate seizure care would have an undetermined cost for schools. Approved training courses might also incur additional costs for school districts.

SIGNIFICANT ISSUES

Care for students with a seizure disorder care in New Mexico schools is currently guided by one or more of the following documents:

- a student's Individualized Healthcare Plan (IHP);
- Individualized Education Program (IEP); or
- Section 504 plan.

Each of these plans includes student, parent, and health services staff engagement to support the student's seizure management plan. SB246 would ensure the obligations of school districts under the federal Individuals with Disabilities Act or a Section 504 plan remain in force. The bill does not consider IHPs as they are currently designed to support a medical management plan for seizure disorders.

According to the [Centers for Disease Control and Prevention](#) (CDC), approximately 0.7 percent of children and adolescents aged 6–17 years in the United States have experienced at least one seizure in the past year.

According to the New Mexico Annual School Health Services Report for the 2023-2024 school year, there were 2,268 total seizure diagnoses reports. This number suggests a high likelihood that even mid-sized schools serve one or more students with a seizure disorder. Seizures can cause problems with learning by affecting memory and causing fatigue, or with the side effects of medications. Students with epilepsy may also experience social problems, including stigmatization and bullying, which may increase mental health problems like anxiety and depression.

PERFORMANCE IMPLICATIONS

Without appropriate care available at school or during out-of-school activities, as provided for in HB300, seizures disorders pose direct risk of physical injury or death as well as indirect effects of increased absenteeism, inhibited cognitive functions such as memory and concentration, and emotional effects such as anxiety and stress.

ADMINISTRATIVE IMPLICATIONS

Promulgating rule in consultation with other agencies, as required by HB300, would not impose a substantial administrative burden upon PED.

Training staff for seizure safety annually and notifying staff of SAPs would impose a minor administrative burden on schools.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None.

TECHNICAL ISSUES

The definition of “governing body,” by including governing bodies of locally chartered charter schools, overlooks the fact that locally chartered charter schools look to their local school board, which is also their authorizer, for oversight, treating them more like state-chartered charter schools than may be appropriate. The sponsor may wish to consider amending the bill so that locally chartered charter schools continue to be guided by their local authorizers in the administration of education to their students.

OTHER SUBSTANTIVE ISSUES

Schools that fail to provide adequate seizure care may face legal liability under disability laws such the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. These federal laws mandate that educational institutions receiving federal funding must not discriminate against students with disabilities and must provide necessary accommodations to ensure their safety and equal access to education.

Legal Precedent. In a notable, recent lawsuit, the parents of 14-year-old Jaxson alleged that Amarillo Independent School District staff failed to administer his prescribed emergency seizure medication during a prolonged seizure, leading to his death. The lawsuit claimed that the school's inaction [violated Jaxson's Seizure Action Plan](#), which was established under Section 504 to accommodate his epilepsy. The defendant's Motion to Dismiss was denied in October 2024.

The Seizure-Safe Schools Act is structured very similarly to the Student Diabetes Management Act, including the designation of specified care personnel. The Student Diabetes Management Act was enacted in 2019 and, since then, the department has received only one complaint of mismanaged care of a student with diabetes, which ultimately resulted in the department directing the school district involved to better adhere to the requirements of the act, both in general and with regard to the student complainant. SB191, however, lacks an enforcement mechanism similar to that found in Section 22-34-9(D) NMSA 1978 of the Student Diabetes Management Act, which permits an aggrieved party to bring an administrative complaint before the PED against a school that fails its duties under the act. In the case of the Seizure-Safe Schools Act, therefore, the first avenue of recourse would be through the courts.

ALTERNATIVES

None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None.

AMENDMENTS

The sponsor may also wish to amend the definition of “governing body” by striking the inclusion of entities that govern locally chartered charter schools, to better acknowledge the oversight relationship between locally chartered charter schools and their local schoolboard authorizers.