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## FISCAL IMPACT REPORT

**BILL NUMBER:** Senate Bill 191

**SHORT TITLE:** Seizure Safe Schools Act

**SPONSOR:** Pope

**LAST ORIGINAL**  
**UPDATE:** \_\_\_\_\_ **DATE:** 02/11/2026 **ANALYST:** Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
PED	\$1.0	0	0	\$1.0	Nonrecurring	General Fund

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

### Sources of Information

LFC Files

#### Agency or Agencies Providing Analysis

Board of Nursing

Public Education Department

#### Agency or Agencies That Were Asked for Analysis but did not Respond

Albuquerque Public Schools

Department of Health

## SUMMARY

### Synopsis of Senate Bill 191

Senate Bill 191 (SB191) establishes a new section of the Public School Code (Chapter 22, NMSA 1978) entitled “Seizure Safe Schools Act,” regarding care for students with seizure disorders that would apply to any private, public, or charter school in New Mexico.

Section 3 of the bill specifies that school employees and bus drivers be trained initially and annually in recognition and first aid treatment of seizure disorders. School nurses and “seizure care personnel” (defined in Section 2 as school employees volunteering to be trained as first responders to seizures occurring in the school setting) would receive further training in acute seizure management, including use of medications and devices. Schools without at least two volunteers (including the school nurse but not necessarily required to be health care practitioners) would be required to seek volunteers for this position.

Parents or guardians of students with known seizure disorders would submit an action plan to

their child’s school, with components of acute and on-going care specified by the child or adolescent’s medical care provider, to be reviewed by the school nurse and other seizure care personnel and discussed with the child’s teacher and bus driver and other school personnel involved with a student with a diagnosed seizure disorder.

The school’s governing body would ensure that children with seizure disorders are assisted with administration of preventive medication, rescue medication, and/or use of devices to treat acute seizures.

Section 5B states that the school nurse or at least one seizure care personnel must be available to provide care to students with seizure disorders if needed during all school-sponsored activities, on- and off-site, as well as on buses with a driver who has not been trained in seizure care.

Section 6 states that actions taken by school nurses and school seizure care personnel would not be construed to be the practice of medicine, and Section 7 absolves them from liability for actions taken or not taken, as long as actions are done carefully and consistently with the provisions of this act. The bill notes that, “An act or omission is not in good faith if it is the result of willful misconduct, gross negligence or recklessness.”

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or May 20, 2026.

## **FISCAL IMPLICATIONS**

The Public Education Department (PED) estimates that promulgating a rule for training school personnel would cost \$1 thousand. There is no appropriation in Senate Bill 191.

## **SIGNIFICANT ISSUES**

According to New York University Langone Health, “The words “seizure disorder” and “epilepsy” are often used interchangeably. However, ‘provoked’ seizures, such as those due to severe hypoglycemia, are not considered to be forms of epilepsy. There are two main types of seizures—focal, which are also called partial seizures, and generalized.” Most students who would have seizure treatment plans would qualify for the diagnosis of “epilepsy,” and would be the students who would be subject to this bill’s provisions. Seizure disorders are among the most common chronic disorders affecting children: according to both the Epilepsy Foundation and Healthline, 1.2 percent of the US population have been diagnosed as having epilepsy. The Public Education Department (PED) notes that CDC estimates that 0.7 percent of those 6 to 17 years old have had at least one seizure in the previous year. PED also notes that the Annual School Health Services Report for 2023-2024 contained 2268 reports of seizure diagnoses.

PED also notes that seizure disorders may affect 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.”

Seizures are frightening both for the person having the seizure and for all those, especially

children, witnessing them. They may be violent or subtle and are sometimes difficult to identify as such. Seizures may result in injury from falls or collisions with objects; rarely do seizures eventuate in death (The Centers for Disease Control (CDC) estimates that there is one “sudden unexpected death in epilepsy (SUDEP)” for every 4,500 children with epilepsy each year). CDC continues that SUDEP typically occurs due to the following risk factors: generalized seizures, uncontrolled or frequent seizures, heaving seizures starting early in life, living with epilepsy for many years, being male, missing seizure medicine doses, and having seizures during sleep. CDC further states that preventive factors include avoiding seizure triggers when they are known, learning ways to self-manage seizures, getting enough sleep, and training adults in the house or other settings, like schools in seizure first aid.

As noted by DOH in 2025, “Seizures can be brief or prolonged, and each can have significant impacts on individuals. Brief seizures are those lasting less than five minutes, while prolonged seizures, known as status epilepticus, last between five and thirty minutes and can lead to permanent neuronal injury. Annually, the United States sees an estimated 50,000 to 150,000 cases of status epilepticus, with mortality rates less than 3% in children but up to 30% in adults.”

[CDC statistics](#) indicate that there are approximately 456,000 U. S. children (less than 18 years old) with active epilepsy, which would translate into about 300 in New Mexico.

PED makes note of the following:

- 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.
- 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.

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

Identical to 2024 House Bill 297, 2025 House Bill 300, and 2024 Senate Bill 85.

## **TECHNICAL ISSUES**

The Board of Nursing (BON) states that the bill should include physician assistants and advanced practice nurses in parallel with physicians in Section 4.A.1.

PED notes that language regarding locally chartered charter schools might need revision: “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.”

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