

Angie Buker
St. Albans, Maine

March 31, 2025

RE: LD 211

Dear Senator Rafferty, Representative Murphy, and Distinguished Members of the Education and Cultural Affairs Committee:

I am writing to you today in regards to LD 211: An Act to Make School Safer for Students with Epilepsy and Other Seizure Disorders by Requiring Seizure Action Plans and Training in Schools. I am the Immediate Past President of the Maine Association of School Nurses. I've been a registered nurse for 16 years and was a school nurse from 2016 to 2024. I am also the parent of a son with epilepsy. I have concerns that LD 211 is removing the professional school nurse from this highly skilled nursing care that is already taking place in schools by the school nurse.

The first time my son had a seizure we were driving home from school when he was 13 years old. He was sitting next to me in the passenger seat eating goldfish crackers. His younger brother was in his car seat in the back. We were chatting about the day and all was normal, until it was not. All of a sudden he was hitting me. At first I thought he was making some sort of joke but then when I looked over I saw his head twisted up and back in an abnormal way, his eyes were rolled back in his head and foam (plus crackers) was coming out of his mouth. Being a nurse, I knew exactly what was happening. I was also in one of Maine's famous "black holes". I held him back in his seat with one arm so that I could drive to the nearest point of reception to call an ambulance. That is how our journey with epilepsy began. His school nurse worked with me to develop an individualized health plan and a seizure action plan/emergency action plan that was best for my son. She coordinated the school medication authorizations and she educated his teachers about the condition, what to watch for and what to do when a seizure occurs.

Epilepsy is a complicated and unpredictable health condition. There are some key pieces of this picture that I feel the committee should fully understand when considering LD211. First, not all seizure medications are administered nasally. My son's emergency medication is administered buccally, which means that someone needs to place the medication inside his cheek while he is seizing. Not an easy task. There is a risk that the helper may get bitten. I have cared for many students who had emergency seizure medications that were to be administered rectally. Also, not an easy task and there is a risk of causing harm to the patient/student if not done correctly. You may be wondering why someone would use a medication other than the convenient, minimally invasive, nasal option? Well, our provider did prescribe the nasal option for us and when we went to fill it at the pharmacy we learned that the cost was way beyond our budget. We had to return to the medication that we knew we could afford. It is also well known that not all individuals respond to medications the same. The nasal medication may not work for all

individuals. School nurses are trained to not only administer medications via the various administration routes but they also have the expertise to collaborate with providers to help select the best medication and route of administration for the student. School nurses can and do train other staff members to administer emergency medications to students following current rules and regulations.

The second piece that needs to be considered is that seizure emergency medications come with a wide range of administration timing variations and seizures themselves vary greatly from one person to the next. Some people have auras, which are little early warning signs that a seizure is coming. These individuals may be advised to take their emergency seizure medication at this time to prevent the seizure from coming. Some people have absence seizures where there may only be blank staring, with no noticeable body movements at all. Many emergency seizure medications are ordered to be given if the seizure lasts longer than 3 minutes, some are to be given at the 5 minute mark to prevent status epilepticus (a medical emergency where brain damage is a risk). My son's medication is to be given if his seizure lasts longer than 3 minutes. He has no warning signs. He has grand mal or tonic-clonic seizures where he immediately becomes unconscious, drops to the ground and has uncontrolled movements of his arms and legs. There is great risk of bodily injury including aspiration (inhaling food or fluids that may be in the mouth). There is more to his emergency care than just administering the emergency medication. A school nurse has the expertise to assess for possible complications following a seizure and to help determine if immediate follow-up is needed. Not every seizure requires a trip to the emergency room. These assessment skills can not be obtained in an annual one hour training.

The third piece that needs to be considered is that sometimes emergency medications are given for the first time at school. The first dose of a new medication is advised to be given at home where the parent/guardian can closely monitor for side effects and the effectiveness of the medication but this is not always possible with emergency medications. In these cases the student's response to the medication is unknown. It is unknown if the medication will even work. My son has never met the 3 minute seizure mark and therefore has never received his emergency medication. A school nurse has the experience and expertise to assess if a new medication is working as it should, if other interventions are necessary or if any serious side effects of a new medication are taking place.

I urge the members of the committee to vote that LD 211 Ought Not To Pass. School nurses are performing the interventions in this document in alignment with current best practices, rules and regulations. School nurses are the professionals in the school setting with the education, expertise, and experience necessary to ensure that every student is safe, healthy, and ready to learn.

Thank you for taking the time and for all that you do.

Sincerely,

Angie Buker

Angie Buker, MSN, RN, NCSN