

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 186

INTRODUCER: Senator Garcia

SUBJECT: Student Health and Safety

DATE: February 10, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Brown	HP	Pre-meeting
2.			ED	
3.			RC	

I. Summary:

SB 186 amends s. 1006.0626, F.S., within the Early Learning-20 Education Code, to modify current-law requirements for public schools to provide epilepsy or seizure disorder care to students.

The bill specifies that “school” includes a charter school under s. 1002.33, F.S., and provides that written orders from the student’s physician or other medical professional regarding services to be provided by a school for a student who has epilepsy or a seizure disorder, may be in a form determined by the medical professional.

The bill also amends school employee training requirements within s. 1006.0626(3), F.S., to specify that the requirement for a school employee to complete training for the care of students with epilepsy and seizure disorders (if the employee’s duties include regular contact with a student who has an individualized seizure action plan) applies to school *district* employees who meet that criterion (as opposed to “school employees” as under current law). The bill provides that such district employees include those who teach such students or transport them to and from school or school activities. The bill provides that the completion of such training is valid for five years.

The bill creates a new subsection (5) within s. 1006.0626, F.S., to require each public school to display a poster developed by the Department of Education which describes the basic steps of responding to an individual having a seizure.

Finally, the bill requires the Department of Health, as part of its current duties to institute and maintain an educational program among physicians, hospitals, county health departments, and the public concerning epilepsy, to include in that educational program the education and training requirements of s. 1006.0626(3) and (5), F.S., which pertain to public schools and school personnel.

The bill provides an effective date of July 1, 2026.

II. Present Situation:

Epilepsy is a brain disorder that causes recurring seizures. Epilepsy affects people of all ages, but children and older adults are more likely to have epilepsy. Seizures are the main sign of epilepsy, and most people can control this with treatment. Seizure symptoms vary depending on the type of seizure. Because epilepsy is caused by certain brain activity, seizures can affect any brain process. Seizure symptoms may include:¹

- Short-term confusion;
- A temporary catatonic state;
- Stiff muscles;
- Jerking movements of the arms and legs;
- Loss of consciousness; and/or
- Psychological symptoms such as fear, anxiety, or déjà vu.

In school settings, approximately six in 1,000 students have epilepsy. A U.S. Centers for Disease Control and Prevention study shows that students with epilepsy are likely to miss more days of school when compared to students who have other health issues, and students with epilepsy are more likely to have difficulties in their studies, use special education services, and have activity limitations such as less participation in sports or clubs.²

School Health Services Program

District school boards are responsible for attending to health, safety, and other matters relating to the welfare of students,³ including the responsibility to establish emergency procedures for life-threatening emergencies.⁴

The Department of Health (DOH) has the responsibility, in cooperation with the Department of Education (DOE), to supervise the administration of the school health services program and perform periodic program reviews.⁵ County health departments, district school boards, and local school health advisory committees⁶ jointly develop school health services plans, which must include provisions for meeting emergency needs at each school.⁷

¹ The Mayo Clinic, *Epilepsy*, available at: <https://www.mayoclinic.org/diseases-conditions/epilepsy/symptoms-causes/syc-20350093> (last visited Jan. 31, 2026).

² Centers for Disease Control and Prevention, *Managing Epilepsy in Schools*, July 8, 2024, available at: <https://www.cdc.gov/school-health-conditions/chronic/epilepsy.html> (last visited Jan. 31, 2026).

³ Section 1001.42(8)(a), F.S.

⁴ Section 1006.062(6), F.S.

⁵ Section 381.0056(3), F.S.

⁶ Each school health advisory committee must include members who represent the eight component areas of the Coordinated School Health model as defined by the Centers for Disease Control and Prevention. *See* s. 381.0056(2)(b), F.S.

⁷ Sections 381.0056(4)(a)12. and 1006.062(6), F.S.

The school health services plan describes the health services to be provided by a school.⁸ For example, the plan must address:⁹

- Specified physical screenings.
- Health counseling.
- Meeting emergency health needs in each school.
- Consultation with a student's parent or guardian regarding the need for health attention by the family physician, dentist, or other specialist when definitive diagnosis or treatment is indicated.
- Maintenance of records on incidents of health problems, corrective measures taken, and such other information as may be needed to plan and evaluate health programs.

In attending to student health, the district school board is required to:¹⁰

- Provide in-service health training for school personnel;
- Make available adequate physical facilities for health services;
- At the beginning of each school year, inform parents or guardians in writing that their children who are students in the district schools will receive specified health services as provided for in the district health services plan. A student will be exempt from any of these services if his or her parent or guardian requests such exemption in writing.

In the absence of negligence, no person is liable for any injury caused by an act or omission in the administration of school health services.¹¹

The Provision of Medical Services by School Board Personnel

All employees who staff school health rooms must be currently certified in first aid and cardiopulmonary resuscitation (CPR).¹² Additionally, each school must ensure that at least two school staff members and all school bus operators and attendants are currently certified to provide first aid and CPR.¹³ School bus operators and attendants must also receive CPR and first aid refresher in-service training at least biennially.¹⁴

Nonmedical assistive personnel may perform health-related services upon successful completion of child-specific training by authorized licensed health care personnel.¹⁵ All procedures must be monitored periodically by a nurse, advanced practice registered nurse, physician assistant, or physician, and may include administering emergency injectable medication.¹⁶ Except for certain invasive procedures prohibited by law,¹⁷ whether nonmedical district school board personnel

⁸ Section 381.0056(2)(e), F.S.

⁹ Section 381.0056(4)(a), F.S.

¹⁰ Section 381.0056(6), F.S.

¹¹ Section 381.0056(8), F.S.

¹² Rule 64F-6.004(2), F.A.C.

¹³ Rule 64F-6.004, F.A.C.; Rule 6A-3.0121(2)(b)3., F.A.C.

¹⁴ Rule 6A-3.0121(2)(b)3., F.A.C.

¹⁵ Section 1006.062(4), F.S. Authorized personnel include only a registered nurse or advanced practice registered nurse licensed under chapter 464, F.S., or a physician or physician assistant licensed under chapter 458 or chapter 459, F.S.

¹⁶ Section 1006.062(4), F.S.

¹⁷ Nonmedical district school board personnel may not perform sterile catheterization, nasogastric tube feeding, or cleaning and maintaining a tracheostomy or deep suctioning of a tracheostomy. *See s. 1006.062(3), F.S.*

may perform a specific health-related service is determined by authorized licensed health care personnel.¹⁸

The Administration of Medication by School Board Personnel

District school board personnel may assist students in the administration of certain medication.¹⁹ School personnel designated to assist in the administration of medication must be trained by authorized licensed healthcare personnel.²⁰

For each medication prescribed to a student, the principal must obtain from the parent a written explanation of the necessity for the medication to be provided during the school day, including any occasion when the student is away from school property on official school business, and grant permission to assist the student in the administration of such medication.²¹ Each prescribed medication to be administered by district school board personnel must be received, counted, and stored in its original container. When the medication is not in use, it must be stored in its original container in a secure fashion under lock and key in a location designated by the school principal.²²

School personnel administering medication are exempt from liability for civil damages when acting as an ordinarily reasonable prudent person would have acted under the same or similar circumstances.²³

Individualized Health Care Plans

The school nurse creates individualized health care plans (IHPs) for students with health care needs that, if not addressed, may negatively affect attendance or academic performance. The IHPs foster communication among nursing staff to promote continuity of care.

Depending on the health condition, the IHP may prompt the nurse to develop an emergency care plan (ECP).²⁴ The ECP is a clearly written step-by-step set of instructions for what to do in a particular emergency situation.²⁵ Unlike the IHP, the ECP is distributed to appropriate staff, and the school nurse trains that staff to respond to emergencies that may arise with individual students.²⁶

¹⁸ Section 1006.062(5), F.S.

¹⁹ Section 1006.062, F.S.

²⁰ Section 1006.062(1)(a), F.S.

²¹ Section 1006.062(1)(b), F.S.

²² Section 1006.062(1)(b)2., F.S.

²³ Section 1006.062(2), F.S.

²⁴ *Id.*

²⁵ Department of Education, *Legislative Bill Analysis for SB 340* (2022). An analysis by DOE of SB 186 or its House companion (HB 1201) has not been received by Senate committee staff as of this writing.

²⁶ Rule 64F-6.004(4), F.A.C.

Care of Students With Epilepsy or Seizure Disorders

In 2022, the Legislature created s. 1006.0626, F.S., entitled “Care of students with epilepsy or seizure disorders.”²⁷ That section of statute specifies responsibilities for public schools to provide for the care of students with epilepsy or seizure disorders by requiring such schools to initiate the implementation of an individualized seizure action plan (ISAP) once a parent submits an ISAP to the school principal and school nurse, or other appropriate school employee, to inform school personnel of the unique health care services required by the student and how to respond in emergency situations.

Under the 2022 law, s. 1006.0626, F.S., provides that:

- An ISAP means a document that outlines a set of procedural guidelines and specific directions for the provision of health care and emergency services by a school for a student who has epilepsy or seizure disorders.
- “Medical professional” means a physician or physician assistant licensed under chs. 458 or 459, F.S., or an advanced practice registered nurse licensed under s. 464.012, F.S., who provides epilepsy or seizure disorder care to the student in question.
- “School” has the same meaning as in s. 1003.01(17), F.S., which provides that “school” means an organization of students for instructional purposes on an elementary, middle or junior high school, secondary or high school, or other public school level authorized under rules of the State Board of Education.

An ISAP must be developed and signed by a medical professional, in consultation with the student’s parent, and must include:

- Written orders from the student’s medical professional outlining the student’s epilepsy or seizure disorder recommended care.
- The parent’s signature.
- The student’s epilepsy or seizure disorder symptoms.
- Any accommodations the student requires for school trips, after-school programs and activities, class parties, and any other school-related activities.
- When and whom to call for medical assistance.
- The student’s ability to manage, and the student’s level of understanding of, his or her epilepsy or seizure disorder.
- How to maintain communication with the student; the student’s parent; and the student’s health care team, school nurse, and educational staff.
- Any rescue medication prescribed by the student’s medical professional and how and when to administer the medication.

The school nurse or an appropriate school employee of a school that receives an ISAP from a student’s parent must:

- Coordinate the provision of epilepsy and seizure disorder care at the school for the student, including administering anti-seizure and rescue medications as outlined in the ISAP.
- Verify that each school employee whose duties include regular contact with the student has completed training in the care of students with epilepsy and seizure disorders. The training

²⁷ Chapter 2022-19, Laws of Florida.

must include how to recognize the symptoms of and provide care for epilepsy and seizure disorders.

To assist schools in meeting this training requirement, the DOE must identify on its website one or more online training courses that are provided by a nonprofit national organization that supports the welfare of individuals with epilepsy and seizure disorders and are available free of charge to schools.

A school that receives an ISAP from a student's parent must provide each school employee whose duties include regular contact with the student, with all of the following:

- Notice of the student's condition.
- Information from the ISAP on how to provide the recommended care for the student if he or she shows symptoms of the epilepsy or seizure disorder.
- The contact information for the student's parent and emergency contacts.

Department of Health — Care and Assistance of Persons with Epilepsy — Establishment of Programs in Epilepsy Control

Under s. 385.207, F.S., the Legislature finds and intends that epilepsy is recognized as a developmental disability and a handicapping condition. The Legislature further intends that persons with epilepsy are entitled to the protection and benefits available to all persons through the equal and nondiscriminatory application and implementation of statutes, rules, programs, and services.

The DOH is required under that section of statute to institute and maintain an educational program among physicians, hospitals, county health departments, and the public concerning epilepsy, including the dissemination of information and the conducting of educational programs concerning the prevention of epilepsy and methods developed and used for the care and treatment of persons with epilepsy.²⁸

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 385.207, F.S., to require that the DOH's existing educational program among physicians, hospitals, county health departments, and the public concerning epilepsy, must include the education and training requirements of s. 1006.0626(3) and (5), F.S., as amended or created under Section 2 of the bill which pertain to public schools and school personnel.

Section 2 amends the definition of "school" within s. 1006.0626, F.S., to specifically include charter schools under s. 1002.33, F.S.²⁹

²⁸ Section 385.207(2)(e), F.S.

²⁹ Section 1002.33, F.S., provides, among many other provisions for charter schools, that all charter schools in Florida are public schools and are part of the state's program of public education. However, s. 1002.33(16), F.S., provides that charter schools are exempt from all statutes in chs. 1000-1013, F.S., with a number of exceptions. One exception provides that charter schools must be in compliance with statutes in that range which specifically apply to charter schools. Under current law, s. 1006.0626, F.S., does not specifically apply to charter schools. SB 186, if enacted, will remedy that.

The bill provides that written orders from a student's medical professional for seizure-related services to be provided to the student by a school, as part of the student's ISAP, may be in a form determined by the medical professional.

The bill amends the duties of a school nurse or an appropriate school employee of a school that receives an ISAP from a student's parent. Under the bill, the school nurse or other appropriate school employee must verify the completion of training for the care of students with epilepsy and seizure disorders by school *district* employees (as opposed to "school employees" as under current law) if the duties of such district employees include regular contact with a student who has an ISAP. The bill provides that such employees include those who teach students or transport students to and from school or school activities. The bill provides that the completion of such training is valid for five years.

The bill requires all public schools to display a poster developed by the DOE which describes the basic steps of responding to an individual having a seizure. The DOE must identify one or more posters that are provided by a national nonprofit organization that supports the welfare of individuals with epilepsy and seizure disorders and are available free of charge to schools.

Section 3 provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None identified.

B. Public Records/Open Meetings Issues:

None identified.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None identified.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None identified.

B. Private Sector Impact:

None identified.

C. Government Sector Impact:

The DOH reports that it does not expect SB 186 to have a fiscal or operational impact on the department's educational program among physicians, hospitals, county health departments, and the public concerning epilepsy.³⁰ As of this writing, however, the DOE has not provided an estimate of the bill's fiscal or operational impacts on the public school system or the department.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The effects of Section 1 of the bill are unclear regarding the DOH's existing educational program for physicians, hospitals, county health departments, and the public concerning epilepsy. The bill requires that the DOH program must include "the education and training requirements" of s. 1006.0626(3) and (5), F.S., as amended or created by the bill which pertain to public schools and school personnel.

- Since the requirements of s. 1006.0626(3) and (5), F.S., pertain to public schools and school personnel, it is unclear from the bill's language whether the bill intends for the DOH to begin providing such education and training to school district employees who are required to complete epilepsy-related education and training under subsection (3) of that statute. The bill does not alter the DOE's existing responsibility to assist schools in meeting the training requirement by identifying one or more online training courses that are available free of charge to schools.
- It is also unclear exactly how the bill intends for the DOH to include in its existing educational program the new requirement for schools to display posters under subsection (5) of that statute, as created by the bill, especially since the bill directs the DOE to identify one or more posters that are provided by a national nonprofit organization that supports the welfare of individuals with epilepsy and seizure disorders and are available free of charge to schools.

Section 2 of the bill requires, among other provisions, that a school nurse or other appropriate school employee must verify that each school *district* employee whose duties include regular contact with a student of that school whose parent has submitted an ISAP, has completed training in the care of students with epilepsy and seizure disorders (as opposed to *school employees* as under current law). The bill provides that such employees include those who teach such students or transport them to and from school or school activities.

³⁰ Department of Health, 2026 *Agency Legislative Bill Analysis: SB 186*, Oct. 15, 2025 (on file with staff of the Senate Committee on Health Policy).

- It is unclear whether the bill intends these requirements to apply to *all* school district employees who meet the criteria or only to such employees of the district who teach or transport such students.
- It is also unclear to what extent a school nurse or other appropriate employee of any particular school will have knowledge of, or authority over, the applicable employees on a district-wide basis who may come into regular contact with such student outside of his or her own school setting or school activities.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 385.207 and 1006.0626.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
