

# EXHIBIT G-1

## INTERIM STUDY PROPOSAL 2017-126

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3       REQUESTING THAT THE HOUSE COMMITTEE ON PUBLIC HEALTH, WELFARE,  
4       AND LABOR STUDY THE NEED FOR THE TRAINING AND EDUCATION OF THOSE  
5       WHO INTERACT WITH INDIVIDUALS WITH EPILEPSY ON SEIZURE  
6       RECOGNITION AND WAYS TO EFFECTIVELY MANAGE AND SUPPORT  
7       INDIVIDUALS WITH EPILEPSY, AND TO PROVIDE COMMUNITY SUPPORT FOR  
8       INDIVIDUALS WITH EPILEPSY.

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11       WHEREAS, epilepsy comprises more than twenty-five (25) syndromes,  
12       with a range of symptom severities and widely differing seizure types  
13       and causes; and

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15       WHEREAS, the impacts on physical health and quality of life  
16       encompass a spectrum as well, with individuals with epilepsy  
17       experiencing different health outcomes and varied consequences to their  
18       activities of daily living, including academic or professional  
19       achievement and social interactions; and

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21       WHEREAS, the many complexities of all forms of epilepsy and the  
22       numerous challenges to health and wellbeing that epilepsy presents make  
23       it difficult for the general public to fully understand the challenges  
24       the disorder poses and appreciate the stigma that may be associated  
25       with its symptoms and diagnosis; and

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27       WHEREAS, on average, fifty percent (50%) of people who have  
28       epilepsy have complete seizure control on medication, twenty-five  
29       percent (25%) have very good control, and the remaining twenty-five  
30       percent (25%) have uncontrolled seizures; and

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32       WHEREAS, seizure control is improved by providing current and  
33       accurate information about epilepsy in an attempt to change the belief  
34       that epilepsy is a result of sins, demonic possession, or substance  
35       abuse; and

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1           WHEREAS, epilepsy is a widely recognized health condition, but  
2 one that is poorly understood, even among people who have the disorder;  
3 and

4           WHEREAS, lack of knowledge about the causes of epilepsy has been  
5 associated with negative attitudes, misconceptions, and stigma; and  
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7           WHEREAS, lack of understanding about epilepsy is a leading cause  
8 of discrimination against individuals with epilepsy; and  
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10          WHEREAS, because of ignorance about the disorder, the diagnosis  
11 of epilepsy has a profound social and psychological impact on  
12 individuals with epilepsy and their families; and  
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14          WHEREAS, delayed recognition of seizures and inadequate treatment  
15 greatly increase the risk of subsequent seizures, brain damage,  
16 disability, and death from injuries incurred during a seizure; and  
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18          WHEREAS, epilepsy education helps to eradicate misconceptions,  
19 misinformation, and poor attitudes toward individuals with epilepsy and  
20 provides those who interact with individuals with epilepsy with the  
21 necessary tools to recognize seizure activity; and  
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23          WHEREAS, those who interact with individuals with epilepsy need  
24 to understand epileptic seizure types, the effects of medications,  
25 including without limitation cannabidiol (CBD) oil, and how to work  
26 with the medical team of an individual with epilepsy; and  
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28          WHEREAS, epilepsy is the most common neurological problem of  
29 childhood and its incidence is highest in the first decade of life, a  
30 period during which children begin and complete a critical part of  
31 their social and educational development; and  
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33          WHEREAS, children spend much of their first decade of life in a  
34 school environment; and  
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1           WHEREAS, one (1) out of every twenty (20) students will have  
2 epilepsy before eighteen (18) years of age, meaning that forty-three  
3 thousand two hundred (43,200) Arkansas students will face the impact of  
4 epilepsy; and

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6           WHEREAS, it is important for parents and school personnel to  
7 recognize seizure activity early, refer the child to medical  
8 professionals for treatment, and assure accommodation within the  
9 school; and

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11           WHEREAS, teachers' knowledge about and attitudes toward epilepsy  
12 can have a direct impact on students who have epilepsy in terms of  
13 school performance, social development, and post-school success; and

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15           WHEREAS, epilepsy education for police officers, emergency  
16 medical technicians, and firefighters is crucial to avert  
17 misunderstandings between a first responder and an individual who may  
18 be having an epileptic seizure;

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20           WHEREAS, the complex partial seizure, the most common type of  
21 seizure, clouds awareness, blocks normal communication, and produces a  
22 variety of undirected, involuntary, and unorganized movements; and

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24           WHEREAS, this type of seizure may include screaming, running,  
25 flailing, unnatural-looking movements of the arms or legs, spitting,  
26 shouting, and abusive statements, all of which may be erroneously  
27 perceived as combativeness; and

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29           WHEREAS, as normal brain function returns following a seizure, an  
30 individual recovering from a seizure typically is fatigued and dazed  
31 for one (1) hour or more, and the individual may become belligerent,  
32 aggressive, easily frightened, upset, or unable to communicate,  
33 especially when approached or threatened; and

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35           WHEREAS, restraint of an individual soon after a seizure may  
36 exacerbate or precipitate combativeness, and as the individual's

1 resistance to restraint increases, the threat to his or her life  
2 similarly increases as a result of a potential misunderstanding of the  
3 individual's behavior; and  
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5 WHEREAS, additional support for veterans who have epilepsy is  
6 needed as veterans are at higher risk of developing epilepsy than the  
7 public because they are more likely to have traumatic brain injuries  
8 and post-traumatic stress disorder; and  
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10 WHEREAS, individuals with epilepsy and who have poor seizure  
11 control incur significantly more healthcare costs than those with  
12 better controlled epilepsy; and  
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14 WHEREAS, providing epilepsy training and education for those who  
15 interact with individuals with epilepsy and providing support,  
16 including community support, for individuals with epilepsy may not only  
17 improve the quality of life of individuals with epilepsy but also  
18 considerably reduce their healthcare costs,  
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20 NOW THEREFORE,

21 BE IT PROPOSED BY THE HOUSE COMMITTEE ON PUBLIC HEALTH, WELFARE, AND LABOR OF  
22 THE NINETY-FIRST GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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24 THAT the House Committee on Public Health, Welfare, and Labor study the  
25 need for training and education of those who interact with individuals with  
26 epilepsy on seizure recognition and ways to effectively manage and support  
27 individuals with epilepsy.  
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29 BE IT FURTHER PROPOSED THAT the House Committee on Public Health,  
30 Welfare, and Labor study the need for providing community support for  
31 individuals with epilepsy.  
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34 Respectfully submitted,  
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36 Representative Kim Hammer

1 District 28

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3 Prepared by: PIL/PIL

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