Regulatory Analysis Form	INDEPENDENT REGULATORY REVIEW COMMISSION					
(Completed by Promulgating Agency)	RECEIVED					
(All Comments submitted on this regulation will appear on IRRC's website						
(1) Agency Department of Transportation	Review Commission August 13, 2025					
	August 13, 2023					
(2) Agency Number: 18						
Identification Number: 486	IRRC Number: 3454					
(3) PA Code Cite: 67 Pa. Code, Chapter 83, 67 Pa. Co	ode § 83.4					
(c) 111 0000 0111 0, 1 m 0 000, 011 00, 0, 1 m 0						
(4) Short Title:						
Seizure disorder.						
(5) Agency Contacts (List Telephone Number and Em	ail Address):					
Primary Contact:	,					
Dios Arroyo, Director						
Bureau of Driver Licensing						
P.O. Box 68676						
Harrisburg, Pennsylvania 17106-8676						
(717) 705-6044						
darroyo@pa.gov						
Secondary Contact:						
Angelia Gillis, Driver Safety Division Manager						
Driver Safety Division, Bureau of Driver Licensing						
P.O. Box 68676						
Harrisburg, Pennsylvania 17106-8676						
(717) 346-1907						
agillis@pa.gov						
(6) Type of Rulemaking (check applicable box):						
Proposed Regulation	Emergency Certification Regulation;					
Final Regulation	Certification by the Governor					
Final Omitted Regulation	Certification by the Attorney General					
(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)						
The current regulation at 67 Pa. Code § 83.4 (relating to seizure disorder) imposes a recall of the driver's						
license of an individual who has a seizure disorder. Th	, ±					
seizure free for six months. Once the individual has be	•					
driver's license may be reinstated.						

The proposed regulation amends 67 Pa. Code. § 83.4 to reduce the seizure-free period from 6 months to 3 months. The proposed regulation will give treating physicians the option of imposing a seizure-free period that is longer than 3-months, if warranted by the risk of a subsequent seizure.

(8) State the statutory authority for the regulation. Include <u>specific</u> statutory citation.

The authority for promulgation of the proposed regulation is 75 Pa.C.S. §§ 1512, 1517, 1518, 1519 and 6103.

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

The proposed regulation is not mandated by any federal or state law or court order, or federal regulation.

There was litigation over the constitutionality of 67 Pa. Code. § 83.4. See *Dept. of Trans. v. Clayton*, 684 A.2d 1060 (Pa. 1996), and *Peachey v. Com., Dept. of Transp.*, 979 A.2d 951 (Pa. Cmwlth. 2009). The most recent case is *Helwig v. DOT, Bureau of Driver Licensing*, 99A.3d 153 (Pa. Cmwlth. 2014). *Helwig* says PennDOT may determine an individual is medically incompetent to drive based on the forms reporting medical incompetency received from licensed physicians.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The current regulation that mandates a six-month seizure free period before driving can resume does not necessarily reduce risk of seizure related crashes. However, this regulation does place a significant burden on individuals who need their driving privilege to hold employment and provide for self and for family. The severity and predictability of seizures coming from a seizure disorder can vary from person to person. Therefore, a blanket approach to all people who have seizures is not the best approach and may overly restrict some without significantly decreasing risk to the public.

The proposed regulation will reduce by half the required seizure free period before restoring the operating privilege for an individual with a seizure disorder. By cutting the seizure-free period from six to three months, affected individuals will be able to resume driving and to engage in all the activities that are facilitated by driving but will not appreciably increase the risk to traffic safety.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

No, there are no federal standards referring to seizures.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

23 states currently mandate 6-month seizure free driving requirements (Washington, New Mexico, Alaska, Hawaii, South Dakota, Kansas, Oklahoma, Iowa, Missouri, Michigan, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Pennsylvania, New Jersey, District of Columbia, Massachusetts),11 states have 3-month requirements (Oregon, California, Nevada, Utah, Arizona, Texas, Minnesota, Wisconsin, Kentucky, Maryland and Maine). 3 states have 1 year (Arkansas, New York, New Hampshire) and 1 state has 18 months (Rhode Island). There are currently 11 states with no similar regulation (Montana, Idaho, Wyoming, Colorado, Nebraska, Louisiana, Illinois, Indiana, Ohio, Connecticut, and Delaware).

This regulation change would increase the opportunity that Pennsylvania provides constituents who have had this condition to achieve normalcy and independence more quickly than they would in other states.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No, this proposed regulation would not affect any other regulations.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The review of the current regulation and the proposed regulation was recommended by the Medical Advisory Board (MAB) in accord with 75 Pa.C.S. § 1517 and is supported by the Epilepsy Association of Western & Central PA. On October 27, 2023, the MAB voted to change the regulatory period of suspension following a seizure from six to three months. On May 2, 2025, the MAB voted on the proposed language in Annex A. This three-month suspension is also supported by the Epilepsy Association of Eastern PA. The proposed regulation was drafted by PennDOT's Bureau of Driver Licensing in consultation with Dr. Andrea Synowiec, DO FAAN, a member of the MAB who serves as Associate Professor of Neurology and System Vice Chair of the Department of Neurology at Allegheny Health Network.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

One in ten Americans will have a seizure in their lifetime.

One in 26 Americans will be diagnosed with a seizure disorder, including epilepsy, at some point.

Epilepsy affects 1-2% of Pennsylvanians (source www.health.pa.gov).

According to the Center for Disease Control, there are an estimated 133,000 active cases of epilepsy in

the state of Pennsylvania. PennDOT processed 16,105 seizure reporting forms in 2023. The seizure reporting forms are used to report individuals with seizure disorders and typically trigger, under the current regulation, a recall of the individuals' operating privileges for at least six months.

These recalls affect not only the individuals whose privileges are recalled, but also their families and friends, who may have to assist with transportation.

According to the Small Business Administration (SBA), there are approximately 1,079,103 businesses in Pennsylvania; of which 1,074,787 are small businesses. Of the 1,074,787 small businesses, 225,751 are small employers (those with fewer than 500 employees) and the remaining 849,036 are non-employers. Thus, the overwhelming majority of businesses in Pennsylvania are considered small businesses. The recalls affect businesses, both large and small, that employ recalled individuals (as well as the customers of those businesses) when recalled individuals are not able to drive to work and must seek alternative transportation.

The proposed changes to the seizure regulation will reduce the length of the majority of post-seizure recalls without negatively affecting traffic safety. The reduced recall time will benefit the recalled individuals, their family and friends, and their employers.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation.

Of the 9.1 million licensed drivers, 16,316 have been reported to PennDOT for seizure conditions in 2024. Licensed physicians overseeing patients as well as individuals who have had a seizure will be required to comply with the regulation.

(17) Identify the financial, economic, and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

Individuals with seizure disorders who have a seizure will have a 3-month recall of their operating privileges instead of the 6-month recall under the current regulation. The halving of the recall period will diminish the financial, economic, and social impacts of the recall. Provided these individuals do not have a subsequent seizure, they will be able to resume driving sooner and will be dependent on alternative transportation for a shorter time.

Economically, small businesses, businesses and labor communities will experience a shorter period of the disruption caused by recalling operating privileges of employees and owners. The shorter recall period should also lead to less disruption for public and private organizations.

Financially, the proposed regulation allows individuals to maintain a job for compensation by reducing the duration which a medical event would restrict them from easily getting to and from work.

Socially, the shorter recall period should reduce stress on families caused by lost income and by the need for alternative transportation; consequently, the shorter recall period should benefit mental health. Generally, a recall of operating privileges limits independence; the shorter recall period will reduce the

negative consequences of the recall.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

There may be some concern that reducing mandatory restrictions on drivers with seizure disorders could increase risk of crashes. However, a study published by the Mayo Clinic that studied rates of seizure-related crashes in Arizona found no difference in the reported rates of seizure-related crashes before and after a state law reduced the required seizure-free interval from 12 months to 3 months. Drazkowski JF, Fisher RS, Sirven JI, et al. Seizure-related motor vehicle crashes in Arizona before and after reducing the driving restriction from 12 to 3 months. Mayo Clin Proc. 2003;78:819-825

Another study involving death certificate analysis of fatal seizure-related crashes also did not find significant differences between states with shorter (three month) versus longer (6 to 12 month) requirements for freedom from seizures. (Krauss, 2004)

A consensus statement from the American Academy of Neurology (AAN), American Epilepsy Society (AES), and the Epilepsy Foundation of America (EFA) advocates a 3-month seizure-free interval, with allowance for modifiers that may extend or shorten the interval. Reporting licensed physicians in Pennsylvania will have the option of extending the recall beyond three months on the seizure reporting form (DL-121), if the licensed physician determines the driver remains a risk and should continue to be recalled. Once the licensed physician concludes the driver is medically competent to drive, the licensed physician may complete a new DL-121 stating the driver's operating privilege may be restored from the recall.

Maryland also shortened its seizure-free interval in 2003 and a 2017 study supported the decision to make the change. It is reasonable to expect the proposed shorter seizure-free interval of three months would have similar success in Pennsylvania. (Krumholz, 2017)

The MAB advised PennDOT that patients may not inform their licensed physician about seizure incidents to avoid a 6-month recall of their operating privileges. Shorting the seizure free interval to three months may make patients more inclined to disclose their seizures to their licensed physicians, which would help the patients to receive more accurate and appropriate medical care. An increase in honest and timely reporting of seizures would also increase compliance with the relevant laws and regulations.

As previously outlined, a decreased duration of driving restriction will benefit patients:

- 1. Financially, as they may keep a job otherwise lost,
- 2. Emotionally, as they return to independence faster,
- 3. Socially, as they are able to interact in community events and religious gatherings, and
- 4. Educationally, as they may be able to complete training by earlier return to the classroom.

Other benefits include those to employers who will see fewer unexpected staffing problems, customers who will benefit from better staffed businesses, and families who will have less burden to transport and provide for the patient while their driving privilege is recalled.

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with

compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

The regulation will not result in any increased costs to the regulated community in terms of compliance, including any legal, accounting or consulting procedures. On the contrary, there is financial benefit for individuals who are able to resume employment three months after the recall of their operating privileges compared to the current 6-month seizure-free period.

An individual who has a 3-month recall may be less likely to appeal than a person with a 6-month recall and would save the \$100-\$200 it costs to file an appeal and the additional cost of an attorney. The cost of an appeal of a recall varies from county to county; the cost of an attorney varies from attorney to attorney.

The shorter, 3-month recall period should result in savings on transportation costs for individuals who would not be permitted to drive during the recall.

The shorter, 3-month recall period should cause less disruption to the recalled individuals' education and may result in achieving educational goals more quickly.

The shorter, 3-month recall period may result in savings for ridesharing organizations because recalled individuals will need those organizations' services for a shorter time.

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

Appeals of recalls imposed following seizures are filed in the county courts of common pleas and have been litigated subsequently in Commonwealth Court and the Pennsylvania Supreme Court. It is expected that shortening the recall period from six to three months will reduce the number of appeals, which would save the judicial system the cost and resources used to litigate them. Because of the subjective nature of the decision to appeal, it is not possible to derive a dollar estimate for the savings resulting from a move to a shorter, three-month recall period.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

Because the 3-month recall is less burdensome to individuals than the current six-month recall period, it is likely that more individuals will seek medical help after a seizure. The increase in the number of individuals seeking care will probably result in more reports of seizure disorders to PennDOT; however, it is unlikely to increase administrative costs for PennDOT to process the additional reports because the increase is not expected to require the hiring of additional personnel. PennDOT does not foresee any additional legal, accounting or consulting procedures, aside from the use of an updated reporting form.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork,

including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

The implementation of the regulation will not require new legal, accounting or consulting procedures; instead, the regulation merely changes one aspect of the current procedure, namely, that the individual must be seizure-free for three months instead of six months before driving. All other aspects of the procedure remain the same, apart from the use of an updated reporting form.

(22a) Are forms required for implementation of the regulation?

Yes, an updated seizure form (DL-121) is required.

(22b) If forms are required for implementation of the regulation, attach copies of the forms here. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.

A copy of the updated seizure reporting form (DL-121) is attached.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

Because savings are very difficult to determine with any specificity, as explained in answers to questions above, no estimated costs are included in the table below.

	Current FY	FY +1	FY +2	FY +3	FY +4	FY +5
	Year	Year	Year	Year	Year	Year
SAVINGS:	\$	\$	\$	\$	\$	\$
Regulated Community	N/A					
Local Government	N/A					
State Government	N/A					
Total Savings	N/A					
COSTS:	N/A					
Regulated Community	N/A					
Local Government	N/A					
State Government	N/A					
Total Costs	N/A					
REVENUE LOSSES:	N/A					
Regulated Community	N/A					

Local Government	N/A			
State Government	N/A			
Total Revenue Losses	N/A			

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

The regulation does not affect a specific program; instead, it affects one aspect of PennDOT's governance of medically incompetent drivers. The effect of implementing the regulation is not expected to change the cost of that governance.

Program	FY -3	FY -2	FY -1	Current FY
Medical Unit-	\$1,019,328.49	\$730,486.58	\$1,095,834.51	\$1,351,387
10580/Driver and				
Vehicle Services.				
Fund 1058000454/				
Drivers License				
Ops. Funds center				
7877201000/				
Bureau of Driver				
Licensing				

⁽²⁴⁾ For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

The only expected effect on small business is that employees and owners of small businesses will experience less work disruption because individuals whose operating privileges are recalled following seizures may be able to resume driving only three months - instead of six months - after the recall, provided they remain seizure free.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

Because Elderly individuals are affected more often by seizures, this reduction in the length of time of the recall may benefit them more significantly.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

No other alternative regulatory direction was considered.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

Having employees being able to drive to and from work or drive for work 3 months earlier than otherwise would benefit small businesses. In small businesses, one employee may make a proportionally larger difference for a small business than to a corporation with many employees. Arguably, the regulation will ease the burden of having an employee lose the ability to drive for small businesses.

(28) If data is the basis for this regulation, please provide a description of the data, explain <u>in detail</u> how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

Data studies from healthcare community were obtained through meeting with Dr. Andrea Synowiec of the Medical Advisory Board and professor of Neurology at the Allegheny Health Network. Dr. Synowiec provided this data to us to incorporate into this request PennDOT Driver Qualifications Section team also did extensive research on the matter. This data provided used to support this proposal is from peer reviewed articles and literature from the healthcare community.

REFERENCES

Gilliam F, Kuzniecky R, Faught E, et al. Patient-validated content of epilepsy-specific quality-of-life measurement. Epilepsia 1997; 38:233.

Moran NF, Poole K, Bell G, et al. Epilepsy in the United Kingdom: seizure frequency and severity, anti-epileptic drug utilization and impact on life in 1652 people with epilepsy. Seizure 2004; 13:425.

Krumholz A, Fisher RS, Lesser RP, Hauser WA. Driving and epilepsy. A review and reappraisal. JAMA 1991; 265:622.

Drazkowski JF, Fisher RS, Sirven JI, et al. Seizure-related motor vehicle crashes in Arizona before and

after reducing the driving restriction from 12 to 3 months. Mayo Clin Proc 2003; 78:819. van der Lugt PJ. Traffic accidents caused by epilepsy. Epilepsia 1975; 16:747. Taylor J. Chadwick D. Johnson T. Risk of accidents in drivers with epilepsy, J Neurol Neurosurg Psychiatry 1996; 60:621. Waller JA. Chronic medical conditions and traffic safety: review of the California experience. N Engl J Med 1965; 273:1413. Crancer A Jr, O'Neall PA. A record analysis of Washington drivers with license restrictions for heart disease. Northwest Med 1970; 69:409. Hansotia P, Broste SK. The effect of epilepsy or diabetes mellitus on the risk of automobile accidents. N Engl J Med 1991; 324:22. Masland RL. The physician's responsibility for epileptic drivers. Ann Neurol 1978; 4:485. Kwon C, Liu M, Quan H, et al. Motor vehicle accidents, suicides, and assaults in epilepsy: a populationbased study. Neurology 2011; 76:801. Sheth SG, Krauss G, Krumholz A, Li G. Mortality in epilepsy: driving fatalities vs other causes of death in patients with epilepsy. Neurology 2004; 63:1002. Barrow RL, Fabing HD. Driver's licensing laws. In: Epilepsy and the Law, Hoeber Medical Division of Harper and Row. New York 1966, p.57. Lee W, Wolfe T, Shreeve S. Reporting epileptic drivers to licensing authorities is unnecessary and counterproductive. Ann Emerg Med 2002; 39:656. Sundelin HEK, Chang Z, Larsson H, et al. Epilepsy, antiepileptic drugs, and serious transport accidents: A nationwide cohort study. Neurology 2018; 90:e1111. Krauss GL, Ampaw L, Krumholz A. Individual state driving restrictions for people with epilepsy in the US. Neurology 2001: 57:1780. Krauss GL, Krumholz A, Carter RC, et al. Risk factors for seizure-related motor vehicle crashes in patients with epilepsy. Neurology 1999; 52:1324. van der Lugt PJ. Is an application form useful to select patients with epilepsy who may drive? Epilepsia <u>1975</u>; 16:743. Taylor J, Chadwick DW, Johnson T. Accident experience and notification rates in people with recent seizures, epilepsy or undiagnosed episodes of loss of consciousness. QJM 1995; 88:733. Lings S. Increased driving accident frequency in Danish patients with epilepsy. Neurology 2001; 57:435. Berg AT, Vickrey BG, Sperling MR, et al. Driving in adults with refractory localization-related epilepsy. Multi-Center Study of Epilepsy Surgery. Neurology 2000; 54:625. Neal A, Carne R, Odell M, et al. Characteristics of motor vehicle crashes associated with seizure: Car crash semiology. Neurology 2018; 91:e1102. Gastaut H, Zifkin BG. The risk of automobile accidents with seizures occurring while driving: relation to seizure type. Neurology 1987; 37:1613. Consensus statements, sample statutory provisions, and model regulations regarding driver licensing and epilepsy. American Academy of Neurology, American Epilepsy Society, and Epilepsy Foundation of America. Epilepsia 1994; 35:696. Ma BB, Bloch J, Krumholz A, et al. Regulating drivers with epilepsy in Maryland: Results of the application of a United States consensus guideline. Epilepsia 2017; 58:1389. Beghi E, Sander JW. Epilepsy and driving. BMJ 2005; 331:60. Seizures, Driver Licensure, and Medical Reporting Update | Neurology (29) Include a schedule for review of the regulation including: A. The length of the public comment period: 30 Days B. The date or dates on which any public meetings or hearings will be held: Public meetings were held on October 27, 2023, April 26, 2024, and May 2, 2025 C. The expected date of delivery of the final-form regulation: To be determined D. The expected effective date of the final-form regulation: Upon publication in the

Pennsylvania Bulletin

E. The expected date by which compliance with the final-form regulation will be required:

Upon publication in the

Pennsylvania Bulletin

F. The expected date by which required permits, licenses or other approvals must be obtained:

N/A

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

PennDOT's Bureau of Driver Licensing's Medical Unit plans to:

- Monitor the crash rates for a period after this regulation is put into place.
- Keep detailed records on seizure crash rates.
- Monitor the increase in reports of seizures.
- Monitor the number of recalls and appeals of recalls.
- Monitor the number of crashes related to medical events.

DL-121 (5-22)



SEIZURE REPORTING FORM

Bureau of Driver Licensing, P.O. Box 68682, Harrisburg, PA 17106-8682, (717) 787-9662 **Return this form to the address listed above.** For Fax, the number is 717-705-4415, or email to Medical@pa.gov.

THIS FORM APPROVED BY THE MEDICAL ADVISORY BOARD

For Official PennDOT Use Only

Provider: For more information relating to Medical Reporting, visit <u>www.dmv.pa.gov</u> and click on the Medical Reporting tab under Information Centers.

PATIENT INFORMATION (Please complete this form in its entirety)

DR	IVER'S LICE	ENSE NO	D.	LAST NAME(S)			JR. ETC	FIRST	NAME			
H	HEIGHT	SEX	EYE COLOR	DATE OF	BIRTH	TELER	PHONE NUMBER	<u> </u>	\perp	E-MAIL (if	applicabl	e)	
FE	ET INCHES			MONTH DAY	YEAR					`		,	
			D. Box number mused as the only	ay be used in add address.	ition to the actua	al	CITY				STATE	ZIP COD	DE
1.	How lo	ng hav	ve you beer	n treating the	e patient?								
2.	Did the	patie	nt have a se	eizure?				,					I Yes □ No
	(a) If ye	es, da	te of the se	izure:									
3.	Has the	e patie	ent had mor	e than one s	seizure?								J Yes □ No
4.	Does th	ne pat	ient have a	n electrically	diagnosed	d seiz	ure disorder	?					J Yes □ No
5.	Has the	patie	nt had an E	EEG? Ye	s 🗆 No I	If yes,	date of EE	G:					
6.	Is the p	atient	being treat	ed with med	lication?								J Yes □ No
	(a) Doe	s the	medication	affect the pa	atient's abi	lity to	safely oper	ate a mo	tor ve	hicle?.		🗆	J Yes □ No
7.	Other t	han a	seizure dis	order, does	the patient	have	episode(s)	of loss o	f cons	sciousn	ness or	aware	eness
	that wo	uld in	terfere with	the safe op	eration of a	a moto	or vehicle?						J Yes □ No
	(a) If ye	es, ple	ease explair	n:									
8.	Does th	e patie	ent have sei	zure(s) attrib	utable to a r	presc	ri bed chang	e in or ren	noval	from m	edicatio	on?□	J Yes □ No
	(a) If ye	es, wh	en was the	medication	changed/d	iscont	tinued?						
	(b) If ye	es, da	te of last se	izure:									
	(c) Has	the o	riginal med	ication been	reintroduc	ed?	J Yes □ N	o Date:					

PATIENT NAME	DRIVER'S LICEN	ISE NUMB	ER
9. Does the patient have seizure(s) alw	vavs preceded by a specific prolono	ned aura?	□ Yes □ No
(a) If yes, what is the duration of the			
(b) How is it manifested?			
(c) Has the patient experienced the	aura for at least 2 years?	• • • • • • • • • • • • • • • • • • • •	☐ Yes ☐ No
0. Does the patient experience only an	aura?		Yes □ No
(a) How is it manifested?			
(b) Has the patient experienced only			
1. Does the patient have a pattern of s	eizure(s) occurring only during slee	ep or immedi	ately upon
awakening?		,	Yes 🗆 No
(a) Has the patient experienced this	pattern for at least 2 years?		
Were the only seizure(s) the patient illness, toxic ingestion, or metabolic			_
(a) If yes, please explain and include	e dates of seizure(s):		
			·
13.Does the patient need to be seizure to a lf yes, please explain:	free for an additional 3 month perio	d?	□ Yes □ No
HEALTH CARE PROVIDER INFORMATION	ON (Please print or type)		
HEALTH CARE PROVIDER'S NAME	SPECIALTY	HEALTH	CARE PROVIDER'S LICENSE NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	'	
I hereby state that the facts above set forth are true a statements made herein are made subject to the pen a fine up to \$2,500 and/or imprisonment up to 1 years	alties of 18 Pa. C.S. § 4904 (relating to unsworn	tion and belief. I u falsification to au	inderstand that the thorities) punishable by
Health Care Provider's	Signature		Date

FACE SHEET FOR FILING DOCUMENTS WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

RECEIVED

Independent Regulatory Review Commission

August 13, 2025

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General.

Katherine P. By: Zimmermann Digitally signed by Katherine P. Zimmermann DN: cn-Katherine P. Zimmermann, o-Pennsylvania Office of Attorney General, ou-Legal Review Soctiocimal-leximmermanngsattorneygeneral.gov, c-US Date: 2025.07.28 14:26:04-04'00'

(Deputy Attorney General)

July 28, 2025

Date of Approval

☐ Check if applicable
Copy not approved. Objections attached.

Copy of below is hereby certified to be true and correct copy of a document issued, prescribed or promulgated by:

Department
of
Transportation
(Agency)

DOCUMENT/FISCAL NOTE NO. 18-486

DATE OF ADOPTION

ev Meller

Secretary of Transportation

Copy below is hereby approved as to form and legality. Executive or Independent Agencies.

Cysthus Mosty Dictary, o, ou email: Montgomery, o, ou email: Opposition of the Mosty Dictary, on the Company of the Company of

July 8, 2025

(Date of Approval)

(Deputy General Counsel)
(Chief Counsel, Independent Agency)
(Strike Inapplicable Title)

☐ Check if applicable. No attorney General Approval or Objection within 30 days after submission.

TITLE 67. TRANSPORTATION

PART I. DEPARTMENT OF TRANSPORTATION

SUBPART A. VEHICLE CODE PROVISIONS

ARTICLE IV. LICENSING

CHAPTER 83

§83.4 SEIZURE REGULATION

Proposed Rulemaking

The Pennsylvania Department of Transportation (department), proposes to amend § 83.4 (relating to seizure disorder) to read as set forth in Annex A. The proposed rulemaking will reduce the period of time that a person is disqualified from driving following a seizure from a period of no less than 6 months to a period of no less than 3 months. The proposed rulemaking will also allow flexibility by providing for an additional period of restriction if, in the opinion of the person's licensed physician the seizure disorder is likely to impair the ability of the person to control and safely operate a motor vehicle for a period longer than 3 months.

Statutory Authority

This proposed rulemaking is authorized under 75 Pa.C.S. §§ 1512, 1517—1519 and 6103 Under 75 Pa.C.S. § 6103 (relating to promulgation of rules and regulations by department), the department has broad rulemaking authority to promulgate, consistent with and in furtherance of the Vehicle Code (75 Pa.C.S. §§ 101—9910), rules and regulations in accordance with which the department shall carry out its responsibilities and duties. Chapter 15 of the Vehicle Code (75 Pa.C.S. §§ 1501—1586) relates to the licensing of drivers and gives the department the authority to impose restrictions on drivers to assure the safe operation of a motor vehicle. Specifically, under 75 Pa.C.S. § 1512 (relating to restrictions on drivers' licenses), the department has the "authority whenever good cause appears to impose restrictions suitable to the licensee's driving ability" and may impose "such other restrictions applicable to the licensee as the department may determine to be appropriate to assure the safe operation of a motor

vehicle by the licensee." The Medical Advisory Board (MAB), under 75 Pa.C.S. § 1517 (relating to medical advisory board), has a duty to "advise the department and review regulations proposed by the department concerning physical and mental criteria" that relate "to the licensing of drivers under the provisions of" the Vehicle Code. The MAB, under 75 Pa.C.S. § 1518 (relating to reports on mental or physical disabilities or disorders), is given the authority to "define disorders characterized by lapses of consciousness or other physical disabilities affecting the ability of a person to drive safely." Finally, 75 Pa.C.S. § 1519 (relating to determination of incompetency) governs the department's duties when making a determination of incompetency.

Background and Need for the Amendments

Currently, § 83.4 imposes a recall of the driver's license of a person who has a seizure disorder. The recall remains in place until the person has been seizure free for at least 6 months. Once the person has been seizure free for at least 6 months, the person's driver's license may be reinstated.

The department has determined that the current regulation that mandates a minimum 6-month seizure free period before driving can resume does not necessarily reduce risk of seizure-related crashes. However, this regulation does place a significant burden on persons that need their driving privilege to hold employment and provide for self and family. The severity and predictability of seizures coming from a seizure disorder can vary from person to person. Therefore, a blanket approach for all people that have

#18-486

Title 67 Pa. Code §83.4

Seizure Disorder Proposed Preamble

June 5, 2025

seizures is not the best approach and may overly restrict some without significantly

decreasing risk to the public.

Description of the Proposed Amendments

The department, in coordination with the MAB, proposes to amend § 83.4 to reduce

the mandatory seizure-free period from a minimum of 6 months to a minimum of 3 months.

The proposed regulation will give the person's licensed physician the option of imposing

a seizure-free period that is longer than 3 months if, in the opinion of the licensed physician,

the seizure disorder is likely to impair the ability of the person to control and safely operate

a motor vehicle for a period of more than 3 months.

As discussed above, the department is authorized by various provisions of the

Vehicle Code to promulgate regulations that set the minimum medical qualifications to

obtain and maintain various classes of driver licenses. The department's MAB, after

conducting in-depth reviews and discussions, has determined that the department's current

regulations require amendment to make them consistent with existing medical practice and

improved technology.

The proposed regulation will reduce by half the required minimum seizure-free

period before restoring the operating privilege for a person with a seizure disorder. By

cutting the minimum seizure-free period from 6 to 3 months, affected persons will be

able to resume driving and engage in all the activities that are facilitated by driving but

will not appreciably increase the risk to traffic safety.

Page 3

#18-486 Title 67 Pa. Code §83.4 Seizure Disorder Proposed Preamble June 5, 2025

According to an article from American Academy of Neurology (April 8, 2025)

Seizures, Driver Licensure, and Medical Reporting Update, epileptic seizures carry a modest risk of motor vehicle accidents (MVAs), which increases with seizure frequency. However, the risk of fatal MVAs due to seizures is comparable to the general driving population and significantly lower than that associated with alcohol use disorder or young drivers. Universal legal requirements for seizure-free intervals longer than 3 months do not effectively lower the number of MVAs, while individualized restrictions based on clinical factors should be more effective. Many individuals with epilepsy disregard driving restrictions, and personalized, less stringent rules may improve compliance. In Maryland, a 3-month seizure-free requirement resulted in only 2 reported MVAs over 7 years. Overall, mandatory reporting by healthcare practitioners does not reduce MVAs and may lead to unlicensed driving or information withholding. Evidence suggests that longer universal seizure-free intervals do not significantly impact MVA rates or fatalities.

Another study involving death certificate analysis of fatal seizure-related crashes also did not find significant differences between states with shorter (3 month) versus longer (6 to 12 month) requirements for freedom from seizures. (Krauss, 2004)

The department also proposes to add a new provision providing that the 3-month seizure-free interval may be extended based on a thoughtful consideration of both positive and negative factors by the treating licensed physician. In certain cases, it may be beneficial to apply the additional 3-month restriction that goes beyond the initial 3-month

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Title 67 Pa. Code §83.4

Seizure Disorder Proposed Preamble

June 5, 2025

mark, particularly if compelling clinical factors such as treatment resistance or non-

adherence to medication are present.

Fiscal Impact

The proposed amendments would have no adverse fiscal impact on the

Commonwealth or its political subdivisions. The proposed amendments will not impose

additional costs on the medical community or Pennsylvania's licensed drivers.

Additionally, because the regulation simply reduces the standard seizure-free period to 3

months, any requirements associated with this proposed regulation will be absorbed by the

department's existing medical unit without any need to increase the department's budget.

Effective Date

The amendments will be effective upon publication of the final-form rulemaking in

the Pennsylvania Bulletin.

Public Comment

Interested persons are invited to submit written comments, recommendations or

objections regarding this proposed rulemaking to: Victoria P. Edwards, Regulatory

Counsel, Office of Chief Counsel, Pennsylvania Department of Transportation,

Commonwealth Keystone Building, 400 North Street, Harrisburg, Pennsylvania 17120-

8212, RA-PDOCCPUBCOMMENTS@pa.gov, within 30 days of publication of this notice

in the *Pennsylvania Bulletin*. Please reference "Regulation No. 18-486 Seizure Disorder"

when submitting comments.

Page 5

#18-486 Title 67 Pa. Code §83.4 Seizure Disorder Proposed Preamble June 5, 2025

Regulatory Review

Under Section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on August 13, 2025, the Department submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House and Senate Transportation Committees. A copy of this material is available to the public upon request.

Under Section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations, or objections to the proposed regulations within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria in Section 5.2 of the Regulatory Review Act (71 P.S. § 745.5b) which have not been met. The Regulatory Review Act specifies detailed procedures for review prior to final publication of the rulemaking by the Department, the General Assembly, and the Governor.

Michael B. Carroll Secretary of Transportation

Annex A

TITLE 67. TRANSPORTATION

CHAPTER 83. PHYSICAL AND MENTAL CRITERIA, INCLUDING VISION STANDARDS RELATING TO THE LICENSING OF DRIVERS § 83.4. Seizure disorder.

- (a) General. A person who has a seizure disorder will not be qualified to drive unless a licensed physician reports that the person has been free from seizure for at least [6] 3 months immediately preceding, with or without medication. A person will not be disqualified if the person has experienced only auras during that period.
- (a.1) Additional Period of Restriction. A person who has a seizure disorder will not be qualified to drive for an additional 3-month period from the period provided in subsection (a) when, in the opinion of the person's licensed physician, the seizure disorder is likely to impair the ability of the person to control and safely operate a vehicle for a period longer than the period provided under subsection (a).
- (b) *Waiver*. Waiver of the freedom from seizure requirement may be made upon specific recommendation by a licensed physician if one of the following conditions apply:
- (1) A strictly nocturnal pattern of seizures or a pattern of seizures occurring only immediately upon awakening has been established over a period of at least 2 years immediately preceding, with or without medication.
- (2) A specific prolonged aura accompanied by sufficient warning has been established over a period of at least 2 years immediately preceding, with or without medication.
- (3) The person previously had been free from seizure for a [6] <u>3-</u>month period and the subsequent seizure or seizures occurred as a result of a prescribed change in or removal from

medication while under the supervision of a licensed physician. This waiver will only be provided upon reinstitution of previous medication.

- (4) The person previously had been free from seizure for [6] <u>3</u> months and the subsequent seizure or seizures occurred during or concurrent with a nonrecurring transient illness, toxic ingestion[,] or metabolic imbalance.
- (c) Reporting requirements for provider. Every provider who treats a person who has experienced a single seizure shall provide, consistent with 75 Pa.C.S. § 1518(b) (relating to reports on mental or physical disabilities or disorders), a report to the Department which shall constitute cause for the Department to direct the person to undergo an examination prescribed under 75 Pa.C.S. § 1519 (relating to determination of incompetency).



August 13, 2025

David Sumner, Executive Director Independent Regulatory Review Commission 333 Market Street, 14th Floor Harrisburg, Pennsylvania 17101

Re: Proposed Rulemaking

18-486 — 67 Pa. Code § 83.4

Seizure Disorder

Dear Mr. Sumner:

Enclosed please find a copy of the proposed regulatory package of the Department of Transportation for the amendment of 67 Pa. Code § 83.4, Seizure Disorder.

The Department will be happy to provide whatever information the Independent Regulatory Review Commission may require during the course of its review of the rulemaking.

Very truly yours,

Victoria P. Edwards

Victoria P. Edwards

Regulatory Counsel

From: <u>Josiah Shelly</u>

To: Edwards, Victoria; Kerry Benninghoff

Cc: Wagner, Teresa; Spotts, Jeffrey M; Sullivan, Daniel; Domoto, Aaron; Kayer, Kristin; Fertenbaugh, Seth

Subject: RE: [EXTERNAL]: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4

Date: Wednesday, August 13, 2025 12:21:43 PM

Attachments: image001.png RECEIVED

Independent Regulatory
Review Commission

Keview Commission

August 13, 2025

Best Regards,

Received.

Josiah Shelly
Executive Director (R)
House Transportation Committee
Pennsylvania House of Representatives
129 Ryan Office Building
717-787-8592

From: Edwards, Victoria <victoredwa@pa.gov> Sent: Wednesday, August 13, 2025 8:27 AM

To: Kerry Benninghoff < Kbenning@pahousegop.com>; Josiah Shelly < Jshelly@pahousegop.com> **Cc:** Wagner, Teresa < tereswagne@pa.gov>; Spotts, Jeffrey M < jespotts@pa.gov>; Sullivan, Daniel < danisulliv@pa.gov>; Domoto, Aaron < aardomoto@pa.gov>; Kayer, Kristin < kkayer@pa.gov>; Fertenbaugh, Seth < sfertenbau@pa.gov>

Subject: [EXTERNAL]: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4

Importance: High

Good morning,

Please see the attached rulemaking documents for proposed rulemaking – 67 Pa. Code Chapter 83.4 Seizure Disorders (Agency #18-486). All rulemaking documents are included in the attached files. Please confirm your receipt of this email by responding with an email confirmation.

Thank you,

Victoria



Review Commission

From: Gensimore, Justin August 13, 2025

To: Edwards, Victoria; Flynn, Senator Marty

Wagner, Teresa; Spotts, Jeffrey M; Sullivan, Daniel; Domoto, Aaron; Kayer, Kristin; Fertenbaugh, Seth Cc:

Re: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4 Subject:

Date: Wednesday, August 13, 2025 10:07:27 AM

Attachments: image001.png

Good morning,

On behalf of Chairman Flynn, please allow this email serve as confirmation of receipt of the proposed rule making.

Thank you!

Warm regards,

Justin M. Gensimore

Executive Director | Senate Transportation Committee Policy Director | Office of Senator Marty Flynn Room 184 Main Capitol | Harrisburg | PA | 17120 (O) 717.787.6481 | (E) Justin.Gensimore@PASenate.com

From: Edwards, Victoria <victoredwa@pa.gov> **Sent:** Wednesday, August 13, 2025 8:27:08 AM

To: Flynn, Senator Marty <marty.flynn@pasenate.com>; Gensimore, Justin <Justin.Gensimore@pasenate.com>

Cc: Wagner, Teresa <tereswagne@pa.gov>; Spotts, Jeffrey M <jespotts@pa.gov>; Sullivan, Daniel <danisulliv@pa.gov>; Domoto, Aaron <aardomoto@pa.gov>; Kayer, Kristin <kkayer@pa.gov>; Fertenbaugh, Seth <sfertenbau@pa.gov>

Subject: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4

■ EXTERNAL EMAIL ■

Good morning,

Please see the attached rulemaking documents for proposed rulemaking – 67 Pa. Code Chapter 83.4 Seizure Disorders (Agency #18-486). All rulemaking documents are included in the attached files. Please confirm your receipt of this email by responding with an email confirmation.

Thank you,

Victoria



Independent Regulatory

August 13, 2025



Governor's Office of General Counsel

Department of Transportation | Office of Chief Counsel

400 North Street | P.O. Box 8212 | Harrisburg, PA 17105-8212

Phone: 717.787.5299

victoredwa@pa.gov | www.penndot.pa.gov

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Independent Regulatory Review Commission August 13, 2025

From: Bulletin

To: <u>Edwards, Victoria</u>

Cc: Spotts, Jeffrey M; Domoto, Aaron; Kayer, Kristin; Fertenbaugh, Seth; Adeline E. Gaydosh; Alyssa M. Burns

Subject: [External] Re: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4

Date: Wednesday, August 13, 2025 9:10:50 AM

Attachments: <u>image001.png</u>

ATTENTION: This email message is from an external sender. Do not open links or attachments from unknown senders. To report suspicious email, use the <u>Report Phishing</u> button in Outlook.

Good morning, Victoria,

Thank you for formally submitting this proposed rulemaking. It is scheduled for publication in the 8/23 issue of the *Pennsylvania Bulletin*.

Have a terrific day!

Adeline

Adeline Gaydosh | Legal Assistant

agaydosh@palrb.us | 717.783.3984 Legislative Reference Bureau Pennsylvania Code & Bulletin Office 647 Main Capitol Building Harrisburg, PA 17120

From: Edwards, Victoria <victoredwa@pa.gov> Sent: Wednesday, August 13, 2025 8:27 AM

To: Bulletin <bulletin@palrb.us>

Cc: Spotts, Jeffrey M <jespotts@pa.gov>; Domoto, Aaron <aardomoto@pa.gov>; Kayer, Kristin

<kkayer@pa.gov>; Fertenbaugh, Seth <sfertenbau@pa.gov>

Subject: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4

Good morning,

As previously discussed, attached please find PennDOT's proposed rulemaking #18-486 – 67 Pa. Code, Chapter 83.4. These documents are being simultaneously delivered to the House and Senate Transportation Committees. Once, I receive your email confirmation, I will send it along with the other confirmations to IRRC. Attached please find the Cover Letter and the proposed rulemaking package in PDF. Also attached are Word versions of the Proposed Preamble and Annex A. Please send me an email confirming your receipt of this email and the attachments. Please also confirm the publication date.

Please let me know if you have any questions or concerns.

Thank you,

Victoria



Independent Regulatory Review Commission

August 13, 2025



Governor's Office of General Counsel

Department of Transportation | Office of Chief Counsel

400 North Street | P.O. Box 8212 | Harrisburg, PA 17105-8212

Phone: 717.787.5299

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Independent Regulatory Review Commission August 13, 2025

From: <u>Wagonseller, Kyle</u>

To: Edwards, Victoria; Neilson, Ed

Cc: Wagner, Teresa; Spotts, Jeffrey M; Sullivan, Daniel; Domoto, Aaron; Kayer, Kristin; Fertenbaugh, Seth

Subject: RE: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4

Date: Wednesday, August 13, 2025 8:56:44 AM

image002.png image003.png

Received.

Attachments:



Kyle Wagonseller | Executive Director

House Transportation Committee Majority Chairman Ed Neilson (D) 127 Irvis Office Building, Harrisburg, PA 17120

Office: 717-772-1786 | Cell: 717-982-1114

E-mail: kwagonse@pahouse.net

From: Edwards, Victoria <victoredwa@pa.gov> Sent: Wednesday, August 13, 2025 8:27 AM

To: Neilson, Ed <ENeilson@pahouse.net>; Wagonseller, Kyle <KWagonse@pahouse.net>

Cc: Wagner, Teresa <tereswagne@pa.gov>; Spotts, Jeffrey M <jespotts@pa.gov>; Sullivan, Daniel <danisulliv@pa.gov>; Domoto, Aaron <aardomoto@pa.gov>; Kayer, Kristin <kkayer@pa.gov>;

Fertenbaugh, Seth <sfertenbau@pa.gov>

Subject: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4

Importance: High

Good morning,

Please see the attached rulemaking documents for proposed rulemaking – 67 Pa. Code Chapter 83.4 Seizure Disorders (Agency #18-486). All rulemaking documents are included in the attached files. Please confirm your receipt of this email by responding with an email confirmation.

Thank you,

Victoria



Victoria P. Edwards | Assistant Chief Counsel

Governor's Office of General Counsel

Department of Transportation | Office of Chief Counsel

400 North Street | P.O. Box 8212 | Harrisburg, PA 17105-8212

Phone: 717.787.5299

victoredwa@pa.gov | www.penndot.pa.gov

PRIVILEGED AND CONFIDENTIAL COMMUNICATION



Independent Regulatory Review Commission August 13, 2025

From: Ritchie, Nolan

To: Edwards, Victoria

Cc: Wagner, Teresa; Spotts, Jeffrey M; Sullivan, Daniel; Domoto, Aaron; Kayer, Kristin; Fertenbaugh, Seth; Ward,

Senator Judy

Subject: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4

Date: Wednesday, August 13, 2025 9:56:45 AM

Attachments: <u>image001.png</u>

Good Morning:

First, this is to affirm that PennDOT delivered the proposed regulation in accordance with their email sent on July 30th for the planned delivery date of August 13th or August 20th.

This email also confirms receipt of the proposed rulemaking, #18-486, on behalf of the Majority Chair for the Senate Transportation Committee.

Let me know if you have any questions.

Nolan R. Ritchie, M.P.A.

Executive Director, Senate Transportation Committee Office of Senator Judy Ward (R-30) 362 Main Capitol Building, Harrisburg, PA 17112

T: 717-787-5490 | Direct: 7-0336 | E: nritchie@pasen.gov

From: Edwards, Victoria <victoredwa@pa.gov> Sent: Wednesday, August 13, 2025 8:27 AM

To: Ward, Senator Judy < jward@pasen.gov>; Ritchie, Nolan < nritchie@pasen.gov>

Cc: Wagner, Teresa <tereswagne@pa.gov>; Spotts, Jeffrey M <jespotts@pa.gov>; Sullivan, Daniel <danisulliv@pa.gov>; Domoto, Aaron <aardomoto@pa.gov>; Kayer, Kristin <kkayer@pa.gov>; Fertenbaugh, Seth <sfertenbau@pa.gov>

Subject: Proposed Rulemaking # 18-486 - 67 Pa Code, Chapter 83.4

Importance: High

Good morning,

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Thank you,

Victoria

