

Date of Hearing: June 29, 2026

ASSEMBLY COMMITTEE ON TRANSPORTATION

Lori D. Wilson, Chair

SCR 124 (Wiener) – As Amended March 2, 2026

**SENATE VOTE:** 38-0

**SUBJECT:** Transportation access: persons with epilepsy

**SUMMARY:** Encourages relevant stakeholders to evaluate existing transportation programs, develop policy options, and consider pilot initiatives that improve reliable, affordable, and accessible transportation for individuals with epilepsy. The measure would also encourage coordination with federal partners and welcome the participation of advocacy groups in informing and advancing complementary state-federal strategies.

**EXISTING LAW:**

- 1) Provides that the Department of Motor Vehicles (DMV) may refuse to issue to, or renew a driver's license of, any person who has a disorder characterized by lapses of consciousness or who has experienced, within the last three years, either a lapse of consciousness or an episode of marked confusion caused by any condition which may bring about recurrent lapses, or who has any physical or mental disability, disease, or disorder which could affect the safe operation of a motor vehicle unless the DMV has medical information which indicates the person may safely operate a motor vehicle. In making its determination, the DMV may rely on any relevant information available to the DMV. (Vehicle Code § 12806 (c).)
- 2) Requires physicians and surgeons to immediately report to the local health officer in writing the name, date of birth, and address of every patient at least 14 years of age or older whom the physician and surgeon has diagnosed as having a case of a disorder characterized by lapses of consciousness. (Health & Safety Code § 103900 (a).)
- 3) Specifies that if a physician or surgeon reasonably and in good faith believes that the reporting of a patient will serve the public interest, they may report a patient's condition even if it may not be required under the definition of disorders characterized by lapses of consciousness, as specified. (Health & Saf. Code § 103900 (a).)
- 4) Requires the local health officer to report in writing to the DMV the name, age, and address of every person reported to it as a case of a disorder characterized by lapses of consciousness. (Health & Saf. Code § 103900 (b).)
- 5) Provides that these reports shall be for the information of the DMV in enforcing the Vehicle Code, and shall be kept confidential and used solely for the purpose of determining the eligibility of any person to operate a motor vehicle on the highways of this state. (Health & Saf. Code § 103900 (c).)

**This resolution:**

- 1) Makes various statements regarding epilepsy and the impact of having epilepsy in California, including impacts on a person's ability to drive, their employment, financial stability, and contributions to the economy.
- 2) Asserts that Ireland has successfully implemented policies to improve transportation access for individuals living with epilepsy, demonstrating a feasible model for ensuring mobility and workforce participation.
- 3) Asserts that the establishment of the Congressional Epilepsy Caucus in Washington, D.C. provides an opportunity to elevate this issue to a national level, ensuring broader recognition and support for transportation accessibility for adults with epilepsy.
- 4) Resolves that the Legislature of the State of California:
  - a) recognizes transportation access as a critical determinant of employment, independence, and economic participation for adults living with epilepsy, particularly those subject to medically necessary driving restrictions, and urges future legislative action to address persistent transportation barriers that disproportionately affect working age adults with epilepsy, especially in suburban and rural regions;
  - b) encourages relevant stakeholders to evaluate existing transportation programs, develop policy options, and consider pilot initiatives that improve reliable, affordable, and accessible transportation for individuals with epilepsy, with the goals of reducing unemployment, strengthening workforce participation, and promoting economic self-sufficiency; and,
  - c) encourages coordination with federal partners, including the United States Congress and the Congressional Epilepsy Caucus, and welcomes the participation of advocacy organizations in informing and advancing complementary state-federal strategies, while affirming that the responsibility for policy leadership and action rests with elected legislative bodies.

**FISCAL EFFECT:** Unknown

**COMMENTS:** *According to the author,* "SCR 124 addresses the transportation barriers faced by individuals with epilepsy in California. The resolution highlights the need for equitable mobility options, recognizing that seizure disorders can limit personal driving privileges and restrict access to employment, healthcare, and essential daily activities.

SCR 124 encourages collaboration between public health experts, transportation authorities, and advocacy groups to ensure policy decisions reflect current medical understanding and inclusive practices. The resolution supports improvements in public transportation accessibility, as well as awareness initiatives that reduce stigma related to epilepsy. Ultimately, this resolution reaffirms that mobility is a key component of social inclusion and economic participation. Addressing the needs of people with epilepsy strengthens California's overall commitment to fairness, accessibility, and community wellbeing. "

Physicians are required to report lapses of consciousness, including those caused by epilepsy, to the DMV. This can result in a license suspension or revocation of the license of the person who had the lapse of consciousness. Losing the ability to drive impairs the person's ability to efficiently get to their target destinations, including their job.

SCR 124 encourages relevant stakeholders to evaluate existing transportation programs, develop policy options, and consider pilot initiatives that improve reliable, affordable, and accessible transportation for individuals with epilepsy, with the goals of reducing unemployment, strengthening workforce participation, and promoting economic self-sufficiency. The measure also encourages coordination with federal partners, including the United States Congress and the Congressional Epilepsy Caucus, and welcomes the participation of advocacy organizations in informing and advancing complementary state-federal strategies, while affirming that the responsibility for policy leadership and action rests with elected legislative bodies.

According to the *California Neurology Society*, sponsors of the resolution, epilepsy affects approximately 450,000 Californians, more than any other state, and imposes significant economic, social, and medical burdens on affected individuals and their families. The majority of adults with epilepsy are employable and seeking financial independence.

[ . . . ] The recently introduced National Plan for Epilepsy Act (S. 494) would require the Department of Health and Human Services to establish a national plan coordinating research and services across all federal agencies, further signaling federal commitment to addressing epilepsy comprehensively. By encouraging stakeholders to evaluate existing programs and develop pilot initiatives, SCR 124 ensures California complements and advances the goals of the Congressional Epilepsy Caucus and the National Plan for Epilepsy Act. Together, these coordinated state and federal efforts can meaningfully reduce unemployment, strengthen workforce participation, and promote economic self-sufficiency for Californians with epilepsy.

*Previous legislation.* SCR 11 (Cervantes, Res. Ch. 179, Stats. 2025) proclaimed November 2025 as Epilepsy Awareness Month and called upon all Californians to recommit their communities to increasing awareness and understanding of those living with epilepsy.

## **REGISTERED SUPPORT / OPPOSITION:**

### **Support**

California Neurology Society (sponsor)  
Association of Regional Center Agencies  
Epilepsy Foundation Los Angeles

### **Opposition**

None on file

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