§ 2997-f-1. Provision of information relating to sudden unexpected death in epilepsy. 1. Any health care practitioner who is treating a patient diagnosed with epilepsy and at elevated risk for sudden unexpected death in epilepsy, who has primary responsibility for the treatment and care of the patient for epilepsy, other than a health care practitioner treating such patient in an emergency situation, shall provide such patient with the following written information:

(a) current and evidence-based information about sudden unexpected death in epilepsy risk factors and conditions reviewed and approved by one or more professional not-for-profit organizations with expertise in neurology and epilepsy; and

(b) contact information for nonprofit organizations that provide information and support services for epilepsy conditions.

2.(a) The commissioner shall provide written information to health care practitioners necessary to implement subdivision one of this section, and shall post such information on the department's website.

(b) The commissioner shall ensure that such information is culturally and linguistically appropriate for all recipients.

(c) Any local or national organization that provides education or services related to epilepsy conditions may request that the commissioner include such organization's informational material and contact information on the department's website. Once such a request is made, the commissioner may add the information to the department's website at his or her discretion.

(d) The commissioner shall, in consultation with local and national organizations that provide education or services related to epilepsy conditions, provide guidance to health care practitioners to assist health care practitioners in determining whether a patient is at elevated risk for sudden unexpected death in epilepsy, including but not limited to, whether the patient has had convulsive seizures, the frequency and recency of such seizures, and whether the patient's symptoms have subsided in response to medicinal or surgical treatment.

3. A health care practitioner found to be in violation of this section shall be issued a warning and shall suffer no further civil penalty or discipline on any first offense, provided such violation was not

committed willfully and knowingly.