BRAIN FIRST
family center

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Re: House Bill 2203 – Adding Fetal Alcohol Spectrum Disorder (FASD) to Conditions That May Establish Eligibility for Special Education

Proponent In-person Testimony

Kansas House Committee Hearing – January 15, 2026

Chairperson and Members of the Committee:

I come before you as both a clinician and a caregiver to express my strong support for House Bill 2203 and its proposal to include Fetal Alcohol Spectrum Disorder, or FASD, among the conditions that may establish eligibility for special education services in Kansas.

I am a Doctor of Nursing Practice, board-certified Psychiatric Mental Health Nurse Practitioner, and the founder and clinical director of Brain First Family Center in Lenexa, Kansas—a psychiatric clinic with a primary focus on FASD. To my knowledge, ours is the only continuously operating clinic in Kansas with a primary mission to support individuals and families affected by FASD. I also serve on the Kansas Developmental Disability Council's Behavioral Health Workgroup and work with the nonprofit Little Lobbyists to advocate for children with disabilities. Additionally, I am a member of several international FASD-focused workgroups and am the lead investigator on a multi-state research project examining the impact of FASD within the foster care system. Most importantly, I am the parent of two amazing children on the FASD spectrum.

FASD represents a range of lifelong neurodevelopmental and physical impairments caused by prenatal alcohol exposure. Individuals on this spectrum often experience impairments in executive functioning, learning, memory, emotional regulation, and adaptive skills—functions that are essential for success in school and in life.

Current research estimates that FASD affects approximately one in twenty individuals. Based on average classroom sizes in Kansas, this means that nearly every classroom includes at least one student with FASD. Yet because FASD is not explicitly recognized within special education eligibility criteria, many of these students are mislabeled, misunderstood, or excluded from appropriate support services.

When FASD is not recognized, the impact extends beyond the individual child. Students with unrecognized and unsupported FASD often require frequent redirection, experience repeated disciplinary removals, and struggle to meet expectations that do not align with how their brains function. This disrupts classrooms, increases teacher burnout, and diverts instructional time and resources away from all students. Explicit recognition of FASD would allow schools to respond with proactive, brain-based supports rather than reactive discipline.

School is the work of childhood. It is where children learn not only academics, but also problem-solving, emotional regulation, and how to function in community. When children with FASD are not supported in this essential work, the negative impact can include poorer educational outcomes, increased mental health needs, and greater involvement with social service and justice systems to name just a few. But, when we provide appropriate supports, the benefits extend across families, schools, and communities for a lifetime.

House Bill 2203 represents an evidence-informed, compassionate, and fiscally responsible step forward. It aligns Kansas policy with current medical science and provides schools and families with the clarity needed to support students effectively.

I respectfully urge you to support House Bill 2203 and ensure that children with FASD are recognized, supported, and given the opportunity to succeed in school and ultimately in life.

Thank you for your time and for your commitment to Kansas children and families.

Respectfully submitted,

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