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**Re: HB 2203 Adding Fetal Alcohol Spectrum Disorder amongst the conditions that may establish entitlement to Special Education as an “other health impairment”**

January 13, 2026

Honorable Committee Members:

Thank you for the opportunity to provide testimony supporting this bill. I am here on behalf of myself and the Kansas FASD Support Network, where I serve as Secretary. I graduated from Washburn University School of Law and served 28 years as an Air Force Judge Advocate. My decorations include the Legion of Merit and selection as the Outstanding Reserve Attorney of the Air Force. My son, now age 22, was diagnosed with Fetal Alcohol Spectrum Disorder (FASD) at age 15.

FASD is a group of conditions resulting from prenatal exposure to alcohol, including physical problems and problems with learning and behavior. It is a developmental disability with characteristics ranging from mild to severe. Up to 1 in 20 school children may have FASD according to the CDC. That's one in every classroom, or roughly 25,000 kids in KS. The Institute of Medicine determined that the neurobehavioral effects of alcohol on the fetus far exceed those of other substances of abuse, including cocaine, heroin and marijuana. FASD is a top cause of learning disabilities.

Sadly, most students with FASD are unidentified or misdiagnosed. Most have a normal IQ and are articulate, resulting in the false conclusion that they are capable of performing academic, communication and social skills at the same level as their peers. Due to the nature of the brain damage incurred, they generally experience significant difficulties which may not be reflected on traditional assessments. Research confirms that students with FASD have special learning needs and a wide range of social and behavioral challenges. Unless FASD is identified and appropriate supports and accommodations provided, these students fail to meet expectations based on their chronological age and may develop FASD's known secondary characteristics. The CDC identifies these to include school dropout, employment problems, justice system involvement, homelessness and substance abuse. In short, when FASD is not identified, impacted kids are at risk of becoming a burden to society. Conversely, when FASD is identified and appropriate supports provided, they succeed.

My son's experience is typical. When we adopted him at 4 months of age, we were told he was normal and healthy. But his school performance appeared to be well below his abilities and peers ostracized him. He was denied SpEd because his abilities were erroneously perceived to exceed his performance. As is typical with FASD, his intelligence and expressive language skills masked his problems with receptive language, processing time, memory issues, abstract reasoning, inconsistent performance and self-regulation. He was obviously struggling, and by middle school, we had consulted 23 professionals and completed the 16 treatment programs that they recommended. But nothing really helped. Instead, we gained only an array of misdiagnoses and inappropriate treatments. As is typical, the cause of his failure to meet age-appropriate expectations was misperceived as a lack of motivation, social skills or disobedience. The root of his problem – FASD – was not identified.

I am outraged that 23 professionals failed to recognize classic symptoms of the most common developmental disability on the planet! In my view, the TOP problem with FASD is mass ignorance by professionals and the public.

At age 15, my son was finally diagnosed with FASD and we could begin to better understand his needs. Now, with appropriate supports, he's a successful HVAC student. The years of misdiagnoses and attempted interventions all failed because FASD's deficits require unique supports.

If educators had known about FASD, my son's schooling would have avoided years of unnecessary frustration and chronic failure – an experience that left scars! If educators know about FASD, we can avoid students struggling because they can't meet expectations. If educators know about FASD, we can avoid the poor life outcomes that kids with FASD often face. If educators know about FASD, we can lessen the strain on our social service systems.

I will stand for questions.

A handwritten signature in black ink that reads "Julia D. Rivera". The signature is fluid and cursive, with "Julia" and "Rivera" being the most prominent parts.