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HB 2203: Adding FASD to the Conditions that May Establish Eligibility for Special Education
Proponent – Written Testimony for Hearing on January 15, 2026

Honorable Members of the House Committee on Education:

My family and I are deeply grateful for the opportunity voice our strong support for HB 2203.

I am a nurse practitioner with a background in pediatric neurology, and I am also the parent of a child adopted from foster care who has a confirmed FASD diagnosis. I offer both my professional expertise and lived experience to urge your support of this bill.

From a medical and biological standpoint, FASD is a brain injury. Prenatal alcohol exposure alters how DNA functions and disrupts normal brain development, resulting in permanent changes to brain structure and connectivity. These neurologic differences affect executive functioning, memory, processing speed, attention, emotional regulation, and adaptive skills. While the effects vary widely from child to child, FASD is lifelong and not something a child can simply “outgrow” with maturity or effort.

In the school setting, children with FASD often struggle with tasks that rely on executive functioning, such as following multi-step directions, organizing work, transitioning between activities, regulating behavior, and retaining previously learned information. Many appear verbally capable or intellectually average, which can mask their disabilities and lead to unrealistic expectations. As a result, these students are frequently misidentified as unmotivated, oppositional, or “behavioral,” rather than recognized as having a neurologic disability requiring specialized instruction and supports.

Because FASD is not explicitly listed as a qualifying disability in Kansas, these children routinely fall through the cracks.

In my own family’s experience within the Olathe School District, it took more than two years, hundreds of hours of communication, thousands of dollars spent on an educational advocate, multiple outside evaluations, and ultimately the threat of legal action for my daughter to access appropriate special education services.

This is not a realistic or equitable path for most families—especially foster, adoptive, and kinship caregivers who are already navigating complex systems with limited resources.

HB 2203 would not create a new disability—it would acknowledge an existing, well-established neurologic condition and give schools clearer guidance to appropriately identify and support affected students. Early and accurate access to special education is not only educationally sound, but fiscally responsible, as it reduces school failure, behavioral crises, and long-term adverse outcomes.

Kansas children with FASD deserve recognition of their disability and access to the supports they need to succeed. I respectfully urge you to support HB 2203.

Thank you for your time and consideration.

Sincerely,

JBrooks

Jessica Brooks, DNP, APRN, FNP-C
Parent of a child with an FASD and nurse practitioner with specific training in neurology and FASDs