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HB 2420: Requiring school districts to obtain parental consent prior to providing certain school-based mental health services to a student.

Neutral Conferee – In person testimony

1/22/2026

Chair Estes, and members of the committee, thank you for the opportunity to provide testimony today on HB 2420.

My name is Kathy Mosher, and I am the President and CEO of Astra Mental Health & Recovery, the licensed Community Mental Health Center (CMHC) and Certified Community Behavioral Health Clinic (CCBHC) serving Shawnee County. I also serve as President of the Board of Directors of the Association of Community Mental Health Centers of Kansas, representing all 25 licensed CMHCs that provide behavioral health services across all 105 Kansas counties, 24 hours a day, seven days a week.

Community Mental Health Centers and CCBHCs provide behavioral health services to individuals of all ages, regardless of ability to pay, including crisis services delivered in community-based settings such as schools. Parents and families are essential partners in care, and engaging them is both standard practice and critical to positive outcomes.

Kansas law already clearly establishes when parental consent is required and when it is not—particularly in situations involving mental health crises or immediate safety concerns. With that framework in mind, I would like to share concerns about HB 2420 as currently written.

1. Conflict with Kansas Minor Consent Law for Mental Health Services

Kansas statute **K.S.A. 65-5603** explicitly allows minors **14 years of age or older** to consent to outpatient mental health services without parental consent. This law reflects long-standing recognition that timely access to mental health care for adolescents is sometimes necessary and appropriate, even when parental consent cannot be obtained immediately.

As written, HB 2420 appears to require parental consent before certain school-based mental health services are provided, without acknowledging or aligning with this existing statutory authority. This creates potential confusion and conflict for providers and schools who are already operating under established Kansas law.

2. Conflict with Kansas Crisis and Emergency Intervention Statutes

Kansas law already authorizes **immediate mental health intervention without prior consent when safety is at risk**.

Under the Kansas Care and Treatment Act for Persons with a Mental Illness:

- **K.S.A. 59-2949** allows for emergency observation, examination, and intervention when a person appears to be a danger to themselves or others.
- **K.S.A. 59-2950** further outlines emergency detention and evaluation procedures designed to protect individuals and the public during a behavioral health crisis.

These statutes recognize that **requiring prior consent in an emergency could delay care and increase risk**. HB 2420 does not clearly exempt crisis services from its consent requirements, which could place school personnel and contracted mental health providers in direct conflict with their legal authority—and responsibility—to act immediately in crisis situations.

3. Conflict with Duty-to-Protect and Immediate Safety Obligations

Kansas law and professional standards impose duties on mental health professionals to act when there is a credible threat of harm.

- **K.S.A. 65-6319** (Kansas duty-to-warn and duty-to-protect statute) permits and, in some cases, requires mental health professionals to take reasonable steps to protect individuals when there is a serious risk of violence or self-harm.

In school settings, this often involves **immediate assessment, de-escalation, and crisis intervention**, followed by parental notification as soon as practicable. HB 2420's layered consent and notification requirements—verbal notice, written notice, and written or electronic consent—could unintentionally interfere with a provider's ability to fulfill these legal and ethical obligations.

Additional Practical Concerns

- Parents are frequently unreachable during the school day.
- The bill does not address what happens when a student needs immediate support and consent cannot be obtained quickly.
- Verbal or phone consent is widely accepted in healthcare when timing is critical; written consent, while ideal, is not always immediately attainable.
- The bill's language regarding who may conduct suicide risk assessments appears to exclude contracted or non-district-employed mental health professionals, despite the fact

that **many Kansas school districts rely on CMHCs** to provide these services due to workforce shortages and clinical expertise requirements.

Conclusion

In closing, Kansas already has a well-established statutory framework that balances parental involvement with the need for timely mental health intervention—particularly in crisis situations. As written, HB 2420 appears to conflict with existing Kansas consent and emergency intervention laws, potentially creating confusion, delaying care, and increasing risk to students.

We respectfully encourage the committee to consider amendments that:

- Explicitly exempt crisis and emergency mental health services,
- Align with **K.S.A. 65-5603** regarding minor consent,
- Preserve existing emergency authorities under **K.S.A. 59-2949 and 59-2950**, and
- Ensure consistency with Kansas duty-to-protect statutes.

We have this provided neutral testimony because we agree with the intent of the bill to provide parental communication and notification in a timely manner, but we felt it was important to share these concerns.

Thank you for the opportunity to provide testimony. I am happy to stand for questions at the appropriate time.