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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.

Opponent

Written Only

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Chair and Members of the Committee:

Thank you for the opportunity to submit written testimony in opposition to House Bill 2420. My name is Hanna Mick, and I am a practicing school counselor in Kansas. I work directly with students and families every day, and I write to share concerns grounded in real school practice. While I understand the intent of this bill may be to increase transparency and parental involvement, the impact of HB 2420, as written, would significantly limit student access to timely support and disproportionately harm the students who need school-based support the most.

I have never met a parent who wanted their child to struggle alone. Unfortunately, this bill unintentionally creates exactly that outcome.

The Role of the School Counselor

School counselors are trained, licensed professionals who support students' academic success, social-emotional development, and behavioral growth within the school setting. We do not provide long-term clinical therapy or diagnoses. Instead, we offer brief, responsive support when students experience peer conflict, anxiety, emotional dysregulation, or other barriers to learning during the school day.

School counseling is preventative and timely by design. Students do not schedule emotional needs weeks in advance. Early, brief intervention is what prevents small issues from escalating into crises, discipline referrals, or academic disruption.

Confidentiality, within ethical and legal limits, is foundational to this work. Students are far less likely to seek help if they believe every conversation requires parental permission before support can occur.

Family Involvement Already Happens

It is important to clarify that school counselors already involve families appropriately and consistently. Parental consent is routinely obtained for small group counseling, ongoing skill-building, and targeted supports. When students work with counselors over time to build social skills, emotional regulation strategies, or coping skills, families are contacted and included.

In Kansas schools, this work often occurs through a Student Intervention Team (SIT) or similar process, where families are involved every step of the way. HB 2420 does not strengthen family involvement. It replaces existing, thoughtful systems with a rigid requirement that removes professional judgment and delays support in the moment.

Overly Broad Definition Creates Barriers

HB 2420 defines a school-based mental health service as any program, intervention, or strategy designed to influence a student's emotional, behavioral, or social functioning, including Tier 2 and Tier 3 supports. This definition is extremely broad and captures routine school counseling practices.

For example, if a fourth-grade student comes to my office upset about a conflict with a peer and asks for help processing what happened, that interaction could be considered a Tier 2 intervention under this bill. If I meet with both students to help them communicate and repair the relationship, I may be required to obtain written parental consent before offering support.

Similarly, if a high school student approaches a counselor visibly anxious before a test and asks for help calming down, would the counselor need signed permission before teaching a five-minute breathing exercise? If a middle schooler discloses being bullied and needs immediate problem-solving support, must the counselor send home a form and wait for a signature before responding?

This bill does not require notification after support. It requires permission *before support can occur*, even for brief, preventative interactions. As a result, many students will stop seeking help altogether.

Prevention Happens Before Crisis

Most school counseling interactions fall into a gray zone. They are not emergencies, but they are not insignificant. Anxiety, emotional dysregulation, peer conflict, bullying disclosures, trauma triggers, and early self-harm ideation often appear first in these moments.

While the bill includes an exception for suicide risk, waiting until a student meets that threshold is not prevention. It is reaction. Early access to support is what keeps students safe, engaged, and learning.

Disproportionate Impact on Vulnerable Students

Although parental consent requirements may appear neutral, in practice, they create barriers for students whose families face real access challenges. Students from low-income households, multilingual learners, students with disabilities, neurodivergent students, and students with trauma histories are most affected.

Many caregivers work multiple jobs, overnight shifts, or lack reliable access to email or transportation. Some have limited English proficiency or negative past experiences with school systems. Under HB 2420, if consent cannot be obtained quickly, services cannot be provided. Support becomes delayed or denied.

Parental consent requirements favor families who have time, access, and familiarity with school systems. The result is that support becomes privilege-based instead of need-based.

Impact on Schools

HB 2420 also introduces significant civil penalties, creating a chilling effect on school staff. When definitions are unclear and consequences are severe, educators will err on the side of doing less, not more. Counselors may avoid conversations, teachers may hesitate to refer students, and administrators may default to discipline instead of support.^a

This undermines years of investment in prevention and early intervention through multi-tiered systems of support.

The intent of HB 2420 may be transparency and parental partnership. The impact, however, is reduced access, delayed support, increased inequity, and unintended harm to students.

True partnership with families requires access, trust, and professional judgment. This bill removes all three.

I respectfully urge the Committee to oppose HB 2420 as written and instead work collaboratively with practicing educators and mental health professionals to strengthen family engagement without restricting access to timely, preventative support.

Thank you for your time and consideration.

Respectfully submitted,

Hanna Mick

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