

Braeden Pfau, Ed.S., School Psychologist

Email: [braedenpfau@gmail.com](mailto:braedenpfau@gmail.com)

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

Position on bill: Opponent

Written testimony only

Hearing date: 1/22/2026

January 20, 2026

Chairperson and Committee Members,

Thank you for the opportunity to provide written testimony regarding House Bill 2420. I am submitting this testimony in my professional role as a school psychologist working in a Kansas public school. I strongly support parental involvement and transparency in schools; however, I respectfully oppose HB 2420 due to its likely unintended consequences for student safety, access to support, and the effective functioning of schools.

First, HB 2420 would significantly delay or prevent timely mental health support for students. School-based mental health services at Tier 2 and Tier 3 of a multi-tiered system of support are often brief, targeted, and responsive to emerging concerns. These supports are frequently initiated after observing warning signs such as withdrawal, escalating behavior, emotional distress, or sudden changes in functioning. Requiring direct verbal notification and written consent prior to initiating any such support creates unavoidable delays, particularly when parents are unreachable during the school day. For many students, delays in support increase the likelihood that concerns will escalate to crisis-level situations, disciplinary consequences, or emergency referrals.

Second, this bill's definition of "school-based mental health service" is overly broad and would capture routine educational practices. HB 2420 defines school-based mental health services as any program, intervention, or strategy designed to influence emotional, behavioral, or social

functioning at Tier 2 or Tier 3. Under this definition, common practices such as short-term check-ins, behavior regulation strategies, social skills instruction, or brief problem-solving meetings could trigger consent requirements. These interventions are often embedded within instructional and behavioral supports and are not analogous to clinical mental health treatment. Treating them as such blurs the line between education and therapy in a way that is inconsistent with how schools operate.

Third, the bill creates a chilling effect on staff decision-making through punitive civil penalties. The imposition of a \$5,000 civil penalty per violation places school districts and employees at significant legal risk for good-faith efforts to support students. Faced with ambiguous definitions and high financial penalties, staff may reasonably choose to avoid providing any individualized support that could be construed as a mental health service. This risk-averse environment undermines early intervention, increases reliance on exclusionary discipline, and ultimately harms students.

Fourth, existing laws already require parental consent for formal evaluations and ongoing services. Kansas and federal law already mandate parental consent for special education evaluations, school-based counseling services, and ongoing mental health interventions. HB 2420 adds a redundant layer of regulation that does not meaningfully increase parental rights but does restrict schools' ability to respond flexibly and appropriately to student needs.

Fifth, the suicide-risk exception is too narrow to ensure student safety. While the bill allows suicide risk screening in cases of credible reports of suicide risk, many students present with serious emotional or behavioral concerns that fall short of an explicit suicide risk but still warrant immediate support. Waiting until concerns rise to the level of suicidal ideation before acting is inconsistent with best practices in prevention and early intervention.

Sixth, the bill may disproportionately harm vulnerable student populations. Students from high-poverty backgrounds, those with unstable housing, students in foster care, and students whose parents are difficult to reach during work hours are most likely to experience delays or

gaps in support under this bill. These students already face barriers to accessing mental health care outside of school, making school-based supports particularly critical.

Overall, HB 2420 would unintentionally reduce student access to timely, preventative support; increase staff hesitation to intervene; and create legal and operational challenges for school districts without improving outcomes for students or families. I respectfully urge the Committee to oppose HB 2420 or substantially amend it to preserve schools' ability to provide early, evidence-based supports while maintaining appropriate parental communication.

Thank you for your time and consideration.

Respectfully submitted,  
Braeden Pfau, Ed.S.  
School Psychologist