SF 1101 (Wiklund): Coverage Requirements for Augmentative and Alternative Communication Devices (AAC Devices)

What are these Devices? Who Uses them?

- Augmentative and alternative (AAC) communication systems enable children and adults with limited or no speech to express thoughts, needs, wants and ideas. AAC systems supplement, or replace speech entirely, depending on each individual. They range from simple picture boards and low-tech tools to tablets and speech-generating devices with specialized software, mounts, switches, eye-gaze systems, accessories, and related training.
- Users include children with cerebral palsy, autism, intellectual disability, or Childhood Apraxia of Speech, and adults with ALS, stroke, Parkinson's, multiple sclerosis, throat surgery recovery, or other acquired conditions. Needs may be permanent or temporary.





Why coverage matters

- Essential for safety and health: AAC lets people report pain, symptoms, and consent — critical for medical care and emergency response.
- Supports independence and community inclusion: Communication improves education, employment, social connections, and quality of life.
- Equity: Schools and Medicaid may provide partial access, but inconsistent coverage leaves gaps for private-plan enrollees and adults outside school settings.

Top-line fiscal analysis from the 62J Report from Jan 2026

- State employee plan (SEGIP) estimate: ~ $0.05–$0.15 per member per month (average $0.10 PMPM). Projected FY cost ~ $80k (partial year) rising to ~$168k next year under current assumptions.
- Commercial insurer estimates vary widely (stakeholder range: ~$0.09 PMPM to $14.24 PMPM) depending on device types and utilization.
- The purpose of this proposal is to align Minnesota health plan coverage with Medical Assistance (MA), Minnesota's Medicaid program.

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