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

What are these Devices? Who Uses them?

- AAC (augmentative and alternative communication) devices help people who have trouble speaking to communicate. 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 **autism, cerebral palsy, 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.
- Prevents worse outcomes and higher costs: Early access and proper habilitation (training) reduce behavioral crises, unnecessary ER visits, and long-term support costs.
- 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.
- Medicaid currently covers AAC but the bill's specific requirements (repair, replacement, no arbitrary limits, habilitation) could increase costs; exact fiscal impact not yet estimated.