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Written testimony on SF1101

My ten year old child, who has severe autism and is minimally speaking, got his first assistive and augmentative communication (AAC) device at age two. This device was supplied by his birth-to-three early childhood special education team through our home public school district, Minneapolis Public Schools (MPS).

His special educators, though, did not tell my spouse and I about AAC, nor did his school district provided speech and language clinician. In fact, I told them. And though I provided a significant and decades-old evidence base for use of this assistive technology for kids like mine, the school district was not very familiar with AAC.

This is because AAC is typically considered to be durable medical equipment, like wheelchairs or hearing aids, for use at home and across every community setting. The kind of equipment that is prescribed by a doctor and then comes to school with the student, not one that the schools necessarily provide.

Eight years later, I am now an elected school board director in the same district where my child began his special ed journey and is now a fourth grade student. Just as my advocacy for my own child resulted in MPS providing him use of an AAC device to support his educational access and goals, the advocacy of many families and educators has resulted in my district now providing many more students with assistive tech to support their communication at school and for the purpose of educational access. I am proud of my district for this improvement for our students with disabilities.

However, it is not the job of public school districts to supply students with durable medical equipment that is used for non-educational purposes. Just as we would not expect our system of public education to provide all the wheelchairs, hearing aids, and other medical equipment and associated healthcare our students use throughout their days and lives, neither is it appropriate to expect schools to be the sole providers of AAC devices.

Indeed, the device provided to my then-two year old for educational communication access was not his device to keep. It was the property of Minneapolis Public Schools and we were required to return it to the district. This is why, when my child had been evaluated for and was able to access a DD Medicaid Waiver the following year, I attempted to get an AAC device funded through that stream.

I was told that, per the Minnesota Community Based Services Manual, assistive tech for communication was not an approvable expenditure for waiver funds because it should be covered by insurance.

Evidence-based medical equipment that has been prescribed by a physician for a child with a disability should be covered by medical insurance. Our systems of education and our home and community based providers should be partners in supporting the use and effectiveness of medical equipment within their respective scopes of service, but they should not be tasked with providing or funding such equipment.

Thanks for your consideration on this bill.

Joyner Emerick

Minneapolis Public Schools parent and Board of Education Director