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Bill Analysis

Version: As Introduced

Primary Sponsors: Sen. Weinstein

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SUMMARY

- Requires health benefit plans to provide coverage for augmentative and alternative communication (AAC) tools for covered persons 22 years of age or younger with replacement every five years or sooner under certain circumstances such as, for example, anatomical changes and failure of essential components.
- Defines AAC tools to mean any instrument, apparatus, equipment, software application, or system designed or offered for the purpose of supplementing, enhancing, or replacing speech for individuals with significant expressive communication disabilities, including, for example, speech-generating devices, communication and text-to-speech applications, eye-gaze systems, and all necessary accessories.
- Mandates coverage of one medically necessary device up to \$6,000, and up to \$20,000 for an enhanced AAC tool if the medically necessary AAC tool is insufficient for effective communication.
- Requires coverage for medically necessary and enhanced AAC tools to include evaluation, customization, programming, training, repair, maintenance, replacement, and temporary replacement or loaner devices.
- Prohibits insurers from conditioning coverage on usage-tracking or quantitative use thresholds.

DETAILED ANALYSIS

Augmentative and alternative communication (AAC) tools

The bill requires, for covered persons 22 years old or younger, that a health benefit plan must provide, on and after the bill's effective date, coverage for augmentative and alternative communication (AAC) tools prescribed, recommended, or provided by:

- A licensed speech-language pathologist;
- A qualified assistive technology professional;
- A physician;
- Any other health care provider acting within their scope of practice.¹

Definition of AAC tools

The bill defines AAC tools as “any instrument, apparatus, equipment, software application, or system designed or offered for the purpose of supplementing, enhancing, or replacing speech for individuals with significant expressive communication disabilities.” The bill also provides a list of devices that specifically qualify under the definition including any of the following:

- Electronic speech-generating devices and voice output communication aids;
- Symbol and text-based communication boards, books, and displays;
- Communication and text-to-speech software for tablets, smartphones, or computers;
- Tablets, smartphones, or computers on which communication or text-to-speech software applications can be installed;
- Switch-activated devices and adaptive hardware interfaces;
- Eye-gaze and other alternative access methods;
- All related accessories, mounting systems, carrying cases, protective covers, switches, charging equipment, and interface devices necessary for such communication tools to operate.²

Cost coverage and service requirements

Mandates that health benefit plans must cover:

- The full cost, up to \$6,000, for one medically necessary AAC tool;³
- If a speech-language pathologist determines and documents that a medically necessary AAC device does not allow effective communication despite proper evaluation, training, and use, plans must cover the cost up to \$20,000 for an enhanced AAC tool.⁴ This must include coverage for:
 - Advanced or alternative access methods;

¹ R.C. 3902.65(B).

² R.C. 3902.65(A).

³ R.C. 3902.65(C).

⁴ R.C. 3902.65(D).

- Specialized configuration, advanced access calibration, and programming needed to support effective communication.⁵
- Evaluation and selection services;
- Customization, fitting, configuring, and programming;
- Training for the covered person and caregivers;
- Repairs, maintenance, and replacement of damaged or failed components;
- Temporary replacement or loaner communication tool sufficient to ensure effective communication continuity when a covered AAC tool is unavailable due to repair or maintenance.⁶

Replacement requirements and limits to obligations

Requires coverage from a health benefit plan to include:

- Replacement of a device not less than once every five years; and
- Replacement of an AAC tool prior to the five-year replacement period if a licensed speech-language pathologist documents that the tool is no longer effective and repair or modification is insufficient due to one or more of the following circumstances:
 - Physical growth or anatomical changes affecting access or mounting;
 - Changes in motor abilities or access methods;
 - Changes in communication needs or goals;
 - Failure, degradation, or incompatibility of essential access components;
 - Inability of the AAC tool to support effective communication.⁷

The bill clarifies that insurers are not required to replace an AAC tool solely because of available newer technology or updated device models.⁸

Prohibitions on insurer requirements

Prohibits a health benefit plan from conditioning coverage as required by the bill upon ongoing usage-tracking data and imposing quantitative use thresholds.⁹

⁵ R.C. 3902.65(E)(2)(b).

⁶ R.C. 3902.65(D) and (E)(2)(a), (3), and (4).

⁷ R.C. 3902.65(E)(1).

⁸ R.C. 3902.65(G).

⁹ R.C. 3902.65(F).

HISTORY

Action	Date
Introduced	03-23-26
