POSITION STATEMENT:

Healthcare Facilities Should Adopt Accessible Medical Diagnostic Equipment Standards

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SUMMARY STATEMENT

The Society for Behavioral Medicine (SBM) encourages the adoption of the accessible Medical Diagnostic Equipment (MDE) Standards for all primary, diagnostic and specialty healthcare, including cancer care, settings to improve healthcare delivery to people with mobility disabilities.

BACKGROUND

More than 20 million Americans over the age of 18 years have a disability that limits their functional mobility.1,2 With population health trends, including increasing rates of chronic medical conditions, obesity and the aging population, the number of people with disabilities will rise.3,4 People with disabilities often have more compromised health and tend to be higher users of health care services than their non-disabled peers. According to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, health care providers must ensure “full and equal access to their health care services and facilities.” Yet, nearly 30 years after its passage, the ADA has had limited impact on health care facilities and services.5-13

• Limited services to those with mobility disabilities can:
  • Compromise physical accessibility to medical diagnostic equipment
  • Delay or lead to incomplete care
  • Cause missed diagnoses
  • Exacerbate the mobility disability
  • Risk injury for staff and patients
  • Compromise quality of care
  • Negatively affect health-related quality of life
  • Contribute to forgoing preventive and primary health care

POLICY ISSUE

In 2017, the U.S. Access Board, an independent agency of the United States government, finalized standards for accessible medical diagnostic equipment. The medical diagnostic equipment standards (MDE Standards) offer detailed descriptions for providers to follow, thus eliminating ambiguity. The Access Board suggested that when the MDE Standards are adopted, people with disabilities “will benefit from access to and use of MDE and finally be able to receive health care comparable to that received by their non-disabled counterparts.”17 The U.S. Department of Justice (DOJ) has the option to incorporate the MDE Standards into Title II and Title III regulations and ADA Accessibility Standards, while federal agencies may implement them under Section 504 of the Rehabilitation Act of 1973. As of November 2019, the DOJ has not moved forward with incorporation nor has the current administration taken a specific regulatory enforcement position regarding this issue. To date, the only federal agency to take regulatory action is the Veterans Administration (VA) which initiated an acquisitions policy that requires all new equipment purchases across the VA Health system meet the standards for medical diagnostic equipment.
It is unlikely that without a clear regulatory mandate and enforcement strategy at the federal level, that medical facilities will fundamentally alter their purchasing practices to ensure that they acquire accessible medical equipment. Consumer awareness and advocacy around these issues has not yet risen to the level where it is garnering the attention at the federal level to move the enforcement agenda forward. The Department of Health and Human Services has not specifically added these MDE Standards to their rules and regulations nor has the DOJ added them to the ADA or Section 504 of the Rehabilitation Act. As a result, the enforcement of the MDE Standards is lacking.

A formal approach for enforcing MDE standards is required to ensure:

- Equal access to healthcare services,
- Equal access to all medical equipment

**RECOMMENDATIONS**

To ensure that people with physical disabilities have full and equal access to health care services, SBM calls upon:

- The Department of Health and Human Services to add the MDE Standards to their regulatory portfolio and develop and implement an enforcement plan.
- The Department of Justice to develop and implement an enforcement plan for the MDE Standards based on their existing authority under Title II and Title III of the ADA and the Rehabilitation Act of 1973.

**REFERENCES**


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**ENDORSEMENTS**