LEGAL UPDATES

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New Medical Diagnostic Equipment Accessibility Requirements: What Healthcare Systems Should Know

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A significant regulatory update is now in effect that will impact healthcare systems that receive Federal funding. In May 2024, the U.S. Department of Health and Human Services (HHS) published a final rule revising the regulations implementing Section 504 of the Rehabilitation Act of 1973, which prohibits recipients—defined as any entity that receive Federal financial assistance from HHS, including Medicaid funding—from discriminating on the basis of disability.

Among the most significant and detailed new obligations for recipients are those that govern the accessibility of medical diagnostic equipment (MDE). The rule states that no qualified individual with a disability may be excluded from, or denied the benefits of, a recipient's programs or activities because the recipient's MDE is not readily accessible to or usable by people with disabilities.

Key Requirements

1. **Exam tables and weight scales:** Recipients that use at least one exam table must have in place at least one accessible exam table as of July 8, 2026. Similarly, recipients that use at least one weight scale must have at least one accessible weight scale in place as of July 8, 2026.

a. The standards require accessible examination tables and chairs to provide a transfer surface that can be adjusted between 17-19 inches to facilitate safe transfers for patients with disabilities.

2. **Newly acquired MDE:** When recipients purchase, lease (including via lease renewals), or otherwise acquire MDE after July 8, 2024, they must

acquire accessible MDE until they meet the scoping thresholds required by the final rule.

a. These scoping thresholds are 20% of diagnostic equipment for rehabilitation programs that specialize in treating conditions that affect mobility and 10% for all other programs and activities of a recipient, including physicians' offices, clinics, emergency rooms, hospitals, outpatient facilities, and multi-use facilities that utilize MDE.

3. **Existing MDE, outside of exam tables and weight scales:** Recipients must operate their programs and activities offered with the use of MDE so that, when viewed in their entirety, they are readily accessible to and usable by individuals with disabilities.

a. A recipient may comply with the requirements of this section through reassignment of services to alternate accessible locations, home visits, delivery of services at alternate accessible sites, acquisition of accessible MDE, or any other methods that result in making its programs or activities readily accessible to and usable by individuals with disabilities.

b. A recipient is not necessarily required to make each of its existing MDE accessible nor is it mandatory to purchase, lease, or otherwise acquire accessible MDE where other methods are effective in achieving compliance.

Relevant Guidelines and Considerations

1. **Standards governing the accessibility of MDE:** HHS adopted the existing Standards for Accessible MDE promulgated by the U.S. Access Board, which specify the measurements and features required for medical equipment to be accessible.
2. **Fundamental alteration or undue burden**: The rule does not require a recipient to take any action that the recipient can demonstrate would result in a fundamental alteration in the nature of a program or activity, or in undue financial and administrative burdens. A recipient has the burden of proving that compliance would result in such alteration or burden, and this determination is made on a case-by-case basis considering all resources available to the recipient.
3. **Qualified staff**: Recipients must ensure their staff members are able to successfully operate accessible MDE, assist with transfers and positioning of individuals with disabilities, and carry out program access obligations regarding existing MDE.

Recommended Action Steps

1. Assess each type of existing MDE in use to determine whether it complies with the Standards for Accessible MDE or, if not, how the program or activity is otherwise made readily accessible to and usable by individuals with disabilities. Document these findings.

2. When acquiring new MDE, apply the scoping requirements to ensure that at least 10% (or 20% for rehabilitation programs that specialize in treating mobility conditions) of the total number of units—but no fewer than one unit—of each type of MDE acquired meets the Standards for Accessible MDE.
3. Evaluate available accessible MDE options and prioritize obtaining at least one accessible exam table and at least one accessible weight scale as of July 8, 2026.
4. Update training to support staff in operating accessible MDE and assisting in patient transfers and positioning. Although the rule does not mandate a specific training curriculum, it identifies "Access to Medical Care for Individuals with Mobility Disabilities" by HHS and DOJ as a reference for training guidance.
5. Revisit your Section 504 of the Rehabilitation Act of 1973 policy and procedures for these and other related issues to ensure compliance.

Contact Us

Our attorneys at Husch Blackwell have extensive experience guiding clients through healthcare and compliance matters. For questions about how the revised MDE accessibility requirements may impact your organization, please contact Tom Godar, Tom O'Day, or your Husch Blackwell attorney.