

Congress of the United States
Washington, DC 20515

April 2, 2024

Kristen Clarke
Assistant Attorney General
Civil Rights Division
U.S. Department of Justice
950 Pennsylvania Avenue NW
Washington, DC 20530

Dear Assistant Attorney General Clarke:

We write to urge you to quickly finalize the Department of Justice's (DOJ's) proposed rule to improve access to medical diagnostic equipment (MDE) for people with disabilities.

As you know, more people than ever before are counting on the federal government to enforce civil rights under the *Americans with Disabilities Act* (ADA). The disability community represents a diverse and growing population, with the number of adults with a disability having increased by 12.5 percent since 2020.¹ Title II of the ADA provides crucial protections for these individuals, requiring that they receive an equal opportunity to access services offered by public entities.

Within the healthcare sector, this necessitates that facilities have MDE, which refers to any equipment used to diagnose a patient's condition, from weight scales and examination tables to dental chairs and radiology devices, capable of delivering the equal care that people with disabilities deserve. Unfortunately, specific standards for what constitutes accessible MDE have never been adopted, allowing medical facilities to lack adequate equipment while contributing to severe health disparities.

The data makes clear that whether they are seeking routine screenings, reproductive healthcare, or complex medical treatments, people with disabilities are not receiving equal attention. For instance, people with disabilities are less likely to receive preventative cancer screenings due to the absence of height-adjustable examination tables and accessible equipment. This disproportionately impacts women with disabilities, who are significantly less likely to receive Pap smears and mammograms than women without disabilities.² This preventative care is essential. Women with disabilities are at a higher risk of suffering and dying from cervical cancer and late-stage breast cancer.³ Similar trends are present throughout our healthcare system, with insufficient accessibility measures continuing to degrade the quality of life for millions within the disability community.

As Members of Congress, we have heard devastating stories from constituents who must live the reality of these statistics daily. One constituent, who uses a wheelchair, detailed exhausting accounts of traveling to countless dental practices only to be denied treatment because he was unable to be

¹ *Labor Force Statistics from the Current Population Survey: (unadj) Population - With a disability, 16 to 64 years*, Bureau of Labor Statistics (2024), beta.bls.gov/dataViewer/view/timeseries/LNU00076950;jsessionid=67010EB3564D013BFB44B2E9C7BA1811.

² *Prevalence of Cancer Screening Among Adults With Disabilities, United States, 2013*, Preventing Chronic Disease (2017), ncbi.nlm.nih.gov/pmc/articles/PMC5268742.

³ *Associations Between Disability and Breast or Cervical Cancers, Accounting for Screening Disparities* ncbi, Medical Care (2021), [nlm.nih.gov/pmc/articles/PMC7855335](https://ncbi.nlm.nih.gov/pmc/articles/PMC7855335).

transferred to the patient chair. Another shared that it is common for her weight to be guessed by a physician in lieu of using a proper scale, jeopardizing her ability to monitor any conditions and drug dosages that interact with body weight. These stories are tragically commonplace and result in individuals with disabilities routinely having their conditions misdiagnosed, worsened, or untreated altogether.

That is why we are encouraged by the Biden-Harris Administration's efforts. The life-changing and life-saving policies that DOJ is advancing through its accessible MDE rule, as well as its proposed rule that would improve web access for people with disabilities,⁴ complements the work of other federal agencies in this space. The Department of Health and Human Services, for example, has proposed a new rule that would strengthen provisions under Section 504 of the *Rehabilitation Act of 1973*, helping ensure people with disabilities are not discriminated against in federally funded services. We are grateful for the work that this Administration has advanced towards making equal treatment in medical settings a reality.

We urge DOJ to consider stakeholder comments and quickly finalize its accessible MDE rule. While the proposed rule takes unprecedented steps towards achieving accessibility standards that are long overdue, we believe several improvements would further strengthen it and result in more timely and accessible care for the disability community. These include:

- **Stronger scoping requirements** – increasing the percentage of each type of equipment that must comply with MDE standards in all facilities.
- **Departmental requirements** – requiring that every department, clinic, or specialty within a facility have at least one piece of functional and accessible MDE on-site.
- **Non-diagnostic equipment** – applying the proposed rule to non-diagnostic equipment, such as treatment and recovery equipment.
- **Training** – ensuring the provision of proper training and education to staff who assist individuals with disabilities.

Thank you for your consideration, and we offer our partnership as we continue pursuing high-quality healthcare for all.

Sincerely,



Ayanna Pressley
Member of Congress

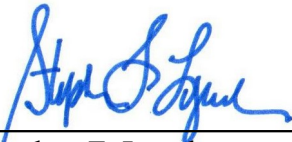
⁴ *Nondiscrimination on the Basis of Disability; Accessibility of Web Information and Services of State and Local Government Entities*, U.S. Department of Justice (2023), [federalregister.gov/documents/2023/08/04/2023-15823/nondiscrimination-on-the-basis-of-disability-accessibility-of-web-information-and-services-of-state](https://www.federalregister.gov/documents/2023/08/04/2023-15823/nondiscrimination-on-the-basis-of-disability-accessibility-of-web-information-and-services-of-state).



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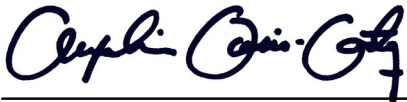
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