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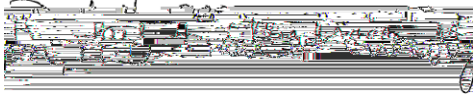
Independent Access to Diagnostic Imaging Equipment

Although we understand that the Board was tasked with the development of standards that would allow “independent entry to, use of, and exit from the equipment by individuals with disabilities to the maximum extent possible”, we note that medical imaging equipment is not intended to be used independently by patients regardless of whether the patient has a disability. For every diagnostic imaging procedure, a trained technologist assists the patient in safely accessing the equipment and helps to place and position the patient to ensure a diagnostic quality image. While maximizing patient comfort is always a key consideration, safety and the ability to achieve a diagnostic quality image for all patients must not be sacrificed.

As the Board weighs the competing priorities that manufacturers must balance, and as implementing bodies contemplate enforcement of the Board standards, we urge recognition of the fact that independent access is not the equivalent of “full and equal access” to health care services and facilities. We also note that based on the diversity of patient needs, there is no single standard that will be ideal for every patient. Board guidance should allow for alternative means of meeting the goal of accessibility to the extent possible. Furthermore, there may be physical limitations imposed by the underlying nature of the technology; for example, open MRI machines may accommodate patients with a wide range of body habitus and weight, but that particular technology does not allow for the highest quality images required in many diagnostic situations compared to other magn

Peters, ACR Director of Legislative and Regulatory Affairs, at mpeters@acr.org or 202-223-1670, if you have questions about this submission or if we can otherwise be of assistance.

Sincerely,



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