2022 Durable Medical Equipment Survey Summary
By SARTAC Fellow, Jordan Anderson of Wisconsin

50 people from 12 states completed the survey.

**Most Common Types of Equipment Requested:**

- Wheelchairs (standing, power, manual): 28
- AAC Device: 14
- Walker/Crutches: 16
- Other equipment: shower chairs, CPAP, parts, hand controls, adaptive eating equipment, hospital bed, Hoyer lift, oxygen

**Time it took to get the equipment**

- Now: 12%
- Less than 6 months: 24%
- 6 mos. to 2 yrs.: 18%
- 2 or more yrs.: 28%
- Other: 18%
72% said their experience obtaining DME ranged from **ok to awful**.

Only **28%** said it was **good or easy**.

**LENGTH OF TIME TO GET THE EQUIPMENT AFTER IT WAS APPROVED**

- **Less than 4 months, 37%**
- **5 months to a year, 46%**
- **More than a year, 17%**
Comments from survey respondents:

“Most of the equipment that we request is denied and it’s up to us to try and find creative ways to pay for equipment that fit the needs.”

“The entire process MUST be overhauled and streamlined so that people can obtain needed equipment before they are further damaged because of the extended time they must wait for needed equipment or before they actually die while waiting. The delays imposed by the current system are inhumane and cruel. And the wait imposed plus being forced to accept the cheaper and invariably inadequate product.”

“My husband needed a hospital bed with custom mattress after spinal surgery. The mattress sent not only was not the right one, it created bed sores and made his health much worse.”

47% of survey respondents estimated denials delayed their DME by more than 3 months.
38% of respondents who needed a repair said it caused them a problem having to wait such as limiting the places they could go, getting to college classes, confined to bed for “months”, and losing income from not being able to go to work.

“Not having a wheelchair is catastrophic. Even moving about the house, using the restroom, eating, getting to bed, etc.”
Final Recommendations:

- There are too many people involved. Streamline the process and keep it to people like the doctors and specialists who know what the person needs.
- Allow wheelchair users to rent or buy a backup chair with insurance.
- Require wheelchair companies to make repairs on-site instead of sending it back to the company, which takes a lot of extra time.
- Require rental companies to carry all sizes of wheelchairs.
- Look at ways technology can be built in to help people with disabilities access accommodations.
- Set up regional mobile repair teams to respond quicker to broken equipment.
- Partner with schools to try making parts with 3D printers that cost less and would be easier to access.
- Start fixing wheelchairs before insurance approves it.
- Let people see and try the DME before making the purchase.
- Have people who can help you make decisions for DME. For example, make sure a shower chair will fit the tub or the wheelchair meets the needs of the individual who needs it.
- Explain Medicaid purchase options including timelines in a way people can understand.
- Providers and decision makers should be required to visit rehab clinics and hospitals to see how important DME is to a person with a disability.
- Set up a quicker approval process when there has been no change in the person’s disability.
- Advocate for better policies at the airlines when it comes to the care of DME.
- Expedite approval of repairs to avoid delays.
- Find ways to have more DME suppliers and repair people to lessen the waiting list.
- Allow people in rural areas to use providers from across the state or a neighboring state.