

February 24, 2026

Support for H. 160 – Right to Repair for Medical Devices from Digital Right to Repair Coalition

Dear Chair Marcotte, Vice Chair Graning and Members of the House on Commerce and Economic Development:

Our coalition members buy, sell, fix and remarket things made with computerized parts including equipment used in medical care. If a wire is broken – we fix it. If a processor chip is burnt out – we replace it. No one loses their copyrights or patents when we replace failed parts with identical spares. Software isn't hacked – it is restored legally under federal copyright law. Patents aren't infringed by repair. Trade Secrets are never distributed in repair materials because the act of distribution eliminates the legal proof of secrecy.

The requirements of H.160 are completely logical in the context of improving patient care and controlling costs. Broken equipment cannot be used until repaired. A broken sensor doesn't sense. Broken imaging equipment doesn't image. If parts or repair technicians aren't immediately available, patient care is delayed. Delays can be deadly as I can attest personally. My husband was saved at UVM after falling off our roof in upstate NY. He had a life flight from North Creek NY to Burlington because Albany Med was full and couldn't take him. An immediate MRI showed he had damaged his aorta and needed emergency surgery.

We all do better when more equipment is up and running at all times. Anything that delays diagnostics or treatment can be deadly in an emergency. What may have been a simple problem of having the right parts in inventory is now a permission system where OEMs get to evaluate and decline permissions to activate parts for use in repair. What happens if the OEM isn't in the mood to approve a request? Who gave them the authority to make critical care decisions?

Our allies at the US PIRG Education Fund recently surveyed more than 100 medical device repair professionals about the connection between repair restrictions, and delays in care. When asked, "How often does waiting for repair materials such as parts, service keys, and service manuals for a medical device increase equipment downtime?" 47% responded "somewhat frequently" while 36% responded "most of the time" -- for a total of nearly 83% (88 of 106). Only 16.2% say this happens "sometimes, but infrequently," and just one person of 106 responded "I have never had this happen."

I conclude that OEMS that stubbornly refuse to provide repair documentation, tools or parts to the hospitals that need them are creating added risk of patient harm and not as they claim. Blocking repair is a huge marketing advantage for OEMs that can limit access to repair in order to more easily promote their own services. Repair of digitally driven assets is easily confirmed

by any technician with access to repair documentation. Blocking access to repair materials simply blocks competition for repair without protecting any IP or improving patient care.

H. 160 will help hospitals regain control of whom they trust to hire and for which services they prefer to hire directly or outsource. Requirements for employment qualifications are not changed. Regulations are not changed. Personal injury law isn't changed. The purpose of legislation is to return choice of repair services to the officially responsible parties — the hospital administrator, supervising physician and Health Technology Manager.

Unlocked competition for repair services should provide options for improved cost control. OEMS tend to demand premium prices for services which could be provided at lower cost and greater availability. At the same time – options for repair can help extend the useful life of costly equipment or even open up options to buy gently used equipment that would otherwise be unaffordable.

We urge your support for H.160

Please let me know if you have any questions or if I can be of service.

Regards,

Gay

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Re: the FDA Report referenced by Advamed from 2018:

Quoting from Page 1

- “The currently available objective evidence is not sufficient to conclude whether or not there is a widespread public health concern related to servicing, including by third party servicers, of medical devices that would justify imposing additional/different, burdensome regulatory requirements at this time;
- Rather, the objective evidence indicates that many OEMs and third party entities provide high quality, safe, and effective servicing of medical devices;
- A majority of comments, complaints, and adverse event reports alleging that inadequate “servicing” caused or contributed to clinical adverse events and deaths actually pertain to “remanufacturing” and not “servicing”; and
- The continued availability of third party entities to service and repair medical devices is critical to the functioning of the U.S. healthcare system.”

The FDA report is available at this link. <https://www.fda.gov/media/113431/download>

Within the full report – which includes reference to the 4301 incidents – details report that only 3 of the 40 death reports could be associated with device servicing. Specifics include two field engineers killed while servicing a CT scanner, an MRI scanner, respectively, a patient lift rail that was reinstalled incorrectly and an unapproved imaging system where the camera fell off and killed a patient. This is an excellent safety record for an industry which reports roughly 2 million events each year to the [MAUDE](#) database.

[Re Fair Repair Act - Morelle/Lujan](#)

The remarks about the Fair Repair Act just filed in Congress are filled with misinformation. I worked with then NY Assembly Majority Leader Joe Morelle in 2015 to bring Right to Repair to NY. At the time, the Hospital Association of NYS didn't care to endorse the bill so we went ahead without including medical equipment. The first R2R law in the nation eventually passed in 2022 but without several key product categories including farm equipment, business equipment and medical equipment. Rep Morelle has repeatedly filed his original R2R bill in Congress to reopen the discussion. Advamed is taking this filing as evidence that medical equipment should never be included in legislation when there is ample evidence from CA, NC,

DE, IL, MO, NJ and AR that VT is not an aberration. The FTC has continued to suggest that we should make sure that medical equipment is included in future R2R legislation.

Repairs made in a medical setting are not DIY. As you will hear from experts – the industry is highly skilled and tightly regulated. We do not see roving bands of repair techs knocking on doors looking for work like driveway pavers with extra time. There is no “Hey lady – can I fix your MRI” happening. Hospital Administrators, Supervising Physicians and Health Technology Management positions are responsible to their regulators - CMS, TJC and state boards which all require that their equipment is fully tested before being put into service for patient care even when the repairs are made by OEMs. Manufacturers are regulated by the FDA – because they have to prove safety and efficacy before being allowed to sell equipment. There are different regulators involved for different reasons.

There are some known problems with equipment that has been “remanufactured” or improperly handled. We expect these problems are resolvable within the current regulatory format without new legislation. Our special area of interest is making sure that repair providers can acquire authentic parts, tools, firmware updates and patches (from the OEM) and whatever repair documentation the OEM has already created to help technicians make successful repairs. Blocking the means to make successful repairs is clearly at odds with the mission of patient care.

Suggestions of cyber security risk are undocumented and overblown. OEMS totally control how they design their products for security. If a product is insecure by inattention to the need for repair – that product is already insecure by design. Repair technicians cannot restore security that doesn’t exist. Repair technicians, including OEM technicians, are not granted special access to cyber secrets for the basic reason that sharing secrets ends the power of the secret, if there were any secrets distributed in repair documentation in the first place.

We urge you to advance H.160.