

Private Equity and Wheelchair Services: How to Address a National Crisis

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By James A. Lomastro, PhD

Jim Lomastro is a member of DignityMA's Coordinating Committee and is Chair of the Facilities Workgroup and the Veterans' Affairs Workgroup.

The wheelchair and durable medical equipment industry has undergone a significant transformation in recent years, largely due to the [growing influence of private equity ownership](#). While this shift has brought about operational changes, it has also created a troubling landscape for wheelchair users across the United States who sometimes must wait up to three months for a single repair.

As *NPQ* [reported](#) two years ago, there are over five million wheelchair users in this country. Often, these wheelchairs require repair. A 2021 study published in the *Archives of Physical Medicine and Rehabilitation* journal [found](#) that wheelchair repairs "affect more than 50% of wheelchair users with significant financial and personal cost."

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Nationally, two private equity-backed companies—Numotion (backed by AEA Investors) and National Seating & Mobility (NSM, owned by Cinven)—[have emerged as dominant forces](#) in this industry. In Massachusetts, these two companies control all seven wheelchair supply shops in the state, effectively eliminating local competition.

The private equity business model driving this consolidation tends to prioritize rapid returns on investment—often within [four to seven](#) years—typically through aggressive cost-cutting measures and debt leveraging. While such strategies can streamline operations, they may also result in reduced staffing, diminished local expertise, and longer repair wait times.

Anecdotal reports and findings from advocacy groups suggest that wait times for repairs have increased and that users face greater challenges in obtaining customized equipment. Additionally, advocates nationwide, including prominent disability rights activist [Christopher Hoeh](#), have been speaking out on these issues and charting a course toward the right to repair.

Private Equity's Investment in the Wheelchair Industry

Several key factors have made the industry attractive to private equity investors. For one, an aging population ensures steady demand for mobility equipment. Vertical integration—from manufacturing to retail—also allows private equity firms to maximize profits across the supply chain. Moreover, the historically fragmented nature of the industry has made it easy for investors to consolidate ownership through strategic acquisitions.

It is also a large and growing market segment. A 2023 study, [Private Equity in Durable Medical Equipment](#), led by the Private Equity Stakeholder Project and the National Disability Rights Network, noted that durable medical equipment was a \$60 billion industry in 2022, with a projected compounded annual growth rate of 5.7 percent for the next decade. The report also showed that Medicare bidding rules tend to favor large suppliers, which may also be a driver of private equity consolidation.

Deteriorating Service Standards

The consequences of private equity ownership for wheelchair users have been severe and widespread. Reports from across the country indicate a troubling pattern of service deterioration.

Hoeh has had personal experience of these trends in Massachusetts. An award-winning elementary educator integrating social justice into the curriculum for 30 years, Hoeh suffered a spinal cord injury in 2017 that shifted his focus to disability rights. He now advocates for accessible workplaces, Medicaid transportation improvements, and dignified long-term care. Hoeh and I are both members of the coordinating committee of [Dignity Alliance Massachusetts](#), which advocates for disability rights statewide.

In an interview with *NPQ*, Hoeh noted that private equity–owned firms will often quote two-to-three-month waits for in-home service versus under a month for shop repairs, "effectively forcing mobility-impaired individuals to find transportation to their facilities."

Most concerning, he added, is the common "refusal to take responsibility for ordering errors or substandard workmanship, forcing consumers like me to reenter lengthy queues for repairs that weren't properly completed initially."

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In Connecticut, despite a [2024 law](#) mandating a 10-business-day deadline and eliminating prior authorization for wheelchair repairs, many users continue to experience significant delays. The confusion about when the repair deadline countdown begins—whether from initial request or after insurance approval—has exacerbated these service issues.

In California, one Berkeley disability woman endured a [14-month wait](#) for a new wheelchair due to insurance issues and delays from her supplier, NSM. Ultimately, she had to resort to crowdfunding to obtain necessary equipment, highlighting the systemic challenges in the state's durable medical equipment services.

"The consequences," Hoeh stated, "are profound: wheelchair users become trapped in our homes, suffer direct physical injuries or long-term physical and emotional damage, and Medicaid/Medicare fail to realize value for their equipment investments. This situation creates a costly cascade effect where wheelchair users cannot work or pay taxes and often require expensive hospitalizations for preventable conditions. I think of it like this—imagine a state building with a chronically broken elevator that endangers passengers, prevents employees from working, yet goes unrepaired for months."

Several private equity–backed durable medical equipment companies have also faced legal consequences for fraudulent practices. In March 2023, Numotion agreed to pay [\\$7 million](#) to settle claims of Medicaid fraud in Kentucky, Missouri, and Washington, DC. Similarly, AdaptHealth, another private equity–backed supplier, agreed to pay [\\$5.3 million](#) in April 2023 to settle allegations of defrauding federal healthcare programs in Illinois.

Toward Meaningful Reform

A growing number of advocates are calling for legislation that mandates the right to repair. In Connecticut, even though enforcement remains lax, advocates succeeded in getting legislation enacted into law in 2024. Colorado passed a similar law [two years earlier](#).

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But the durable medical equipment companies owned by private equity investors have actively opposed legislative efforts to expand consumers' ability to repair their own equipment. By dominating the industry and restricting access to parts, tools, and repair information, these companies maintain control over the repair process, often exacerbating service delays and limiting wheelchair users' autonomy.

Achieving the right to repair is important, but advancing disability justice requires more. Here are some of the other key actions that state policymakers can take:

- **Address industry consolidation.**
States should take steps to support local and independent durable medical equipment providers by creating grants or offering low-interest loans to help them establish and expand their services. In addition, state attorneys general should be directed to investigate potential anticompetitive practices under both state and federal antitrust laws, ensuring that wheelchair users are not trapped by monopolized service options. Public insurers must also be required to diversify their contracting practices, engaging a broader range of vendors—including nonprofit and community-based providers—to foster competition, improve service quality, and better meet the needs of people with disabilities.
- **Implement service standards.**
To improve service standards for wheelchair users, states should implement and enforce not just minimum repair response times but also establish technician-to-patient ratios through licensure requirements or Medicaid conditions of participation. Reimbursement systems should be tied to performance, rewarding providers who deliver timely repairs, high patient satisfaction, and reliable equipment. Additionally, state health departments can be empowered to monitor and publicly report on key service delivery metrics specific to wheelchair users, ensuring greater accountability and continuous improvement across the system.
- **Address technician shortages.**
To address the critical shortage of skilled technicians, states can invest in workforce development and create training and certification programs for digital medical equipment technicians through community colleges and vocational schools. In addition, setting state standards for technician-to-user ratios would help ensure adequate service capacity and reduce delays. States can also establish publicly funded emergency repair programs that

offer temporary equipment or on-demand repairs during long wait times, safeguarding the health and mobility of wheelchair users when regular service is unavailable.

- **Increase transparency and accountability.**

To enhance transparency and accountability, states can develop public online portals that allow consumers and advocates to track repair wait times, ownership disclosures, service complaints, and compliance issues. Additionally, any significant transaction or further consolidation within the durable medical equipment industry sector ought to be subject to public hearings, ensuring that community and stakeholder input is considered. To further promote accountability, comprehensive financial disclosures should be required from private equity–owned healthcare entities, detailing ownership structures, profit margins, and service performance metrics.

A Win—and an Ongoing Struggle

In response to mounting concerns about inadequate care for millions of wheelchair users, some states have begun to implement regulatory measures. My home state of Massachusetts, for instance, enacted [House Bill 5159](#) in January 2025, which enhances oversight of private equity investments in healthcare through expanded financial reporting requirements, higher penalties for noncompliance, mandatory participation in state hearings on healthcare cost trends, and state review of significant transactions.

As Massachusetts and other states begin to implement regulatory responses, closer attention must be paid to whether these measures effectively address service quality issues. The wheelchair service crisis serves as an important case study in the broader debate about the appropriate role of profit-driven investments in healthcare services, particularly those serving vulnerable populations with chronic needs.

Meaningful reform will require balancing the legitimate business interests of wheelchair providers with strong consumer protections and service standards that prioritize the mobility, independence, and health of wheelchair users. Without such balance, the crisis in wheelchair services will likely continue to worsen, leaving thousands of Americans with disabilities without reliable access to the equipment they need for basic mobility and independence.