The attached document is part of a mass mailing. The number of identical documents as specified in the File Number/City, St. field have been received by the Commission on this same date. You may view the documents at the FCC Reference Information Center, at 445 12th Street, SW, Washington, DC, Room CY-A257.

EX PARTE OR LATE FILED

Ely-Bloomenson Community Hospital

328 West Conan Street • Ely, MN 55731-1198
Phone: (218) 365-3271 • Fax: (218) 365-8777 • www.ebch.org

April 22, 2015

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Plant Maintenance Manager of the Ely-Bloomenson Community Hospital ("Hospital"). Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located Ely, a relatively rural area in Minnesota. The primary hospital building is two stories tall, and our wireless telemetry system is installed throughout the building, including 13 patient rooms as high as the 2nd story of the hospital. Our hospital was built in 1957 and features wide glass windows in most patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for cardiac rehabilitation. As a general matter, our WMTS system allows a single nurse to monitor as many as 5 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, the lives of our patients would be in immediate jeopardy. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Albert Forsman,
Plant Maintenance Manager

Atmore Community Hospital
BAPTIST HEALTH CARE

401 Medical Park Drive
Atmore, Alabama 36502
Phone (251) 368-2500
Fax (251) 368-6322

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Maintenance Manager of Atmore Community Hospital. Atmore Community Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located in Atmore, a relatively Rural area in Escambia County Alabama. The primary hospital building is two stories tall, and our wireless telemetry system is installed throughout the building, including 20 patient rooms as high as the second story of the hospital. Our hospital was built in 1967 and features wide glass windows in most patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for diagnosing patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 20 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, Without telemetry capabilities, hospital volume and admissions would be greatly impacted thus having a huge negative impact on our financial status.

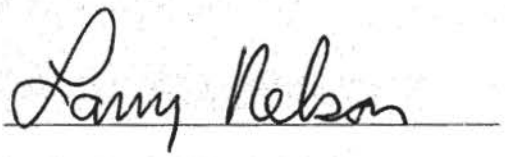
hospital volume and admissions would be greatly impacted thus having a huge negative impact on our financial status.
Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,



Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Biomed Supervisor of Great Plains Health. Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located in City, a relatively Rural area in Nebraska. The primary hospital building is 3 stories tall, and our wireless telemetry system is installed throughout the building, including 116 patient rooms as high as the third story of the hospital. Our hospital was built in 1975 and features wide glass windows in most patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Fetal Monitoring, Cardiac Rehab, Emergency Room Monitors, and Transport Monitors. As a general matter, our WMTS system allows a single nurse to monitor as many as 40 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, one to one staffing would be required, which would be impossible. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the

cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Jeffrey Whalen, CBET
Biomed Supervisor
Great Plains Health

Kentucky Hospital Association
Representing Kentucky Health Care Organizations

Michael T. Rust
President

April 28, 2015

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Reference: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am writing to you as the President of the Kentucky Hospital Association (KHA), an organization representing over 130 hospitals and healthcare systems in the Commonwealth of Kentucky. We have a close working relationship with the American Hospital Association (AHA), its engineering arm the American Society for Healthcare Engineering (ASHE), and the Kentucky Society of Healthcare Engineers (KSHE).

It has come to our attention that the Federal Communications Commission (FCC) is currently considering rules that would allow unlicensed wireless devices (referred to as TVWS devices) to operate on the same frequencies as hospital wireless medical telemetry (WMTS) systems.

We believe that this would create a potentially dangerous situation that could compromise patient safety and health. The FCC is urged to look at protecting the frequencies used for WMTS equipment, and adjacent co-channels that may allow for bleed-over or harmonics, creating harmful interference to the operation of this lifesaving technology in our medical facilities.

The Commissioners should understand that this wireless medical telemetry is used in the routine provision of medical services to patients. The adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices should be prevented.

ASHE has advised that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today to determine the restrictions that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospitals throughout the state use wireless telemetry devices installed within their buildings, including patient rooms that may be in either low-profile and taller multi-story medical facilities. This could be in an urban, suburban or rural

2501 Nelson Miller Parkway • P.O. Box 436629 • Louisville, Kentucky 40253-6629 • 502-426-6220 • FAX 502-426-6226

setting. In addition to its use inside hospitals, our members frequently utilize wireless medical telemetry in other facilities and clinics on their campus.

The primary use of wireless telemetry is associated with critical care heart patients, although wireless telemetry systems are also used to monitor the working status of other medical devices potentially attached to the patient. Readings from these devices are used by medical professionals to regulate medications, and potentially alter the course of treatment.

As a general matter, WMTS systems allow a single healthcare professional to monitor a number of patients. If a WMTS system was compromised by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and accurate monitoring of these patients, it would clearly put patients at risk during the immediate interference incident. It could impact patient care through a failure to report vital information in a timely or reliable manner, which would likely increase the cost of health care until we could be assured that the systems will operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will prohibit any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals and healthcare settings that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into an ASHE database a detailed description of their campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. This type of requirement would create an enormous burden on our members, and would not guarantee that TVWS devices would absolutely not provide any type of interference to WMTS equipment. As it becomes necessary to modify or expand healthcare facilities, or services within a facility, the need to constantly be concerned about updating an external database that may or may not provide protection from the construction of new TVWS systems in proximity to healthcare operations, is putting WMTS systems and patient care in jeopardy.

The best protection to our hospitals, healthcare systems, and our patients, would be to NOT allow TVWS devices or systems to operate on the same frequencies as WMTS systems. While we appreciate the growing need for wireless spectrum, it would be in the best interests of patient health and safety for the FCC to provide permanent protection for WMTS devices so they can operate in Channel 37 bandwidth without interference from other unlicensed devices or other wireless services.

Sincerely,

Michael T. Rust, FACHCE
President

MERCY
MEDICAL CENTER

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Clinical Engineering Manager of Mercy Medical Center ("Hospital"). Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located in Canton, a relatively urban area in Ohio. The primary hospital building is 12 stories tall, and our wireless telemetry system is installed throughout the building, including 159 patient rooms as high as the 10th story of the hospital. Our hospital was built in 1969 and all [features wide glass windows in most patient rooms]. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our North Canton Statcare campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Cardiac Rehab, Respiratory, Neurology and general observation. As a general matter, our WMTS system allows a single nurse to monitor as many as 32 patients from a central monitoring station. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, this action

should it happen would be catastrophic for patient safety first and foremost, but also financially for our institution to convert all 159 rooms to hardwire monitors (Non-telemetry). Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Dennis E. Lyden CBET
Manager/Clinical Engineering Dept.
Mercy Medical Center, Canton Ohio 44708
330-489-1398

Kindred Healthcare

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the corporate Safety and Plant Operations Quality Consultant for Kindred Healthcare Hospital Division. Kindred Healthcare is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") systems. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices at our 96 Long-Term Acute Care hospitals.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Kindred's hospitals are located 47 states, primarily in relatively suburban or rural areas. Our buildings range from single story to 6 stories tall, and our wireless medical telemetry systems are installed throughout the buildings, including patient rooms as high as the sixth story of the hospital. Our hospitals range in age from new to nearly 50 years old and feature wide glass windows in many patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients. As a general matter, our WMTS systems allows a single nurse to monitor many patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, the result would be reduced efficiency and at a much higher cost. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care

680 South Fourth Street Louisville, Kentucky 40202
502.596.7300 KY TDD/TTY# 800.648.6057

Kindred Healthcare

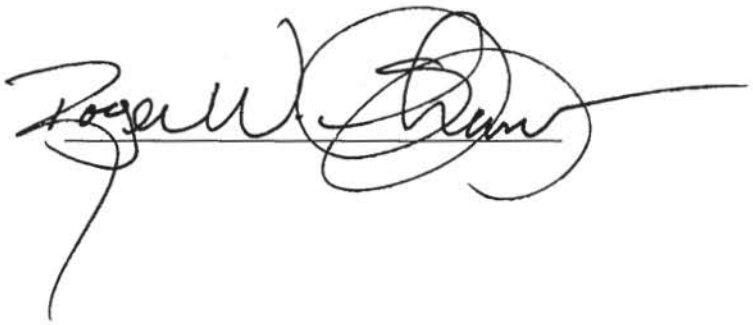
(and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,



680 South Fourth Street Louisville, Kentucky 40202
502.596.7300 KY TDD/TTY# 800.648.6057

MOUNT AUBURN HOSPITAL

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Manager of Biomedical Engineering at Mount Auburn Hospital. Mount Auburn Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located in Cambridge, a relatively urban area in Massachusetts. The primary hospital building is 8 stories tall, and our wireless telemetry system is installed throughout the building, including 104 patient rooms as high as the 7th story of the hospital. Our hospital was built in 1972 and features wide glass windows in all patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Fetal Monitoring and Cardiac Rehabilitation. As a general matter, our WMTS system allows a single nurse to monitor as many as 24 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, this interference would clearly put patients at risk during

A teaching hospital of
Harvard Medical School

330 Mount Auburn Street
Cambridge, MA 02138
617-492-3500

SWMC

SOUTHWEST MEDICAL CENTER

a regional medical center

15th at Pershing
mailing address
P.O. Box 1340
Liberal, Kansas 67905
(620)624-1651
(620)629-2425 fax

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

C/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Director of Plant Operations at Southwest Medical Center. The Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located in Liberal a relatively rural area in Kansas. The primary hospital building is four (4) stories tall, and our wireless telemetry system is installed throughout the building, including 101 patient rooms as high as the 4 story of the hospital. Our hospital was built in 1990 and most of the patient rooms have wide glass windows the outside of the building is constructed of a stucco system known as EIFS.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for ICU and Med/Surg, and our Ambulatory floors As a general matter, our WMTS system allows a single nurse to monitor as many as

twelve (12) patients on wireless and 36 total patient on monitoring. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, we are also looking to add more monitors that will all work together in the Hospital in the very near future so with this being the case we could affect a total number of 41 patients Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

EAST TENNESSEE Children's Hospital

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Biomedical Manager of East Tennessee Children's Hospital (ETCH). ETCH is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located Knoxville, a relatively urban area in Tennessee. The primary hospital building is six stories tall, and our wireless telemetry system is installed throughout the building, including 26 patient rooms as high as the fourth story of the hospital. Our hospital was built in 1970 and features wide glass windows in most patient rooms.

Our primary use of wireless telemetry is associated with neonatal abstinence syndrome patients (NAS), although our wireless telemetry system is also used for cardiac arrhythmia monitoring. As a general matter, our WMTS system allows a single nurse to monitor as many as 26 patients. The NAS patients are extremely sensitive to light and sound. Wireless monitoring allows them to be wrapped in a cocoon of muted stimulus yet give caregivers instant physiological information. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, it could not be relied upon to provide immediate and reliable monitoring of these patients. Such interference would clearly put patients at risk during

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Knoxville, TN 37916
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the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Ely-Bloomenson Community Hospital

328 West Conan Street • Ely, MN 55731-1198
Phone: (218) 365-3271 • Fax: (218) 365-8777 • www.ebch.org

April 22, 2015

EX PARTE OR LATE FILED

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

DOCKET FILE COPY ORIGINAL

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Plant Maintenance Manager of the Ely-Bloomenson Community Hospital ("Hospital"). Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly-authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located Ely, a relatively rural area in Minnesota. The primary hospital building is two stories tall, and our wireless telemetry system is installed throughout the building, including 13 patient rooms as high as the 2nd story of the hospital. Our hospital was built in 1957 and features wide glass windows in most patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for cardiac rehabilitation. As a general matter, our WMTS system allows a single nurse to monitor as many as 5 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, the lives of our patients would be in immediate jeopardy. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Albert Forsman,
Plant Maintenance Manager

Jones Lang LaSalle
at Beaumont Hospitals

Beaumont Health System
468 Cadieux
Grosse Pointe, MI 48230

4/26/2015

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Biomedical Department Manager at Beaumont Health located at 468 Cadieux in Grosse Pointe Michigan. We are a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. We are located in Grosse Pointe, Michigan, a relatively suburban area in Michigan. The primary hospital building is 4 stories tall, and our wireless telemetry system is installed throughout the building, including all 250 patient rooms and diagnostic areas as high as the 4th story of the hospital. Our hospital was built in the 1970s and most of the Telemetry covered patient areas feature wide glass windows. In addition to its use in the hospital, we utilize wireless medical telemetry in other Medical Office Cardiac Rehab settings that that are part of our hospital

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used in our Emergency Center, our Long Term Acute Care patients, and in our Family Birth Center for both maternal and fetal monitoring As a general matter, our WMTS system allows a single nurse to monitor as many as 10 patients at a time. We currently monitor over 100 patients with our Telemetry. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, that could result in undetected patient conditions that could lead to irreversible harm to patients up to and including death. Such interference has occurred prior to the WMTS being established and we know from experience that this clearly puts patients at risk during the immediate interference incident. RF Interference is devastating to our reliance on it, and then continues to impact patient care (and the cost of health care) until we are assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

John S. Crissman
Manager, Biomedical Engineering Department,
Certified Biomedical Engineering Technician
Beaumont Health
468 Cadieux
Grosse Pointe, MI 48230

JONES LANG LASALLE
at Beaumont Hospitals

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

4/27/2015

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Biomedical Engineering Manager at Beaumont Hospital located in Troy Michigan. Beaumont is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Beaumont Hospital is located in Troy a relatively suburban area in Michigan The primary hospital building is 7 stories tall, and our wireless telemetry system is installed throughout the building, allowing the ability to monitor up to 350 telemetry patients. Our hospital was built in 1977 and features wide glass windows in most patient rooms. .

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for fetal monitoring, cardiac rehabilitation, and emergency department trauma patients. As a general matter, our WMTS system allows a single nurse or telemetry technician to monitor as many as 50 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients it would result in severe impacts from not being able to properly diagnose the patient to missing a