



Capitol Advocacy Center
110 W. Michigan Avenue, Suite 1200
Lansing, MI 48933
Phone (517) 703-8601
www.mha.org

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MAY 18 2015

FCC Mail Room

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

EX PARTE OR LATE FILED

DOCKET FILE COPY ORIGINAL

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

To Whom It May Concern:

The Michigan Health & Hospital Association (MHA) represents Michigan's health systems and community hospitals and advocates on behalf of hospitals and the patients they serve. The MHA addresses key issues in the legislative and regulatory arenas to advance initiatives that protect quality, cost-effective and accessible care. The MHA is a member of the American Hospital Association (AHA).

The AHA and its engineering arm, the American Society for Healthcare Engineering (ASHE), advise us that the Federal Communications Commission is currently considering rules that would allow unlicensed devices (TVWS devices) to operate on the same frequencies as our wireless medical telemetry (WMTS) system. We are writing to provide you with an understanding of the way we use wireless medical telemetry in the delivery 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.

Michigan hospitals currently use wireless telemetry for all types of care, including critical care heart patients, fetal monitoring, cardiac rehabilitation and trauma patients. If hospitals' WMTS system experiences radio interference from an external source such as a TVWS device, the ability to provide immediate and reliable monitoring of these patients is jeopardized. Such interference would clearly put patients at risk during the immediate interference incident, and it could also continue to impact patient care and the cost of healthcare.

We need a system that is reliable and can operate free of such interference. For this reason, 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; we need rules that protect ALL hospitals and the patients they serve, even if those hospital do not fit into a "typical" model.

We have also learned that some parties commenting on this issue have suggested that each hospital using 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. The MHA hopes the Commission will consider the enormous burden that this type of requirement would

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Federal Communications Commission

May 8, 2015

Page 2

impose on our members. Michigan hospitals are dedicated to providing high-quality healthcare to patients and their families. We are concerned that the time and costs associated with maintaining and updating this type of database implementation as we expand facilities, or the environment around the hospital changes, would distract from our main goal of patient care. Therefore, we hope that such proposals will be rejected.

We understand the Commission has assured the healthcare community that it intends to allow unlicensed devices to only operate in Channel 37, after developing rules that would guarantee WMTS licensees would be protected from interference from such devices. We ask the Commission to give patient safety its highest priority and reject any proposed rules that would fail to satisfy this public interest objective.

Sincerely,

A handwritten signature in black ink that reads "David A. Seaman". The signature is written in a cursive style with a large, prominent "D" and "S".

David Seaman
Executive Vice President

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

Ladies and Gentlemen:

I am the IT Director / HIPAA Privacy & Security Officer at Moundview Memorial Hospital & Clinics (MMHC). MMHC 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 Friendship a relatively small rural area in Wisconsin. The primary hospital building is one story tall, and our wireless telemetry system is installed throughout the building, including 25 patient rooms as high as the lower level and first story of the hospital. Our hospital was built in 1975 & 2004 [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 cardiac rehabilitation, inpatient areas and in the Emergency department. As a general matter, our WMTS system allows a single nurse to monitor as many as 8 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, patient safety could be impacted. 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.

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Our hospital and clinics are also non-profit. Replacing the entire Telemetry system would be a huge financial burden that might not be able to do. Potentially risking patient safety.

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,



Jim Franckowiak

IT Director / HIPAA Privacy & Security Officer



www.chwchospital.org

COMMUNITY HOSPITALS AND WELLNESS CENTERS

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

Ladies and Gentlemen:

I am the Cardiac Cath Lab Supervisor at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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. CHWC is located in Bryan, Ohio, a relatively rural area in Ohio. The primary hospital building is four stories tall, and our wireless telemetry system is installed throughout the building, including 10 patient rooms on the 4th story of the hospital. Our hospital was built in 1976 and completely remodeled from 2009-2011. The patient care area include wide windows throughout. We periodically experience interference in wireless audio on televisions mounted in our exercise room. This interference is low power, unlicensed, in the 900 MHz band and renders the audio unusable. If unlicensed, low power use is allowed on the WMTS band, the results could be extremely dangerous to our patients, and costly.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Cardiac Rehab. As a general matter, our WMTS system allows a single nurse to monitor as many as 12 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 directly impact the monitoring of patients receiving a new pacemaker and/or cardiac cath. Such interference would clearly put patients at risk during the immediate interference incident, but

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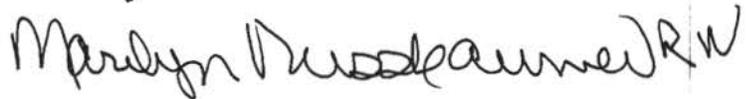
would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

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,

A handwritten signature in black ink that reads "Marilyn Nussbaumer" followed by a stylized initial "RN".

Marilyn Nussbaumer, Cardiac Cath Lab Supervisor
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

419-636-1131
marilynnussbaumer@chwchospital.org



Copper Queen Community Hospital

Honorable Tom Wheeler, Chairman
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Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Director of Facilities of Copper Queen Community Hospital ("CQCH"). CQCH 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. CQCH is located in Bisbee, a relatively rural area in Arizona. The primary hospital building one (1) stories tall, and our wireless telemetry system is installed throughout the building, including the emergency room and medical surgical patient rooms as high as the first story of the hospital. Our hospital was built in 1959 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 patients in the emergency department and end of life monitoring. As a general matter, our WMTS system allows a single nurse to monitor as many as 25 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, which would potentially delay the diagnosis and treatment of many severe cardiac rhythm disturbances such as ventricular tachycardia, ventricular fibrillation, atrial fibrillation, bradycardia, paroxysmal supraventricular tachycardia

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Copper Queen Community Hospital

and asystole. 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,

Guy Shoaf
Director of Facilities
Copper Queen Community Hospital
Bisbee, Arizona



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

Ladies and Gentlemen:

I am the ICU/Telemetry Director of Nursing at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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. CHWC is located in Bryan, Ohio, a relatively rural area in Ohio. The primary hospital building is four stories tall, and our wireless telemetry system is installed throughout the building, including 10 patient rooms on the 4th story of the hospital. Our hospital was built in 1976 and completely remodeled from 2009-2011. The patient care area include wide windows throughout. We periodically experience interference in wireless audio on televisions mounted in our exercise room. This interference is low power, unlicensed, in the 900 MHz band and renders the audio unusable. If unlicensed, low power use is allowed on the WMTS band, the results could be extremely dangerous to our patients, and costly.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Cardiac Rehab. As a general matter, our WMTS system allows a single nurse to monitor as many as 12 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 directly impact the monitoring of patients receiving a new pacemaker and/or cardiac cath. Such interference would clearly put patients at risk during the immediate interference incident, but

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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,

A handwritten signature in cursive script that reads "Kasey M. Grime".

Kasey Grime, ICU/Telemetry DON
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

419-636-1131
kaseygrime@chwchospital.org



www.chwchospital.org

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

Ladies and Gentlemen:

I am the Director of Quality Improvement and Risk Management at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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.

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Sincerely,



Susie Beals, RN, Director of Quality Improvement
& Risk Management
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

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susiebeals@chwchospital.org



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

Ladies and Gentlemen:

I am the Vice President of Patient Care at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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.

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Sincerely,

Jan David, MSN, RN
V.P. of Patient Care

Jan David, MSN, RN,

Vice President of Patient Care

Community Hospitals and Wellness Centers

433 West High Street

Bryan, OH 43506

419-636-1131

jandavid@chwchospital.org



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Wentworth-Douglass Health System

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

Ladies and Gentlemen:

I am David Dagenais the Director of Plant Operations and Safety Officer at Wentworth-Douglass Hospital Health Systems. Wentworth-Douglass Hospital Health Systems 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. Wentworth-Douglass Hospital is located in Dover a relatively suburban area in New Hampshire. The primary hospital building is four stories tall, and our wireless telemetry system is installed throughout the building, including 178 patient rooms as high as the fourth story of the hospital. Our hospital was built in 1906 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, emergency department, and trauma patients. As a general matter, our WMTS system allows a single nurse to monitor as many as sixteen patients. If our WMTS system was impacted by radio

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Wentworth-Douglass Health System

Wentworth-Douglass Hospital . Wentworth Health Partners . Wentworth-Douglass Hospital & Health Foundation . The Works Family Health & Fitness Center

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, could lead to patient death or serious injury or incorrect diagnosis. 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,

David Dagenais, FASHE, CHFM, CHSP
Director Plant Operations and Safety Officer
Wentworth-Douglass Health Systems

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MAY 18 2015

FCC Mail Room



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

EX PARTE OR LATE FILED

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 Steve Horsley, Chief Information Officer (CIO) of Cone Health. The health system 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. Two hospitals (The Moses H. Cone Memorial Hospital and Wesley Long Community Hospital) are located in Greensboro, NC a relatively urban area in North Carolina. Annie Penn Hospital is located in Reidsville, NC a relatively rural area in North Carolina, while Alamance Regional Medical Center in Burlington, NC a relatively suburban area in North Carolina. The Moses H. Cone Memorial is 6 stories tall; Wesley Long Community is 4 stories tall; Annie Penn Hospital is 3 stories tall, and Alamance Regional is 3 stories tall. Our wireless telemetry systems are installed throughout the buildings, including a total of 600 patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients. As a general matter, our WMTS system allows monitoring via a Central Command Center. 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 impact patient care delivery in a three county area. 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.

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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,

 L. H. Hough, SVP & CIO

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Wentworth-Douglass Health System

Wentworth-Douglass Hospital . Wentworth Health Partners . Wentworth-Douglass Hospital & Health Foundation . The Works Family Health & Fitness Center

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

EX PARTE OR LATE FILED

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 General Manager of Clinical Engineering at Wentworth Douglass Hospital. Wentworth Douglass 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. Wentworth Douglass Hospital is located in Dover a relatively suburban area in New Hampshire. The primary hospital building is four stories tall, and our wireless telemetry system is installed throughout the building, including 178 patient rooms as high as the fourth story of the hospital. Our hospital was built in 1906 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,

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emergency department, and trauma patients. As a general matter, our WMTS system allows a single nurse to monitor as many as sixteen 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, could lead to patient death or serious injury. 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,

Eric Massey
GM Clinical Engineering Sodexo CTM
Wentworth Douglass Hospital



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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:

We are, Donald R. Stevens, CHFM, Executive Director, Kaiser Permanente National Facilities Services – Hawaii Region, and Gregory K. Williams, Manager, Clinical Technology of Kaiser Permanente Moanalua Medical Center. Our Hospital is a member of the American Hospital Association (“AHA”). We 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. We are 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. Our Hospital is located in Honolulu, a relatively suburban area in Hawaii. The primary hospital building is 6 stories tall, and our wireless telemetry system is installed throughout the building, including 82 patient rooms as high as the 6th story of the hospital. Our hospital was built in 1984 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, emergency department, and trauma patients. As a general matter, our WMTS system allows a

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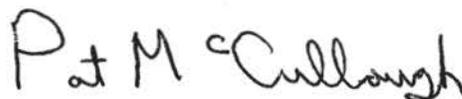
would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

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.

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Sincerely,



Pat McCullough, Director of Maintenance
Archbold and Montpelier Hospital Buildings
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

419-636-1131



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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:

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Sincerely,

A handwritten signature in black ink that reads "Donald R. Stevens".

Donald R. Stevens, CHFM

Kaiser Permanente
Executive Director
National Facilities Services – Hawaii Region

A handwritten signature in black ink that reads "Gregory K. Williams".

Gregory K. Williams
Kaiser Permanente
Manager, Clinical Technology
National Facilities Services – Hawaii Region