



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

Received & Inspected

JUN 03 2015

DOCKET FILE COPY ORIGINAL

FCC Mail Room

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

DOCKET FILE COPY ORIGINAL

EX PARTE OR LATE FILED

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

Ladies and Gentlemen:

I am the Clinical Engineering Operations Manager of Missouri Baptist Medical Center ("Hospital"). Missouri Baptist Medical center 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 St. Louis, a relatively urban area in Missouri. The primary hospital building is 6 stories tall, and our wireless telemetry system is installed throughout the building, including 400 patient rooms as high as the 6th story of the hospital. Our hospital was built in 1960's 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 OB/GYN patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 16 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, Fetal Monitoring could be lost and will cause problems for both mother and child in risk pregnancies. 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

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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,
Matt Keim

EX PARTE OR LATE FILED

BARNES-JEWISH
St. Peters Hospital



ProgressWest
Hospital

BJC HealthCare

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
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FCC Mail Room

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

Ladies and Gentlemen:

I am the Clinical Engineering Operations Manager of Progress West Health Care ("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 O'Fallon a relatively rural area in Missouri. The primary hospital building is 4 stories tall, and our wireless telemetry system is installed throughout the building, including 72 patient rooms as high as the 4th story of the hospital. Our hospital was built in 2007 and in addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our campus.

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Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other Cardiac rehabilitation patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 32 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, will interfere with monitoring system in the pulmonary rehab / cardiac rehabilitation areas. 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,



Margarita Escobar-Kampwerth



EX PARTE OR LATE FILED

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
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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 Clinical Engineering Operations Manager of Barnes Jewish West County Hospital ("Hospital"). Barnes Jewish-West County 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 Creve Coeur a relatively urban area in Missouri. The primary hospital building is 2 stories tall, and our wireless telemetry system is installed throughout the building, including 108 patient rooms as high as the 2nd story of the hospital. Our hospital was built in 1969 and 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 other Cardiac rehabilitation patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 16 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

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patients, will interfere with monitoring system in the pulmonary rehab / cardiac rehabilitation areas. 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,



Margenta Escobar-Kampwerth

EX PARTE OR LATE FILED



Parkland

HEALTH CENTER

BJC 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
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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 Clinical Engineering Operations Manager of Parkland Health 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 St. Francois County a relatively rural area in Missouri. The primary hospital building is 1 story tall, and our wireless telemetry system is installed throughout the building, including 85 patient rooms as high as the 1 story of the hospital. Our hospital was built in 1962 and In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our campus.

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Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other Cardiac rehabilitation patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 16 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, will interfere with monitoring system in the pulmonary rehab / cardiac rehabilitation areas. 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,



Margarita Escobar-Kampwerth



Missouri Baptist
SULLIVAN HOSPITAL

BIC HealthCare

EX PARTE OR LATE FILED

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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 Clinical Engineering Operations Manager of Missouri Baptist Sullivan Hospital ("Hospital"). Missouri Baptist-Sullivan 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 Sullivan a relatively rural area in Missouri. The primary hospital building is 2 stories tall, and our wireless telemetry system is installed throughout the building, including 75 patient rooms as high as the 2nd story of the hospital. Our hospital was built in 2003 and 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 other Cardiac rehabilitation patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 16 patients. If

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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, will interfere with monitoring system in the pulmonary rehab / cardiac rehabilitation areas. 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,



Margarita Escobar-Kampwerth

EX PARTE OR LATE FILED

BARNES-JEWISH
St. Peters Hospital



ProgressWest
Hospital

BJC HealthCare

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
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Washington, D.C. 20554

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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 Clinical Engineering Operations Manager of Barnes Jewish Saint Peters ("Hospital"). Barnes Jewish -St. Peters 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 Saint Peters a relatively rural area in Missouri. The primary hospital building is 4 stories tall, and our wireless telemetry system is installed throughout the building, including 108 patient rooms as high as the 4th story of the hospital. Our hospital was built in 2004 and in addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our campus.

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Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other Cardiac rehabilitation patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 16 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, will interfere with monitoring system in the pulmonary rehab / cardiac rehabilitation areas. 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,



Margarita Escobar-Kampwerth

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Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
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Honorable Michael O'Rielly, Commissioner

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Washington, D.C. 20554

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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 Clinical Engineering Operations Manager of Barnes Jewish Hospital ("Hospital"). Barnes-Jewish 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 St. Louis, a relatively urban area in Missouri. The primary hospital building is 18 stories tall, and our wireless telemetry system is installed throughout the building, including 900 patient rooms as high as the 17th story of the hospital. Our hospital was built in 1970's 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 3 block campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for OB/GYN patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 16 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, Fetal Monitoring could be lost and will cause problems for both mother and child in risk pregnancies. 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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List ABCDE

One Barnes-Jewish Hospital Plaza • St. Louis, Missouri 63110 • 314-747-3000 • www.barnesjewish.org

Barnes-Jewish Hospital at Washington University Medical Center

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, reading "Michael Mense", is written over a horizontal line.

ALTON MEMORIAL HOSPITAL

EX PARTE OR LATE FILED

BJC HealthCare

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

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Federal Communications Commission
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FCC Mail Room

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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 Operations Manager of Alton Memorial Hospital. Alton Memorial 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 Missouri a relatively urban area in Saint Louis. The primary hospital building is 3 stories tall, and our wireless telemetry system is installed throughout the building, including 15 patient rooms as high as the 3rd story of the hospital. Our hospital was built in 1990 and 76 beds [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 other cardio rehabilitation. 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

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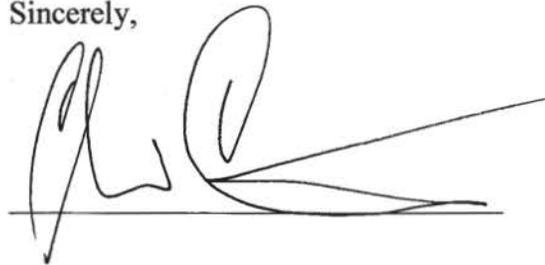
patients, serious patient safety issues would occur. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

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.

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Sincerely,

A handwritten signature in black ink, consisting of a large, stylized initial 'R' followed by a long, sweeping horizontal line that extends to the right.



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

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Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

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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 Operations Manager of Christian 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 Missouri a relatively urban area in Saint Louis. The primary hospital building is 11 stories tall, and our wireless telemetry system is installed throughout the building, including 15 patient rooms as high as the 8th story of the hospital. Our hospital was built in 1975 and 254 beds [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 Northeast campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other cardio rehabilitation. 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

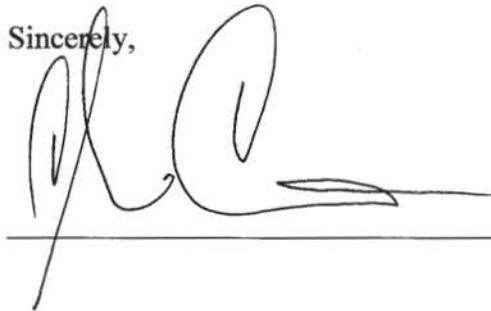
device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, serious patient safety issues would occur. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost 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,

A handwritten signature in black ink, consisting of a large, stylized initial 'A' followed by a series of loops and a long horizontal stroke extending to the right. The signature is written above a solid horizontal line.

 **FirstCall**
CLINICAL TECHNOLOGY SERVICES

*East Texas Medical Center
Regional Healthcare System*

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JUN 03 2015

FCC Mail Room

28 May 2015

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable AjitPai, 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 **Corporate Director of Clinical Technology Services for East Texas Medical Center Regional Healthcare System (ETMCRHS)** headquartered in Tyler, Texas. Our system is a member of the American Hospital Association (AHA). I have been informed by the AHA and it's engineering arm, the **American Society for Healthcare Engineering (ASHE)** that the Federal Communication 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. Our hospitals and clinics are located in Tyler, Athens, Pittsburg, Quitman, Henderson, Carthage, Jacksonville, Fairfield, Trinity, Gun Barrel City and Chandler, all within relatively urban areas in the state of Texas. Our largest hospital is six stories tall, and our WMTS is installed throughout the building. Our facility was originally built in 1948 and has been extensively remodeled to encompass large windows in the majority of patient rooms. All of our patient care facilities utilize WMTS.

Our primary use of WMTS is associated with critical heart patients, although our wireless telemetry system is also used for other applications such as fetal monitoring, cardiac

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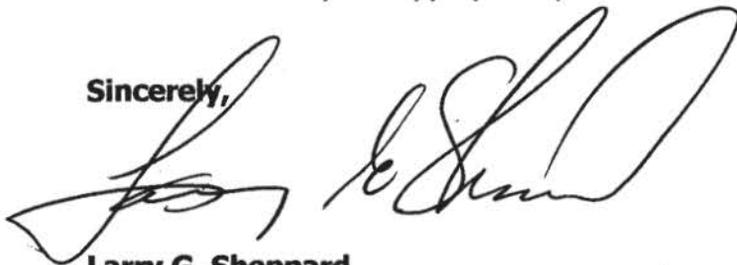
rehabilitation and patients experiencing difficult respiratory issues. As a general matter, our WMTS allows a single nurse to monitor 16 patients. If our WMTS system was impacted by radio interference from an external source such as TVWS, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, the impact would require and increased staff of round the clock care-givers as an alternative means of monitoring the patient at an extensive cost to healthcare facilities that are already experiencing difficult financial times. In addition, a long term remedy would be to replace the existing WMTS to another frequency range at an enormous capital cost in the millions of dollars.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to the 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 system. 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,



Larry G. Sheppard
Corporate Director, Clinical Technology Services
East Texas Medical Center Regional Healthcare Systems
4805 Troup Highway
Tyler, TX 75703

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JUN 03 2015

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JRMC

1600 West 40th Avenue
Pine Bluff, AR 71603

(870) 541 7100

www.jrmc.org

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable AjitPai, 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 GNDocket Nos. 12-268

Ladies and Gentlemen:

I am the Assistant Vice President of Facilities & Support Services at Jefferson Regional Medical Center. (JRMC) JRMC 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. JRMC is located in Pine Bluff, a relatively suburban area in Arkansas. The primary hospital building is 3 stories tall, and our wireless telemetry system is installed throughout the building, including 471 licensed patient beds as high as the 3rd story of the hospital. Our hospital was built in 1960. In addition to its use in the hospital, we utilize wireless 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 monitoring patients on general and post surgical floors, dining areas and corridors. As a general matter, our WMTS system allows a single nurse to monitor as many as 100 patients.

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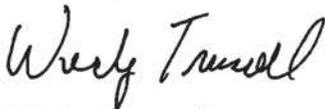
If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, additional patient monitors, central stations and staff would have to be purchased, installed, monitored, and maintained throughout our campus. 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 variety of 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,



Wesley Trussell
Assistant Vice President of Facilities & Support Services
Jefferson Regional Medical Center
1600 West 40th
Pine Bluff Arkansas 71603
870-541-7100

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JUN 03 2015
FCC Mail Room

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

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

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

Ladies and Gentlemen:

I am the Director of Facilities & Construction of Crouse ("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 Syracuse, NY, a relatively urban area in NY. The primary hospital building is 12 stories tall, and our wireless telemetry system is installed throughout the building, including 440 patient rooms as high as the 9th story of the hospital. Our hospital was built in 1928 & 1972 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 monitoring, emergency department, and trauma patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 60 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 inability of safely and effectively monitoring our patients remotely would completely compromise patient safety and patient care to the community we serve. 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,

A handwritten signature in black ink, appearing to read 'Jeffrey E. Tetrault', with a long horizontal flourish extending to the right.

Jeffrey E. Tetrault, CHFM, CHC
Director of Facilities & Construction