August 30, 1999

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Office of Secretary
Federal Communications Commission
The Portals
445 12th Street, SW
Room TW-A325
Washington DC 20554

To Whom It May Concern:

This letter is in response to the Federal Communication Commission's Notice of Proposed Rule Making, ET Docket 99-255, in the matter of "Amendment of Parts 2 and 95 of the Commission's Rules to Create a Wireless Medical Telemetry Service". As someone who has worked for over 7 years in the support and assessment of medical technology in hospitals, I am pleased to offer this written input on the FCC's proposals regarding this vital issue.

I am pleased that the FCC has finally sought to address what has been a longstanding deficiency in the regulation of the radiofrequency spectrum. It is in some ways unfortunate that it took a major incident in Texas (in which life-critical patient equipment was rendered temporarily unusable) to highlight the exposure that medical telemetry has under the current allocation scheme. Nonetheless, I commend the FCC for working with the Food and Drug Administration (FDA), the American Hospital Association (AHA), and others to develop a reasoned approach to addressing the protection of medical telemetry transmissions.

The format of the written feedback will be to comment on selected paragraphs as outlined in the Notice of Proposed Rule Making, as the paragraphs are numbered 1-53.

On Paragraph 11, I strongly *agree* with the conclusion that it is necessary to find additional spectrum for medical telemetry equipment. I also *agree* that the spectrum should be allocated on a primary basis to ensure that medical telemetry equipment is able to function without interference from other sources. The primary allocation issue is, in my view, very important, as it gives hospitals the clout they need to protect the integrity of their patient data transmissions.

On paragraph 12, I am in *agreement* with the AHA's position that the spectrum requirements for medical telemetry equipment will likely increase dramatically in the coming years. The 12 MHz suggestion by the AHA is appropriate.

With regard to paragraph 13, I am not really in a position to comment on the impact that a frequency allocation for medical telemetry would have on other prospective users of these bands. However, I think most reasonable people would agree that the use of spectrum to monitor patients should take priority (with perhaps a few exceptions) over other uses.

I am *in support* of the FCC's "Option 1" for medical telemetry frequency allocation – 608-614 MHz/1395-1400 MHz/1429-1432MHz. As interest increases in bi-directional communications with bedside medical devices increases, the benefits of this option outweigh the other proposed spectrum allocation.

On paragraph 26, I *agree* with the AHA definition of medical telemetry.

On paragraph 27, I *agree* that there is no need for individual operator's licenses for equipment in the Wireless Medical Telemetry Service.

On paragraph 28, I *agree* with AHA recommendations on eligibility to operate WMTS equipment, and find the FCC's slight modifications on terminology to be appropriate.

On paragraph 29, I *agree* with the FCC's proposal that all parties using equipment in the WMTS be required to coordinate their operating frequency and other relevant parameters with a coordinator designated by the FCC.

On paragraph 32, I feel that it is *appropriate* that an expiration date be used to ensure that the frequency database does not become "cluttered" with entries for equipment that is no longer in service.

I *disagree and object to* the FCC's proposal that WMTS not be used for video or voice transmission. I am not concerned that users will use WMTS as a form of "wireless intercom", as there are other systems far more suited for this purpose.

On paragraph 41, I *strongly disagree and object to* the FCC's belief that "four years is a longer transition period than necessary to require new equipment to operate in the new frequency bands". We must remember that many hospitals are struggling financially to survive in the current turbulent health care environment. Many facilities are simply not in the position to undertake a major capital expenditure in such a short timeframe to convert their equipment. Also, the medical telemetry manufacturers will likely use the FCC's short two-year period to pressure hospitals into prematurely replacing their equipment. I support the AHA's original proposal of "four years after adoption of final rules".

I hope that the FCC finds these comments helpful as it works to develop a final resolution of the relevant issues. I understand that the FCC will be pressured by commercial constituencies to limit the considerations given to the health care industries. It is my hope and belief that the FCC will not be unduly influenced by these other interests, and will act in the best interests of the American public, by appropriately protecting the transmission of medical telemetry data.

If you should wish to contact me about these matters, my contact information is as follows:

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Sincerely,

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