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WILKINSON) BARKER) KNAUER) LLP

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FEDERAL COMMUNICATIONS COMMISSION
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TIMOTHY J. COONEY

June 1, 2000

Ms. Magalie Roman Salas
Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street, S.W.
TW-A325
Washington, D.C. 20554

Re: *Ex Parte*
ET Docket No. 99-255

Dear Ms. Salas:

On May 31, 2000, Mary Beth Savary Taylor of the American Hospital Association; Caroline Campbell, Director, Biomedical Engineering, Washington Hospital Center; and Larry Movshin and Tim Cooney of Wilkinson Barker Knauer, LLP, met with Commissioner Harold W. Furchtgott-Roth and his advisor Bryan Tramont, Commissioner Michael K. Powell and his special assistant Paul Jackson, Deborah Klein, legal advisor for Commissioner Gloria Tristani and Ari Fitzgerald, legal advisor for Chairman William E. Kennard.

We discussed the American Hospital Association Task Force on Medical Telemetry's support of expeditious action in the above-referenced rulemaking docket. We also handed out the enclosed one-page summary of the AHA Task Force's position and the enclosed two-page letter from the American Hospital Association and the named hospital members of the AHA Medical Telemetry Task Force (Baylor University Medical Center, Mayo Clinic, Office of the Army Surgeon General Hospitals, Texas Children's Hospital, Veterans Health Administration, Department of Veteran Affairs, Walter Reed Army Medical Center and the Washington Hospital Center) expressing their support for prompt Commission action in this rulemaking. This letter also was delivered to Chairman William E. Kennard, and Commissioners Susan Ness and Gloria Tristani.

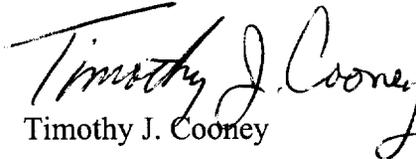
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Ms. Magalie Roman Salas
June 1, 2000
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Pursuant to Section 1.206(b)(2) of the Commission's rules, an original and one copy of this letter and the attachments are submitted to the Commission. Please call the undersigned if you have any questions.

Sincerely,

WILKINSON BARKER KNAUER, LLP


Timothy J. Cooney

Attachments

cc: Chairman William E. Kennard
Commissioner Susan Ness
Commissioner Michael K. Powell
Commissioner Gloria Tristani
Commissioner Harold W. Furchtgott-Roth
Ari Fitzgerald, Legal Advisor to Chairman Kennard
Deborah Klein, Legal Advisor to Commissioner Tristani
Paul Jackson, Special Assistant to Commissioner Powell
Bryan Tramont, Legal Advisor to Commissioner Furchtgott-Roth



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May 31, 2000

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FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

William E. Kennard
Chairman
Federal Communications Commission
445 12th Street, SW, Room 8-B201
Washington, DC 20554

Re: *Ex Parte, ET Docket No. 99-255*

Dear Chairman Kennard:

The American Hospital Association (AHA) understands that the Federal Communications Commission (FCC) will soon decide whether to establish a new Wireless Medical Telemetry Service ("WMTS") and allocate spectrum to the WMTS on a primary basis. The AHA, on behalf of its nearly 5,000 member hospitals and health systems, enthusiastically supports prompt Commission action on this item.

All hospitals and health care facilities — large and small, urban and rural, teaching and community-based — increasingly utilize wireless medical telemetry equipment for monitoring patient conditions and promoting more cost-effective and efficient patient care. However, regulatory changes affecting the spectrum bands currently used for wireless medical telemetry — for example, the initiation of digital television operations on formerly vacant television channels and the new channelization plans for Part 90 private land mobile operations — have had the effect of increasing the potential for harmful, even life-threatening, interference to patients using medical telemetry devices.

A new primary allocation to the WMTS is essential because of the need to relocate existing wireless medical telemetry equipment from spectrum bands allocated primarily to land mobile or digital television service, and because of the patient care and efficiency-enhancing benefits that an allocation of spectrum on a primary-licensed basis can bring. The AHA's Wireless Medical Telemetry Task Force has demonstrated the need to the FCC for an allocation to the WMTS of at least 14 MHz of spectrum.

Chairman William E. Kennard

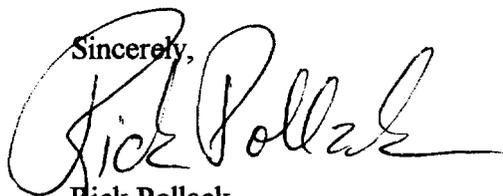
May 31, 2000

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We realize that there may be other services interested in the spectrum being proposed for WMTS, but we believe that the public benefits that an allocation to the WMTS will bring are paramount. In particular, the potential for new uses of wireless telemetry, such as, wireless emergency rooms and wireless operating rooms, may lead to great advances in patient safety and care as well as significant time and cost savings.

Mr. Chairman, we are most grateful to the FCC for its willingness to work with the health care community and others to allocate spectrum to WMTS on a primary basis. We urge the Commission to act promptly on this important patient safety issue.

Sincerely,



Rick Pollack
Executive Vice President
American Hospital Association

Hospital Members of the AHA's Medical Telemetry Task Force:

Baylor University Medical Center
Mayo Clinic
Office of the Army Surgeon General Hospitals
Texas Children's Hospital
Veterans Health Administration, Department of Veterans Affairs
Walter Reed Army Medical Center
Washington Hospital Center

cc: Commissioner Susan Ness
Commissioner Michael Powell
Commissioner Harold Furchtgott-Roth
Commissioner Gloria Tristani

**WIRELESS MEDICAL TELEMETRY SERVICE (WMTS)
ET DOCKET NO. 99-255**

WHAT THE DEVICES DO: Wireless biomedical telemetry devices are used in hospitals to transmit waveforms and other physiological data for monitoring ECG, oxygen saturation, blood pressure, respiration and the like. Use of wireless devices allows patients to be ambulatory, thereby hastening patient recovery, as they are being monitored for potential adverse changes.

CURRENT STATUS: Wireless medical telemetry devices currently are squeezed into bands shared with other services. They share the 450-470 MHz bands on offset channels also allocated to private land mobile, and utilize television broadcast channels on an unlicensed basis under Part 15 of the FCC rules. There is currently no primary allocation for this service, so devices are subject to interference from primary users of the bands.

PROBLEM: Regulatory changes have resulted in increased interference. First, the transition to new UHF channels for digital TV is resulting in the loss of current spectrum. For example, in March 1998 a TV station in Dallas began to test digital operations on a previously unused channel, causing severe interference to wireless telemetry devices at a nearby hospital complex, thus, endangering patient safety. Second, the refarming of private land mobile spectrum, with its new channeling scheme and higher power levels, will cause interference to existing medical telemetry operations in the 450-470 MHz band.

SOLUTION: The FCC and FDA responded by looking for spectrum for a new primary allocation. The American Hospital Association formed a Task Force on medical telemetry which submitted a report in April 1999 that included a study of existing and projected spectrum requirements and recommended specific frequency bands for potential allocation. In July 1999, the FCC issued an NPRM proposing the allocation of 14 MHz of spectrum split into three bands: 608-614 MHz, 1395-1400 MHz and 1429-1432 MHz.

ADOPTION OF THE REPORT AND ORDER: A WIN-WIN SITUATION: The new primary status and allocation to WMTS will allow for the expansion of the types of physiological data that can be measured remotely and the number of patients who can be monitored, and will facilitate patient movement from one area of a hospital to another, resulting in better patient care and decreased health care costs. Removing the tethers of wired telemetry can lead to technological advancements such as wireless operating rooms and wireless emergency rooms. Grant of a primary allocation to WMTS will also resolve the problem of harmful interference to existing wireless medical telemetry devices operating under Part 15, and it will allow the migration of devices out of the 450-470 MHz band, freeing the band over time for land mobile operations.

BECAUSE OF THE NUMEROUS PUBLIC BENEFITS THAT CAN BE ACHIEVED, THE AMERICAN HOSPITAL ASSOCIATION TASK FORCE ON MEDICAL TELEMETRY REQUESTS EXPEDITIOUS CONSIDERATION OF THIS ITEM.