

May 30, 2008

**VIA ELECTRONIC FILING**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 - 12th Street, S.W.  
Room TW-A325  
Washington, D.C. 20554

Re: Ex Parte Presentation  
American Society for Healthcare Engineering of the  
American Hospital Association  
ET Docket No. 04-186; ET Docket No. 02-380

Dear Ms Dortch:

This letter filed electronically serves as notification that on May 29, 2008, on behalf of the American Society for Healthcare Engineering of the American Hospital Association (“ASHE”), Dale Woodin, Executive Director of ASHE; John Collins, ASHE Engineering & Compliance Director; Mark Gibson of Comsearch (technical consultant to ASHE); and Larry Movshin and Tim Cooney of Wilkinson Barker Knauer, LLP, met with Chairman Martin’s legal advisor on wireless issues, Aaron Goldberger. We discussed the issues summarized in the attachment.

Please contact the undersigned if you have any questions.

Very truly yours,

WILKINSON BARKER KNAUER, LLP

By: \_\_\_\_\_/s/\_\_\_\_\_  
Lawrence J. Movshin  
Timothy J. Cooney

cc: Aaron Goldberger

**American Society for Healthcare  
Engineering (ASHE) of the  
American Hospital Association  
(AHA)**

**Ex Parte Presentation  
TV Band Devices  
ET Docket No. 04-186  
ET Docket No. 02-380**

**May 29, 2008**

# WHO WE ARE

- AHA and ASHE are non-profit organizations and have no pecuniary interest in this proceeding.
- AHA represents 5,000 hospitals, healthcare systems, networks, other providers of care and 37,000 individual members.
- ASHE is one of the personal membership groups of the AHA and represents a diverse network of more than 9,200 members dedicated to optimizing the healthcare physical environment.
- Medical telemetry equipment wirelessly transmits patient data such as blood pressure and respiration data to a nearby receiver, thereby promoting patient mobility by allowing patients to ambulate while still being monitored.
- WMTS systems operate at very low powers and thus are highly susceptible to interference from higher-powered operations in adjacent bands.

# **Creation of the Wireless Medical Telemetry Service (WMTS)**

- Incidents of harmful interference increased in the late 1990s as the first TV stations commenced DTV broadcasts on previously vacant channels and due to a revised channeling scheme for the 450-470 MHz band.
- On June 12, 2000, the FCC established the WMTS under Part 95 allocating 14 MHz of spectrum on a primary basis, including 608-614 MHz (TV Channel 37). WMTS use of Channel 37 is constrained as a result of radio-astronomy quiet zones and interference from adjacent TV channels 36 and 38.
- WMTS systems are “licensed by rule;” a health care facility that properly registers its system operating in WMTS frequencies with the WMTS frequency coordinator is automatically licensed. In 2001, the FCC designated ASHE as the WMTS frequency coordinator.

# **ASHE's Interest in TV White Spaces**

- ASHE represents the interests of the health care community at large and does not speak for any particular WMTS vendor or technology.
- Channel 37 is a critical spectrum band for WMTS, with over 2650 systems currently registered with ASHE in that band.
- ASHE's key concern is to assure that WMTS operations in Channel 37 are protected from the potential for harmful interference. ASHE also seeks to assure that adequate notice is provided to health care facilities using "legacy" non-WMTS devices (operating under Part 15 certification in vacant TV channels) both to allow and to incent them to migrate to interference-protected WMTS systems.

# Protection of WMTS Channel 37

- ASHE applauds FCC decision to bar TV band devices from Channel 37. ASHE also is concerned about adjacent channel interference on Channels 36 and 38 that could cause interference to low power WMTS equipment.
- ASHE supports those proposals that would prohibit operation of TV band devices in Channels 36-38. Creation of such a guard band would assure interference protection for low power WMTS devices in Channel 37, consistent with the Commission's intent in creating a primary allocation for WMTS in this spectrum.
- While TV band devices should be barred from Channels 36-38, ASHE believes that licensed wireless microphones operating in Channels 36 and 38 can be authorized to continue operating in those bands with the technical characteristics currently permitted. Given the low-power currently authorized, the threat of interference from a wireless microphone system is extremely low. Health care facilities operating both WMTS systems and wireless microphones in the same area can regulate these uses to avoid interference within their own buildings/campuses.

# Legacy Part 15 Devices

- Effective October 16, 2002, the FCC stopped granting certifications for new medical telemetry equipment that operates in vacant TV channels under Part 15 of the rule. The FCC, however, imposed no cutoff on the sale or use of Part 15 equipment that was certified before that date. Part 15 equipment using non-WMTS spectrum continues to be deployed by hospitals today.
- These “legacy” systems are likely to encounter some interference from TV band devices, fixed or mobile, licensed or unlicensed, as they are widely deployed in and/or around health care facilities. Legacy systems must be given adequate notice of these dangers once the White Spaces rules are adopted and encouraged to move to WMTS spectrum.
- As the Commission did when it lifted the freeze on the use of 450-470 MHz by non-WMTS devices, it is critical for the FCC to provide health care facilities with timely notice that they must migrate their legacy Part 15 equipment to operating outside Channels 36-38 to WMTS-licensed spectrum or face the potential of harmful interference from TV Band devices.