

Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of)	
)	
Service Rules for the 698-746, 747-762 and 777-792 MHz Bands)	WT Docket No. 06-150
)	
Implementing a Nationwide, Broadband, Interoperable Public Safety Network in the 700 MHz Band)	PS Docket No. 06-229
)	

**COMMENTS
OF THE
NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS**

The National Association of Emergency Medical Technicians (NAEMT) submits these comments in response to the Commission's *Second Further Notice of Proposed Rulemaking ("Second Further Notice")*, in the Dockets specified above, regarding the 700 MHz D Block, the Public/Private Partnership and the Public Safety Broadband Licensee.

NAEMT urges the Commission to remain committed to a nationwide interoperable public safety broadband network through a public private partnership. It is the best way to create and fund a state of the art, interoperable nationwide public safety broadband network. The Commission should reject proposals that relegate

the D Block and PSBL's 700 MHz spectrum only to commercial grade design, use and control or to split the nationwide license into regional licenses.

EMS communication's future is broadband. To save time in life-threatening situations, it will become essential to use technologies now in development to send data in addition to voice communications. In this way, life-threatened patients will come more quickly to the attention of the EMS system, and responders will be better informed and more quickly able to make decisions about appropriate emergency treatment and transportation. The aging VHF, UHF and trunked systems used by EMS for the past 35 years will not support these data communications. While EMS providers in urban areas may be able to take advantage of 4.9 GHz public safety broadband systems, the rest of the national EMS community will be unable to support their patients' needs this way.

Commercial wireless systems may serve some limited roles in these communications; however the ability of a medic in the field to transmit life critical data to a physician director in an emergency room cannot afford the delay that any system failure or transmission rate slowdown could cause. No other proposal for a national public safety broadband system has suggested how to fund it other than the FCC's public/private partnership concept. A regional approach guarantees no scalable data communications interoperability for very large mass casualty situations, opening the door for repetition of Katrina-scale failures. Therefore, if

EMS communication's future is broadband, broadband's future for EMS can best be affected by the nationwide, public/private partnership based approach.

The current Public Safety Broadcast Licensee, the Public Safety Spectrum Trust (PSST), is a very reasonable candidate to hold this license and to represent the interests of the national public safety community, including EMS. The EMS community includes statewide systems led by state EMS officials and regional and local systems led by hospital-based emergency medical providers. Both state EMS officials and hospitals are represented on the PSST. Other public safety colleagues including communicators and responders are also well-represented. There is absolutely no reason to expend federal time and money, or to further delay deployment of this vital system, to repeat a license application process that has already produced a well qualified licensee.

Further, it is important that the PSST be given the ability and access to funding to adequately represent public safety interests in the development of this system. This means allowing the PSST to incur debt, enter into contracts, utilize knowledgeable advisors (regardless of their corporate status), set and collect lease and other user fees, and directly serve and represent public safety users of the system (own the relationship with public safety users in coordination with the D Block licensee). The PSST's status as a non-profit entity is appropriate. It is not a reason for the FCC to create artificial constraints on how it does its business. Hospitals, most

non-governmental EMS agencies, the Red Cross, and other crucial community, non-profit agencies use all of these standard business practices. Their goal is not to make a profit to inure benefits to stockholders, but their governing boards must insist that their income meets or exceeds their expenses or they will no longer be available to serve their communities. The PSST can be no different. In the original *Second Report and Order* on this subject, the FCC proposed significant responsibilities for the PSST. NAEMT supports these, but calls on the FCC to adequately assure the PSST's potential for succeeding in these by allowing it to employ modern non-profit business practices.

Finally, NAEMT generally recommends that “critical infrastructure” providers be considered as eligible users of the national public safety broadband system. We do not believe the system will have a capacity too limited to allow this while still assuring the D Block partner to be viable. It is important that certain critical infrastructure providers including public health, transportation and others who frequently communicate with EMS and other public safety agencies during emergencies do so on a regular, day in and day out, inclusive basis. It has been well established that special capacities and procedures to be used in “big” emergencies only, do not work when “big” emergencies occur.

One particular concern of our Association is contained in Paragraph 25 of the Dockets, regarding eligible users:

25. The eligibility rules for the 700 MHz public safety band, including both the narrowband and broadband segments, are contained in Section 90.523 of our rules. By linking eligibility to the provision of statutorily-defined “public safety services,” Section 90.523 attempts to ensure compliance with the statutory mandate of Section 337(a) (1) of the Communications Act, which requires the Commission to allocate 24 megahertz of spectrum between 746 MHz and 806 MHz for “public safety services.” The statutory definition of “public safety services,” which is set forth in Section 337(f) of the Act, provides as follows:

(f) Definitions

For purposes of this section:

(1) Public safety services

The term “public safety services” means services -

(A) the sole or principal purpose of which is to protect the safety of life, health, or property;

(B) that are provided -

(i) by State or local government entities; or

(ii) by nongovernmental organizations that are authorized by a governmental entity whose primary mission is the provision of such services; and

(C) that are not made commercially available to the public by the provider.

We are concerned that these eligibility requirements may limit participation in the new 700 MHz system in such a way that those entities which have traditionally

participated in licensed EMS communications systems may not be able to do so here.

On Jan. 14, 1993, the FCC adopted the report and order creating the Emergency Medical Radio Service (EMRS) as a Public Safety Radio Service under Subpart B of Part 90 of the FCC Rules.

Eligibility to license radio transmitters in the EMRS has then been limited to "persons or entities engaged in the provision of basic or advanced life support services on an ongoing basis." To ensure that only eligible entities obtain a license, the FCC Rules Part 90.27(a) have historically required that applications for a station license in the EMRS "... be accompanied by a statement prepared by the governmental body having jurisdiction over the state's emergency medical service plans indicating that the applicant is included in the state's emergency plan or otherwise supporting the application." State EMS offices still prepare permission letters required by FCC frequency coordinators for those seeking licenses on the traditional EMRS frequencies, so it is widely believed that these rules passed through subsequent changes cited immediately below.

Released on April 13, 1999 was a *Second Memorandum Opinion and Order (PR Docket No. 92-235)*. The Executive Summary of this document states, in part: *The significant decisions of this Second MO&O are as follows:*

- *We affirm the decision to limit the eligibility of the Public Safety Pool to those entities that were eligible under any of the former Public Safety Radio Services and the Special Emergency Radio Service.....*

It appears to us, then, that the eligibility for EMS agencies to license on their traditional frequencies was maintained in the new Public Safety Pool. What is not clear to us is whether this changes under Paragraph 25, cited above, for EMS agency access to the new 700 MHz system. If the Paragraph 25 language applies, rather than the preceding FCC eligibility language (for EMRS as continued through the 1999 change cited) , this may limit the ability of non-governmental hospitals, medical helicopter services, ambulance services and others to participate in their EMS system's 700 MHz capabilities. This depends on the interpretation of "authorized" and "a governmental entity whose primary mission is the provision of such services" and "commercial" with respect to these EMS services in the Paragraph 25 language.

Prohibiting these key emergency medical providers from use of the 700 MHz system would senselessly limit their ability to treat patients who require their services.

Many jurisdictions are served solely by these types of providers and it would be unreasonable to deprive whole geographies of the ability to improve their life-saving services.

NAEMT strongly requests that the FCC work with its staff to address these potentially system-crippling shortcomings.