

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554**

In the Matter of)	
)	
International Comparison and Consumer Survey Requirements in the Broadband Data Improvement Act)	GN Docket No. 09-47
)	
A National Broadband Plan for Our Future)	GN Docket No. 09-51
)	
Inquiry Concerning the Deployment of Advanced Telecommunications Capability to All Americans in a Reasonable and Timely Fashion, and Possible Steps to Accelerate Such Deployment Pursuant to Section 706 of the Telecommunications Act of 1996, as Amended by the Broadband Data Improvement Act)	GN Docket No. 09-137
)	
Rural Health Care Support Mechanism)	WC Docket No. 02-60

**COMMENTS OF THE PUBLIC SAFETY SPECTRUM TRUST CORPORATION –
NBP PUBLIC NOTICE #17**

The Public Safety Spectrum Trust Corporation (“PSST”) hereby submits its Comments in response to the Federal Communications Commission’s (“FCC” or “Commission”) November 12, 2009 Public Notice (“*Notice*”) in the above-referenced proceeding.¹ As part of the *Notice*, the FCC seeks comment on the role and availability of health information technology (“health IT”) applications for public safety entities, including emergency medical responders (“EMRs”).² It also seeks comment on how broadband infrastructure and services can facilitate efficient implementation of health IT applications.³

¹ *Comment Sought on Health Care Delivery Elements of National Broadband Plan – NBP Public Notice #17*, Public Notice, DA 09-2413 (rel. Nov. 12, 2009) (“*Notice*”).

² *Id.* at 2, 4.

³ *Id.* at 1.

About the PSST:

The PSST is a non-profit 501(c)(3) entity organized under the laws of the District of Columbia. The PSST has been selected by the FCC as the Public Safety Broadband Licensee (“PSBL”) for the 10 MHz of 700 MHz public safety nationwide broadband spectrum. The PSST’s mission is to provide an organizational structure through which leaders and representatives of national public safety organizations can guide the construction and operation of an interoperable, nationwide public safety-grade wireless broadband network.

The Board of Directors of the PSST consists of representatives of the following organizations:

1. American Association of State Highway and Transportation Officials (AASHTO)
2. American Hospital Association (AHA)
3. Association of Public Safety Communications Officials (APCO)
4. Forestry Conservations Communications Association (FCCA)
5. International Association of Chiefs of Police (IACP)
6. International Association of Fire Chiefs (IAFC)
7. International City/County Management Association (ICMA)
8. International Municipal Signal Association (IMSA)
9. National Association of State EMS Officials (NASEMSO)
10. National Association of State 9-1-1 Administrators (NASNA)
11. National Emergency Management Association (NEMA)
12. National Emergency Number Association (NENA)
13. National Fraternal Order of Police (NFOP)
14. National Governor’s Association (NGA)
15. National Sheriffs’ Association (NSA)

Health IT Needs of EMRs and Public Safety Entities:

The PSST supports the Commission’s efforts to address the health IT needs of EMRs and other public safety entities as part of the National Broadband Plan, and it agrees with the FCC that health IT applications “offer promising ways to use broadband and other advanced

communications to promote better health outcomes and more efficient delivery of care.”⁴ As the Commission acknowledges in the *Notice*, “[b]road use of health IT has the potential to improve population health, expand access to affordable care, increase the efficiency of care provision, reduce unnecessary healthcare costs, prevent medical errors, increase administrative efficiencies and decrease paperwork.”⁵

The PSST also supports the comments filed by NASEMSO, IAFC, and the AHA in response to the *Notice*. These entities have substantial expertise in the health IT area and are well-positioned to discuss critical application and deployment needs, and all three entities are represented on the PSST Board.

The Commission should facilitate both wireless and wireline access to health IT applications. The most important way it can promote wireless access is to support the development and deployment of a nationwide, interoperable, wireless broadband network for public safety in the 700 MHz band. Any review of major crises such as 9-11 or Hurricane Katrina demonstrates how much the personal efforts and effectiveness of our nation’s first responders – police, firefighters, EMRs, and others – are diminished or undermined when the communications infrastructure that supports their life-saving efforts does not meet their mission-critical needs.

A wireless network with nationwide coverage and interoperability benefits EMRs by ensuring that they can access broadband video and data across jurisdictions during emergencies, including while traveling to and from medical facilities. For example, Geographic Information System (“GIS”) and video data transferred between emergency responders and emergency

⁴ *Id.*

⁵ *Id.*

operations centers using mobile broadband services will allow for a more granular, accurate, and efficient assessment of emerging threats and deployment of resources. In addition, with the advent of community paramedicine, emergency medical technicians and paramedics can also use mobile video, imaging, and other data transmissions to consult wirelessly with physicians and others in clinics and hospitals to provide care in homes instead of transporting all patients to an emergency room. A nationwide, interoperable, wireless broadband network could also link together existing, incompatible Land Mobile Radio Service (“LMRS”) narrowband voice systems and increase communications and database interoperability across jurisdictions, further improving communications to and from EMRs and other public safety entities.⁶

Although establishing and building out the network will be a significant challenge, policymakers must continue their efforts to meet our national security and public safety communications needs.⁷ To ensure the successful deployment of a nationwide, interoperable, wireless broadband network for public safety and promote the efficient deployment of health IT applications, the PSST urges federal government funding support for network deployment that meets public safety requirements for geographic coverage, resilience, and reliability. In addition to supporting the federal government funding efforts, the FCC should also encourage and facilitate the use of existing programs to spur public safety broadband, including the Broadband

⁶ See Comments of the Public Safety Spectrum Trust Corporation – NBP Public Notice #14, GN Docket Nos. 09-47, 09-51, and 09-137, 3 (filed Dec. 1, 2009) (“PSST NBP Public Notice #14 Comments”), *quoting* Comments of the Association of Public-Safety Communications Officials-International, Inc., GN Docket No. 09-51, 3 (filed June 8, 2009).

⁷ See, e.g., Written Testimony of Chief Harlin R. McEwen, Chairman, Public Safety Spectrum Trust Corporation and Chairman, Communications & Technology Committee, International Association of Chiefs of Police, before the United States House of Representatives, Committee on Energy and Commerce, Subcommittee on Communications, Technology and the Internet, 3 (Sept. 24, 2009).

Technology Opportunities Program, the Broadband Initiatives Program, and the Universal Service Fund.⁸ As one example, the Commission could modify the universal service rural health care support mechanism or the rural health care Pilot Program to meet the health IT needs of the EMRs and other public safety entities with whom rural health care providers communicate.

To ensure further that EMRs and other public safety entities have full interoperability and interconnectivity with hospitals and other health care facilities, the Commission should authorize as broad a user group as possible on the nationwide wireless network to further leverage resources and deployment costs. The PSST supports allowing all “emergency response providers” to use public safety spectrum under Section 337 of the Communications Act.⁹ As defined in 6 U.S.C. § 101(6), the term “emergency response providers” includes federal, state, and local governmental and nongovernmental emergency public safety, fire, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. For example, the FCC should allow critical infrastructure industry (“CII”) users – especially hospitals and other health care facilities – and government users to access the network and share infrastructure with public safety entities. The highest priority access levels, however, should be reserved for public safety users.

With respect to wireline access, the PSST agrees with the Commission’s Digital Healthcare Director that there is a “connectivity gap” within healthcare that needs to be addressed.¹⁰ There are numerous health IT applications that could be used by hospitals, clinics,

⁸ See PSST NBP Public Notice #14 Comments at 3, 14-15.

⁹ See 47 U.S.C. § 337.

¹⁰ See Mohit Kaushal, “Broadband Gaps in the Healthcare Sector,” FCC Blogband (Nov. 25, 2009), at <http://blog.broadband.gov/> (last accessed Dec. 4, 2009) (“Kaushal Blogband Entry”).

EMRs, and other public safety entities to improve patient care, including electronic health records, diagnostic imaging, remote monitoring systems, and teleradiology.¹¹ Despite the benefits of these technologies, however, the fiber and wireline high-speed connections needed for these applications are unavailable in many areas throughout the country – especially in rural areas.¹² Moreover, in the limited areas where such fiber and wireline high-speed connections are available, these connections generally lack key features such as mission-critical redundancy, reliability, public safety priority, data security, and wide-area coverage.

The PSST supports the FCC’s efforts to increase the availability of high-capacity broadband connections for public safety use and encourages the Commission to look for ways to encourage and incentivize public/private partnerships, as such partnerships can reduce costs to public safety and make broadband deployment more economically feasible. Many public safety agencies already have a number of resources (*e.g.*, tower sites, backup power generators) that can be leveraged to reduce deployment costs, and the Commission should encourage public safety and the private sector to take advantage of these efficiencies and reduce the connectivity gap.

The FCC should also create incentives to leverage the deployment of the nationwide 700 MHz wireless public safety network discussed above, particularly middle mile facilities, to support the broadband backbone architecture of other wireline (or wireless) broadband networks and facilitate the delivery of health IT applications. Similarly, the deployment of wireline or wireless broadband and middle mile facilities can be leveraged to support 700 MHz wireless

¹¹ *See, e.g., id.; see also Notice* at 3.

¹² *See, e.g., Kaushal Blogband Entry; see also PSST NBP Public Notice #14 Comments* at 6 (stating that “[h]igh-capacity broadband connections for public safety use (wireline and wireless) are extremely limited in rural areas”).

public safety network deployment, and the FCC should encourage such synergies wherever possible.

Respectfully submitted,



Chief Harlin R. McEwen
Chairman
Public Safety Spectrum Trust Corporation
1101 K Street, NW
Suite 8100
Washington, DC 20005
607-227-1664
chiefhrm@pubsaf.com

December 4, 2009