



Various commenting parties have expressed support for establishing minimum broadband connectivity speeds under the RHC mechanism.<sup>3</sup> While Sprint agrees that connectivity speed is an important factor, it is only one of several factors which must be taken under consideration. For many health care providers and patients, mobility may be of equal or greater importance; cost is yet another critical consideration.

As an initial matter, Sprint would point out that it is more difficult to engineer a mobile broadband network to achieve “actual” minimum speeds than is the case for fixed broadband networks. “Actual” mobile broadband speeds can vary for many reasons beyond the carrier’s control: the amount of traffic on a tower at any given time; environmental factors such as weather or foliage on trees; whether the user is on the move (and thus is being transferred from cell site to cell site) or remains in one location; the user’s distance from the cell site (the greater the distance, the slower the speed); the type of handset or device used; and the type of activity being conducted (*e.g.*, large vs. small file transfers). Thus, setting overly aggressive minimum speeds may have the unintended effect of discouraging or even preventing wireless service providers from participating in the RHC program.

Such a result would be extremely unfortunate. As Qualcomm described, there has been a boom in wireless medical services, devices and applications.<sup>4</sup> It is reasonable to expect this trend to continue, particularly in light of the dramatic increase in “smart” wireless devices.<sup>5</sup> As more and more health care providers and patients demand and rely

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<sup>3</sup> See, *e.g.* Motorola, p. 1; Iowa Health System, p. 3; Geisinger Health System, p. 9 (all supporting 10 Mbps or higher minimum speed under the health infrastructure program).

<sup>4</sup> Qualcomm comments, pp. 3-16.

<sup>5</sup> See, *e.g.*, “North American Smart Phone Shipments to exceed 65 million units in 2010,” <http://www.canalys.com/pr/2010/r2010033.html>. Canalys estimates that 2010 shipments will be 38% higher than 2009 levels.

upon smart phones and mobile broadband modems, there is no rational basis for giving fixed broadband priority over mobile broadband in the distribution of any broadband USF, including the RHC mechanism. Indeed, if NASEMSO's expectations about the expanding reliance upon emergency medical service providers come true,<sup>6</sup> mobile broadband service will increasingly become a "must have" rather than a "would like to have" capability. Consistent with Section 254(h)(2)(A) (which mandates competitive neutrality), Sprint urges the Commission to state affirmatively that wireless connection and data plans are eligible under the revised RHC programs.<sup>7</sup>

Other commenting parties have also questioned the financial feasibility of aggressive minimum speeds. The Montana Telecommunications Association, for example, noted that the cost of a 10 Mbps facility is likely to be prohibitively expensive for small health care providers, and beyond their current needs;<sup>8</sup> the Oregon Health Network and Telehealth Alliance of Oregon noted that a 10 Mbps Ethernet facility is affordable to certain of their health care provider members only if the RHC subsidy is 85% or higher.<sup>9</sup>

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<sup>6</sup> "As hospitals, medical specialists, and other sources of specialty and general medical care decline in number in rural areas, EMS providers are increasingly called upon to help address those gaps... transport[ing] an increasing number of patients to medical centers ever further away and provid[ing] a higher level of care during those extended episodes of care and transport." NASEMSO comments, p. 3.

<sup>7</sup> *See, e.g.*, NPRM, para. 98 (Commission proposes that "participants in the health broadband services program may seek supported services from any type of broadband provider, so long as the participant selects the most cost-effective option...").

<sup>8</sup> MTA comments, pp. 7-9; *see also*, Qwest, p. 7; American Telemedicine Association, p. 13.

<sup>9</sup> OHN/TAO comments, p. 10.

Given the need for mobile broadband health care solutions and financial considerations, the Commission should decline to adopt excessively aggressive minimum speed levels for the RHC infrastructure and health broadband services programs.

Respectfully submitted,

**SPRINT NEXTEL CORPORATION**

  
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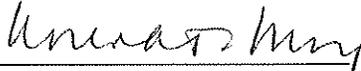
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## CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Reply Comments of Sprint Nextel Corp. was filed electronically or via US Mail on this 23<sup>rd</sup> day of September, 2010 to the parties listed below.

  
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