

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

In the Matter of)
)
Amendment of the Commission's Rules to Provide) ET Docket No. 08-59
Spectrum for the Operation of Medical Body Area)
Networks)

To: The Commission

**REPLY COMMENTS OF THE AMERICAN SOCIETY FOR
HEALTHCARE ENGINEERING OF THE AMERICAN
HOSPITAL ASSOCIATION**

The American Society for Healthcare Engineering of the American Hospital Association (“ASHE”), pursuant to Section 1.415 of the Commission rules, hereby submits its reply comments in the above-captioned proceeding. In the *First Report and Order* portion of this proceeding, the FCC adopted new Part 95 rules to permit the development of Medical Body Area Networks (“MBAN”) devices operating on a secondary basis in the 2360-2400 MHz band, shared in part with Aeronautical Mobile Telemetry (“AMT”) users.¹ In the *Further Notice of Proposed Rulemaking* portion of the proceeding, the Commission sought comment on proposed procedures for selecting a frequency coordinator(s) to undertake the registration of MBAN users in the allocated frequency band and coordination with incumbent AMT licensees through their coordinator, the Aerospace and Flight Test Radio Coordinating Council (“AFTRCC” or “AMT coordinator”), as mandated in the newly adopted MBAN rules.

¹ Amendment of the Commission Rules to Provide Spectrum for the Operation of Medical Body Area Networks, *First Report and Order and Further Notice of Proposed Rulemaking*, ET Docket No. 08-59, FCC 12-54 (released May 24, 2012) (“MBAN Order and FNPRM”). The FNPRM portion of the item was published in the Federal Register on July 25, 2012, 77 Fed. Reg. 43567.

In addition to ASHE, AFTRCC filed initial comments on the frequency coordinator selection process, as did the proponents of MBAN technology, Philips Healthcare and GE Health Care (“Philips/GEHC”) filing jointly. All the commenters support the NPRM’s proposal to select a single MBAN coordinator.² Philips/GEHC stated that “[h]aving a single coordinator will simplify the coordination process, accelerate initial implementations, reduce the costs of coordination in the longer term, and generally expedite overall deployment of MBAN networks.”³ All the commenters also support the Commission’s proposal that the MBAN coordinator be certified for an initial ten-year term.⁴

The commenters also uniformly support the proposed minimum requirements for the MBAN coordinator, namely (i) the ability to register and maintain a database of MBAN transmitter locations and operational parameters; (ii) knowledge of or experience with medical wireless systems in health care facilities (e.g., WMTS); (iii) knowledge of or experience with AMT operations; (iv) an ability to calculate MBANs interference potential, and enter into mutually satisfactory coordination agreements with the AMT coordinator based on the requirements in Section 95.1223(c); and (v) an ability to develop procedures to ensure that registered health care facilities operate an MBAN consistent with the requirements of the Rules.⁵ AFTRCC, like ASHE, also emphasized the need for a close relationship between itself and the MBAN coordinator.⁶

² ASHE Comments at 4; AFTRCC Comments at 2; Philips/GEHC Comments at 1, 3.

³ Philips/GEHC Comments at 3.

⁴ ASHE Comments at 4, 9 n.15; AFTRCC Comments at 2; Philips/GEHC Comments at 4.

⁵ ASHE Comments at 6-7; AFTRCC Comments at 2; Philips/GEHC Comments at 3-4.

⁶ AFTRCC Comments at 3; ASHE Comments at 4-5.

ASHE agrees that it will be essential that the two coordinators work cooperatively together. ASHE also agrees with Philips/GEHC that “[k]nowledge of the microcosm of hospital spectrum use and health care needs, as well as expertise in technical spectrum propagation and coordination issues, will be required to carry out MBAN registration and coordination.”⁷ As ASHE explained in its initial comments, the MBAN coordinator must have a working knowledge of the health care environment and the ability to work with health care facilities in order to assure that any steps taken to mitigate a claim of interference will not compromise patient health and safety.⁸

Philips/GEHC emphasize that the successful MBAN coordinator candidate(s) “should be required to demonstrate up-to-date knowledge and experience with state-of-the-art software propagation tools and an ability to make on-site measurements if necessary to determine if a site is likely to interfere with AMT operations and to prescribe mitigation techniques that might permit MBAN operation while fully safeguarding AMT operations.”⁹ For this reason, Philips/GEHC support allowing the MBAN coordinator candidate to contract with an expert consultant for the required expertise.¹⁰ As ASHE explained in its initial comments, two different skill sets are necessary for a successful MBAN coordinator: 1) deep knowledge of the potential MBAN licensee base of health care facilities and 2) the technical resources to build and manage the MBAN database and to conduct frequency coordinations with LOS AMT sites. There is no

⁷ Philips/GEHC Comments at 3.

⁸ ASHE Comments at 7.

⁹ Philips/GEHC Comments at 4.

¹⁰ *Id.* at 5.

reason to restrict the coordinator's ability to outsource the resources necessary to obtain the latter.¹¹

No party disputed that MBAN coordination fees should be reasonable and nondiscriminatory.¹² ASHE agrees with AFTRCC that it makes sense for the MBAN coordinator to collect both the MBAN and AMT coordinator fees from the health care facility seeking a MBAN authorization.¹³ ASHE expects that the specific implementation of this arrangement can and should best be addressed in the agreement between the two coordinators.¹⁴

All the parties emphasize the importance to the successful launch of the MBAN service that the FCC's process for identifying the criteria for, and then selecting, a MBAN coordinator needs to be expedited. As AFTRCC states, "until the Commission has selected an MBANs coordinator, AFTRCC is not able to negotiate terms for the agreement between itself and the MBANs coordinator. Absent a satisfactory agreement, an essential predicate for the sharing arrangement contemplated here would be placed at risk."¹⁵ Philips/GEHC note that "[a] speedy Commission selection process is necessary to begin to bring the health benefits of MBAN to patients quickly."¹⁶

ASHE supports these calls for expedited FCC action to begin the formal selection process. Much work needs to be done, and the work cannot begin until a MBAN coordinator is selected. As the most qualified candidate to serve in the role, ASHE stands ready to submit an application to be

¹¹ ASHE Comments at 7-8.

¹² ASHE Comments at 6 n.9; AFTRCC Comments at 5; Philips/GEHC Comments at 6.

¹³ ASHE Comments at 5 n.6; AFTRCC Comments at 5-6.

¹⁴ AFTRCC Comments at 5-6.

¹⁵ *Id.* at 3.

¹⁶ Philips/GEHC Comments at 7.

designated as the MBAN coordinator, and urges the staff of the Wireless Telecommunications Bureau to move quickly to begin the process.

Respectfully submitted,

/s/

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