

December 20, 2018

By Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: *The American Society for Healthcare Engineering of the American Hospital Association, Petition for Reconsideration of TerreStar Corporation's Request for Temporary Waiver of Substantial Service Requirements, WT Docket No. 16-290*

Dear Ms. Dortch:

We write to express our concerns about the ongoing spectrum shortage for critical wireless medical telemetry services (WMTS) and to urge the FCC to act swiftly to address this need. Chairman Pai has recognized that “telemedicine and wireless technologies have great potential to improve patient outcomes and reduce the costs of our health care system.”¹ Now is the time to unleash that potential and remove the remaining regulatory barrier that is impeding the expanded use of the 1.4 GHz band for WMTS.

WMTS is an essential element of the health care ecosystem, providing critical, life-saving services to patients. WMTS allows health care practitioners to expand the reach of their medical expertise by allowing for remote monitoring of patients. “Today, whether it’s through remote patient monitoring or mobile health applications accessed via smartphones, tablets, or other devices, advances in broadband-enabled telehealth technologies are allowing patients to receive care wherever they are.”² As the American Hospital Association has pointed out, “[r]emote patient monitoring allows providers to better manage care for patients with chronic conditions by increasing provider oversight to ensure compliance with treatment plans, pre-empting acute episodes and, for recently-discharged patients, reducing the likelihood of disruption and unnecessary readmissions.”³

In rural areas, the ability to remotely monitor patients is making an even larger impact on American’s lives. The need is greater in rural America, where the disparity in broadband internet access “presents notable challenges for rural patients and providers that telehealth and technology infrastructure investments can help assuage.”⁴ For example, Central Peninsula Hospital in rural Alaska reports that making telehealth and telemedicine services more affordable and accessible in rural communities improves overall healthcare while lowering the hospital’s

¹ Letter from Chairman Ajit Pai, FCC, to The Honorable Roger Wicker, United States Senate (Aug. 3, 2018), available at <https://docs.fcc.gov/public/attachments/DOC-353502A1.pdf>.

² Public Notice, FCC Seeks Comments on Launching Telehealth Pilot Program (Aug. 2, 2018), available at <https://docs.fcc.gov/public/attachments/DOC-353231A1.pdf>.

³ Comments of the American Hospital Association at 10, WC Docket No. 17-310 (Feb. 2, 2018).

⁴ Comments of the American Association of Orthopaedic Surgeons at 1, WC Docket 17-310 (Feb. 8, 2018).

overall costs.⁵ In rural Mississippi, the ability to access remote monitoring services has demonstrably improved the lives of individuals living with diabetes, resulting in fewer hospital admissions and a reduction in overall health care spending.⁶

The Commission has stressed the importance of expanding opportunities and removing barriers to health care for all Americans, particularly for those in rural, underserved areas. In its ongoing efforts to improve health care service in rural America, the Commission recognized that “[h]ealthcare facilities are increasingly relying on broadband-enabled services.”⁷ Chairman Pai recently co-authored an op-ed in the *Boston Globe*, noting that it is critical that the Commission use all tools available to capitalize on advances in communications technology to improve health care outcomes for all Americans.⁸ Commissioner Carr has touted the benefits of telehealth technologies in expanding access to quality and consistent medical care in rural communities, offering specific examples of rural communities in South Dakota and Nevada that have used technology to expand or sometimes merely maintain the availability of health care services.⁹

As a result of this demonstrated commitment to taking all available steps to expand access to health care services nationwide, we respectfully request that the FCC take this step to expand the availability of WMTS in furtherance of that goal. WMTS patient monitors are in use in hospitals throughout the country, and as the demand increases, so does the demand for spectrum. Leading providers of WMTS technology have told the Commission in no uncertain terms that the available spectrum is insufficient, and that action is needed in the 1.4 GHz band to enable continued expansion of life-saving WMTS.¹⁰ Indeed, Chairman Pai has recognized that “introducing Wireless Medical Telemetry Services in the 1.4 GHz band is an innovative opportunity.”¹¹ The opportunity exists to facilitate deployment of commercial WMTS spectrum in the 1.4 GHz band, thereby promoting the deployment of remote monitoring in currently underserved rural communities and expand the number of patients that can benefit from this life-saving technology. We urge the FCC to act quickly on the pending petitions for reconsideration that would free up spectrum to be deployed for WMTS.

⁵ Comments of Central Peninsula Hospital at 1, WC Docket No. 17-230 (Jan. 31, 2018).

⁶ Remarks of FCC Commissioner Brendan Carr, University of Mississippi Medical Center Event, Jackson, MS (July 13, 2018), available at <https://docs.fcc.gov/public/attachments/DOC-352655A1.pdf>.

⁷ *Promoting Telehealth in Rural America*, Notice of Proposed Rulemaking and Order, 32 FCC Rcd 10631 (2017).

⁸ Newton N. Minow and Ajit Pai, *In rural America, digital divide slows a vital path for telemedicine*, *Boston Globe* (May 21, 2018), available at <https://www.bostonglobe.com/opinion/2018/05/20/rural-america-digital-divide-slows-vital-path-for-telemedicine/t8n4ncsfFcUASdf7XLH38J/story.html>.

⁹ *See supra* n. 6; *see also* News Release, Commissioner Carr Highlights FCC Focus on Telemedicine at UVA Health System (July 2, 2018), available at <https://docs.fcc.gov/public/attachments/DOC-352236A1.pdf>.

¹⁰ Letter from Timothy J. Cooney & Patrick R. Halley, Counsel to the American Society for Healthcare Engineering of the American Hospital Association, to Marlene H. Dortch, Secretary, FCC, WT Docket No. 16-290, Attach. at 11 (Feb. 8, 2018); Petition for Reconsideration of Philips Healthcare, WT Docket No. 16-190, at 4-5 (Nov. 9, 2017).

¹¹ *See supra* n. 1.

Pursuant to Section 1.1206 of the Commission's rules, a copy of this letter is being filed in ECFS. Please contact the undersigned with any questions.

Respectfully submitted,



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