

June 4, 2004

Ms. D'Wana Terry
 Chief, Public Safety & Critical Infrastructure Division
 Wireless Telecommunications Bureau
 Federal Communications Commission
 445 12th Street SW
 Washington, DC 20554

Re: 460 - 470 MHz Band Transition

Dear Ms. Terry:

As we discussed in our meeting on Wednesday, we are very pleased to advise that the American Hospital Association and its affiliate the American Society for Health Care Engineering ("AHA/ASHE"), and the members of the Land Mobile Communications Council ("LMCC") have reached a consensus approach for the extension of the freeze on the filing of applications for high power operations on 12.5 kHz offset channels in the private land mobile radio (PLMR) 460-470 MHz band. The consensus is described below.

By way of background, in 1995, having adopted a new, more efficient channel plan for PLMR services in the 450-470 MHz band, the FCC also recognized that co-channel, high power operations could result in interference to medical telemetry operations then operating on the so-called "12.5 kHz offset channels." The Bureau, therefore, froze the filing of applications for high power operations on offset channels in the 450-470 MHz band pending resolution of the medical telemetry issues. In June 2000, when the Commission established the Wireless Medical Telemetry Service (WMTS), and allotted a total of 13.5 megahertz of spectrum on a primary basis in three blocks (608-614 MHz, 1395-1400 MHz, and 1427-1429.5) the Commission encouraged hospitals to migrate their medical telemetry operations from the 460-470 MHz band to the new WMTS bands. To accommodate this migration, the Commission stated its intention to lift the freeze on applications for high power use of offset channels in the 460-470 MHz band within three years of the effective date of the WMTS rules, i.e., on or after October 16, 2003.

On September 23, 2003, the AHA asked that the freeze not be lifted and proposed a thirty-month plan for the transition of medical telemetry operations to the WMTS spectrum. In a *Public Notice* released October 15, 2003, the Bureau announced it was extending the freeze for a period of up to 180 days and sought comment on the AHA proposal. The LMCC, an umbrella organization representing the PLMR community that includes as members all Part 90 frequency coordinators, opposed the AHA proposal. The parties have been negotiating for several months a solution to the issues raised in AHA's request and LMCC's opposition (and on April 9, 2004, the Bureau extended the freeze for an additional sixty days).

After due consideration, AHA/ASHE and LMCC have reached agreement that the interests of all parties will be served by maintaining the provisions of the current freeze and keeping it in place through December 31, 2005, with no further extensions to be considered thereafter. In addition, in order to strongly encourage the migration of incumbent hospitals from the 460 MHz band to the new WMTS bands, and to reduce the threat of interference from future higher powered land mobile licensees to lower powered hospital telemetry systems in this band, as of January 1, 2006 hospitals will no longer be authorized to operate pursuant to Section 90.267(h)(2). Rather, any hospital that insists

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on continuing operations in this band will be able to do so only by obtaining a license under Section 90.267 after appropriate frequency coordination through one of the authorized LMCC member-coordinators.

With this consensus in hand, we urge the Bureau to take steps to extend the freeze past the current expiration date of June 8, 2004, and further to take steps to extend the freeze through December 31, 2005 under the terms outlined above.

As an adjunct to this process, AHA/ASHE will work with the Bureau and the FDA to seek registration with ASHE of all incumbent hospitals operating in the 460 MHz band, under a reasonably priced registration program. We believe that such registration will serve several purposes. First, it will give all parties a much more accurate database of the number, location and frequency being used, information which is today sketchy at best. Second, by using the database for regular communication with hospital registrants, the parties can track the progress of the migration, assist hospitals with problems in migration, and confirm on a regular basis the regulatory import of the upcoming December 31, 2005 deadlines. Finally, ASHE is prepared to assist any registrant hospitals that may incur interference prior to January 1, 2006, from existing licensed PLMRS operations in the band to resolve such matters.

Such a registration process will only be successful if it is supported by the FCC and the FDA. AHA/ASHE alone do not have the breadth of coverage or the imprimatur of decision-making authority that either agency carries. AHA/ASHE are prepared to support the agencies in disseminating the message, but we need the agencies' support to assure reasonably ubiquitous participation in the registration process.

We appreciate the efforts of the Bureau in working through some difficult issues, and look forward to the implementation of the transition as outlined above.

Sincerely,



Mary Beth Savary Taylor for
 American Hospital Association and
 American Society for Health Care Engineering



Jim Pakla, President
 Land Mobile Communications Council