

November 30, 2009

Broadband Technology Opportunities Program  
National Telecommunications and Information Administration  
U.S. Department of Commerce  
HCHB Room 4887  
1401 Constitution Avenue, NW  
Washington, D.C., 20230

**Re: Docket No. 0907141137-91375-05: Broadband Initiatives Program and  
Broadband Technology Opportunities Program Joint Request for Information (74  
Fed. Reg. 219 (Nov. 16, 2009))**

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Dear Sir or Madam:

In accordance with the above-referenced Federal Register notice, we submit the following comments regarding the first Notice of Funds Availability (“NOFA”) of the Broadband Technology Opportunity Program (“BTOP”).

The National Medical Wireless Broadband Alliance (“NMWBA”) is a coalition of over 500 hospitals and healthcare facilities with the mission of enhancing access to broadband wireless throughout the healthcare community. The members of the coalition have closed access broadband infrastructure that limits wireless access inside their facilities to a single service provider. In addition, inside many of our members’ facilities, broadband transmission speeds are below 700 kbps downstream and 200 kbps upstream. These connectivity shortcomings have limited and continue to limit the ability of our members to adopt and use Electronic Health Records, Electronic Health Information Exchange, real time video for telehealth consultations and diagnoses, wireless telemetry, remote patient monitoring systems and other applications that enable or cause advanced healthcare delivery throughout the broader community.

Accordingly, NMWBA seeks to facilitate the implementation of technology-neutral, open-access broadband wireless systems in each of its members’ facilities. By installing this infrastructure, NMWBA will create a network of wireless-enabled healthcare institutions with enhanced information and communication capabilities. Doing so will also further foster the use and development of cost-effective and life-saving wireless medical applications and other technologies throughout NMWBA’s network.

We believe that large-scale deployment of broadband wireless infrastructure is essential to the competitiveness, sustainability and viability of the healthcare community in the United States. We further believe that BTOP presents an unprecedented opportunity to provide broadband wireless infrastructure to the hospitals, healthcare facilities and communities most in need. As drafted, however, the first NOFA may result in the denial of funding to deserving healthcare institutions. It is important the second NOFA is not focused on the traditional adoption of the wired broadband paradigm which provides little or no consideration for emerging uses of mobility in healthcare delivery.

The first NOFA bases funding eligibility on whether the communities in which a healthcare institution is located is “unserved” or “underserved.” This approach is not ideal because it overlooks the fact that many healthcare institutions are comprised of buildings and structures that block or severely impede wireless signals from entering them from the outside. It also overlooks the fact that many healthcare institutions use closed-access wireless infrastructure that does not support all service providers. As a result, even if the community where a particular hospital is located does not qualify as “unserved” or “underserved”, the hospital itself may still lack sufficient connectivity to essential wireless broadband.

To address this issue, we suggest that the NTIA revise the NOFA such that an individual healthcare institution could qualify as “unserved” or “underserved” based on the availability of broadband wireless therein. To do so, the NTIA should redefine these terms in a manner that accounts for the current broadband infrastructure in use at, as well as the broadband transmission speeds inside, healthcare institutions.

By reformulating these definitions, we believe the NTIA would better align BTOP with the overarching goals of the American Recovery and Reinvestment Act, which strongly emphasizes the need to improve our healthcare system. In addition, basing funding decisions on the current infrastructure of and broadband transmissions speeds in healthcare institutions would result in better funding decisions because the NTIA would be better able to identify the healthcare institutions and communities most in need of funding.

We greatly appreciate this opportunity to comment on the first NOFA, and thank you for your consideration of the foregoing comments.

Respectfully,

John Clarey  
Chairman  
National Medical Wireless Broadband Alliance