

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))**

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 network of hospitals and healthcare facilities with the mission of enhancing access to broadband wireless throughout the healthcare community. Each member of the coalition currently lacks the infrastructure to support technology-neutral, open access wireless systems in their facilities. Instead, they have closed access infrastructure that limits wireless access to a single service provider. In addition, inside many of these hospitals, broadband transmission speeds are below 700 kbps downstream and 200 kbps upstream. These connectivity shortcomings hamper the adoption and use of Electronic Health Records (EHR) and other cost-effective and life-saving wireless medical applications. Accordingly, NMWBA seeks to install technology-neutral, open-access broadband wireless systems in each hospital and healthcare facility in our network.

We believe that the 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, imposes unnecessary obstacles to hospitals and other healthcare facilities receiving funding. Specifically, it requires hospitals and healthcare facilities to prove whether households in their neighborhoods have a broadband internet connection. This task, however, overlooks the essential inquiry – whether the facilities themselves have sufficient wireless connectivity.

To address this issue, we suggest that the NTIA revise the definitions of “unserved” and “underserved” areas to address the existence (or non existence) of open access wireless broadband connectivity throughout a community anchor institution, like a hospital. Hospital facilities because of their physical nature do not allow broadband signals to propagate inside the building. Physicians and other healthcare workers need a reliable connection to their wireless devices. Indeed, though the homes surrounding a hospital may have a wired broadband connection; the hospital itself may not have one inside with adequate connectivity at the point of care.

We believe these NTIA should make clear that such projects are eligible for funding for several reasons. First, doing so would align BTOP with the overarching goals of the American Recovery and Reinvestment Act, which strongly emphasized the need to improve and increase efficiency in our healthcare system. Second, the future of healthcare delivery is dependent on ubiquitous connectivity from the point of care throughout the healthcare network. This cannot be accomplished by simply providing a fiber connection to a hospital. Rather, wireless infrastructure is required to distribute broadband signals throughout hospitals and healthcare facilities. Without connectivity at the point of care and throughout healthcare facilities, the adoption rate of life and cost saving wireless medical applications will be stifled.

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

