



National Association of State EMS Officials

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September 7, 2010

Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of:)
Rural Health Care Support Mechanism) GN Docket No. 02-60

COMMENTS OF THE NATIONAL ASSOCIATION OF STATE EMERGENCY MEDICAL SERVICES OFFICIALS – FCC NOTICE OF PROPOSED RULEMAKING (NPRM) IN THE MATTER OF RURAL HEALTH CARE SUPPORT MECHANISM

The National Association of State Emergency Medical Services Officials (NASEMSO) hereby submits its Comments in response to the Federal Communications Commission’s (“FCC” or “Commission”) July 15, 2010 Public Notice of Proposed Rulemaking (“*Notice*” or “NPRM”) in the above-referenced proceeding.¹ As part of the *Notice*, the FCC proposes and seeks comment on reforms to the universal service health care support mechanism that are consistent with the recommendations set forth in the National Broadband Plan to expand the reach and use of broadband connectivity for and by public and non-profit health care providers.

Our Association is a leader in the national emergency medical services (EMS) community and in EMS system development. This is also true in the world of public safety communications in which NASEMSO staff also serves as communications technology advisor to other national EMS associations, assuring a national EMS community voice in this arena.

¹ *FCC Program to Expand Investment in Broadband Health Care Technology*. Public Notice, FCC 10-125 (rel. July, 15, 2010) (“*Notice*”).

On behalf of that national EMS community, NASEMSO has submitted comments on the necessity for public safety broadband network development in general, and its critical role in the future delivery of EMS specifically, particularly in rural areas, in previous proceedings^{2,3,4}. We ask that these previous submissions be considered as a foundation for the comments herein.

Our Association's particular interest in this filing is replying to the Commission's request in Paragraph 115 of the NPRM seeking "comment on whether there are any providers not identified below that should be eligible for support, consistent with the provisions of section 254(h)(7)(B)".

NASEMSO strongly supports the FCC's intention, in its National Broadband Plan as stated in Paragraph 114 of the NPRM, to re-examine its interpretation of 47 U.S.C. § 254(h)(7)(B) "in light of trends in the delivery of health care, and expand the definition of health care providers to include, where consistent with the statute, those institutions that have become integral in the delivery of care in the United States." We believe that EMS agencies are increasingly integral to more than just emergency health care delivery, and that they should benefit from the provisions in question and be specifically cited by the Commission as eligible health care providers. They should be interpreted specifically as eligible under the definition of "local health agencies" as now listed in 47 U.S.C. § 254(h)(7)(B).

² Comments of NASEMSO submitted on 11/12/09 in response to *Additional Comment Sought on Public Safety, Homeland Security, and Cybersecurity Elements of National Broadband Plan; NBP Public Notice # 8*. Accessed 9/5/10 at: <http://www.nasemso.org/Projects/CommunicationsTechnology/index.asp>

³ Comments of NASEMSO submitted on 12/1/09 in response to *Comment Sought on Public Safety Issues Related to Broadband Deployment in Rural and Tribal Areas and Broadband Communications to and from Persons with Disabilities – NBP Public Notice #14, Public Notice, DA 09-2369 (rel. Nov. 2, 2009) ("Notice")*. Accessed 9/5/10 at: <http://www.nasemso.org/Projects/CommunicationsTechnology/index.asp>

⁴ Comments of NASEMSO submitted on 12/3/09 in response to *Comment Sought on Health Care Delivery Elements of National Broadband Plan – NBP Public Notice #17, Public Notice, DA 09-2413 (rel. Nov. 12, 2009) ("Notice")*. Accessed 9/5/10 at: <http://www.nasemso.org/Projects/CommunicationsTechnology/index.asp>

As hospitals, medical specialists, and other sources of specialty and general medical care decline in number in rural areas, EMS providers are increasingly called upon to help address those gaps, becoming integral in more areas than just emergency response in the delivery of care. They have to transport an increasing number of patients to medical centers ever further away and to provide a higher level of care during those extended episodes of care and transport. They are also likely candidates to develop primary care support services, in a community paramedicine or other practice setting, to augment rural clinic, home nursing and other traditional services that become overwhelmed by the loss of hospitals and other services. To carry out these services, as explained in the previous NASEMSO broadband filings cited above, EMS providers will increasingly become dependent on broadband to link them with physicians for clinical oversight and assistance, as well as for situational awareness to most efficiently coordinate and target scarce and distant response resources.

According to Paragraph 115 of the NPRM, 47 U.S.C. § 254(h)(7)(B) defines “health care provider” as: “(1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (2) community health centers or health centers providing health care to migrants; (3) local health departments or agencies; (4) community mental health centers; (5) not-for-profit hospitals; (6) rural health clinics; and (7) consortia of health care providers consisting of one or more entities described in clauses (1) through (6)”.

Our Association is pleased that the FCC has included “ambulance services” in Paragraph 8 of its Initial Regulatory Flexibility Analysis (“IRFA”), included in this NPRM. We assume that this reflects an intention on the Commission’s part to include EMS in its enablement of rural health care broadband development. We are concerned, however, that the Commission makes no specific

reference in the body of the NPRM itself to EMS agencies (ambulance and non-transporting emergency medical services, and EMS agencies providing community paramedicine or other similar primary care services) as eligible health care providers for the purposes of this proceeding and rules. This leaves to interpretation whether or not such EMS agencies are included as “local health agencies” and qualify for the benefits provided.

Emergency medical services may be operated by a variety of entities and under one of many business arrangements. For example, an ambulance service (or non-transporting first responder service, or community paramedicine service) may be a part of a hospital or clinic, a fire department or police agency, or may be an independent volunteer or commercial agency. It may operate under a non-profit, public utility, governmental, or for-profit business model. These considerations have led, anecdotally, to interpretations that EMS agencies should not benefit from Federal government provisions afforded others. Regardless of any of these considerations, EMS agencies serve local citizens and governments in an ever-broadening role as 9-1-1 responders/long distance patient care and transport providers/primary care providers in rural health settings, and should be interpreted by the FCC as a *local health agency* to qualify for the broadband benefits of these provisions.

The future of EMS communications is broadband. Fast, robust data communications will enable EMS professionals to have a level of situational awareness (a real-time understanding of all events and resources impacting response, patient care, and transport) not possible today. In this way, the use of video, patient monitoring and other data transmissions will serve life-threatened patients, patients being transported long distances, and patients receiving primary care in community EMS primary care programs. The aging VHF, UHF, and trunked systems used by EMS for the past 40 years will not support these data communications. EMS agencies must be eligible to receive rural

broadband funding to develop these systems.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "S2BL" with a stylized flourish at the end.

Steven Blessing, President

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