

**Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554**

In the Matter of

Wireless E9-1-1 Location Accuracy	)	
Requirements	)	PS Docket No. 07-114
	)	
	)	

**Comments of the  
National Association of State Emergency Medical Services (EMS) Officials  
National Association of EMS Physicians  
National Association of EMTs  
National EMS Management Association**

The National Association of State EMS Officials (“NASEMSO”), the National Association of EMS Physicians (“NAEMSP”), the National Association of EMTs (“NAEMT”), and the National EMS Management Association (“NEMSMA”) are jointly herein referred to as the “Associations”. They submit the following comments in support of the indoor location accuracy rules detailed in the Commission’s Third Further Notice of Proposed Rulemaking (“FNPRM”).<sup>1</sup>

NASEMSO represents the government officials charged with coordinating the EMS systems in the 56 states and territories, and with licensing personnel and agencies in those jurisdictions. These include state EMS directors, physician medical directors, and others specializing in the various components which make the systems work.

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<sup>1</sup> Wireless E9-1-1 Location Accuracy Requirements, PS Docket No. 07-114, Third Further Notice of Proposed Rulemaking, FCC 14-13 (Feb. 20, 2014) (“FNPRM”).

NAEMSP, with a membership of over 1,500, represents emergency physicians who specialize in EMS leadership and practice at the local and state levels.

NAEMT represent America's front-line medical professionals, numbering some 32,000 members who are responsible for bringing state of the art medical assistance to those in need, wherever they are.

NEMSMA is the association of EMS chiefs and other officials who lead paramedic services on a day-to-day basis. Its members, their staffs, and the public who seeks their emergency assistance, are the most immediately impacted by the ability of 9-1-1 to accurately locate callers.

In recognition of the "new normal" of 9-1-1 calls from indoor wireless devices, we urge the Commission to promptly adopt the proposed indoor wireless location accuracy requirements. Accurate indoor location information will support EMS professionals in their mission to bring lifesaving medical care to victims as quickly as possible, no matter where they are.

Whether a heart attack, stroke, poisoning, fall, or other medical crisis, when EMS is called, an emergency is already in progress. Therefore, for EMS response—potentially even more so than for police or fire emergencies—every second counts. Ultimately, all of the criteria for a useful E9-1-1 location technology come down to time: How long will it take for help to reach the caller? Unfortunately, the adoption of wireless devices has complicated this question.

EMS representatives have previously commented in this proceeding, along with other representatives of the public safety community, highlighting the overwhelming shift from traditional landline telephone to cell phones.<sup>2</sup> This shift continues today, with more than a third

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<sup>2</sup> Comments of the International Association of Chiefs of Police, International Association of Fire Chiefs, National Sheriffs' Association, Joint National EMS Leadership Conference, GN Docket No. 11-117, PS Docket No. 07-114, WC Docket No. 025-196, at 2 (Oct. 31, 2011).

of American households having “cut the cord” by 2013.<sup>3</sup> As a result, ever more Americans are calling 9-1-1 on wireless phones and from indoors.

The E9-1-1 rules of today are not designed for this transition. As the Commission acknowledges, “the outdoor-oriented focus of the Commission’s Phase II rules to date has created a regulatory ‘gap’: by focusing on outdoor measurements for verifying compliance, our rules provide no remedy to address poor performance of location technologies indoors.”<sup>4</sup> The public safety community has explained that “the limitations of [indoor wireless] location information are already having a negative impact on our public safety response.”<sup>5</sup> Rule changes are therefore urgently needed to restore the E9-1-1 system to the reliability that public safety and the public expect.

The EMS community agrees with the Commission that the proposed rules will secure such an improvement. The requirement of 50 meter horizontal and 3 meter vertical accuracy indoors, with 90 percent confidence, will provide dispatchers and first responders a clear and limited search area for those callers that are unable to communicate their exact location. Because that search area increases rapidly as the accuracy and confidence of location information deteriorates, the difference between an “actionable location” and an effectively useless general area can be a matter of tens of meters in densely populated urban areas. Thus, although there is no substitute for an actual address—and the Associations agree that the Commission should seek

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<sup>3</sup> Center for Disease Control Report, *Wireless Substitution: Early Release from the National Health Interview Survey, January-June 2013* (Dec, 2013) (CDC Wireless Substitution Report). (noting that during the first half of 2013, 39.4% of American households were “wireless only.”)

<sup>4</sup> *FNPRM*, ¶ 24.

<sup>5</sup> *See, e.g. FNPRM*, ¶ 32 n.69 (citing IACP Workshop Comments at 1); Letter from Telford E. Forgety, Director of Government Affairs & Regulatory Counsel, NENA, to Marlene H. Dortch, Secretary, Federal Communications Commission, PS Docket No. 07-114, at 2-3 (Sep. 25, 2013);

this as a long-term objective<sup>6</sup>—the Commission’s proposed rules will provide a much-needed upper bound on the amount of space—and time—required to search for and locate callers in distress.

Given the clear benefits of faster emergency response, and the undeniable link between improved location and improved response time, the proposed rule changes should be adopted as soon as possible. The EMS community believes that the results of the Commission’s Communications Security, Reliability, and Interoperability Council (“CSRIC”) testing,<sup>7</sup> as well as the data presented by location service vendors,<sup>8</sup> indicates that the technology exists today to provide useful, measurable improvements in both location accuracy and emergency response time for callers who are unable to provide location information.

The Associations oppose suggestions to delay either adoption of the rules or the effectiveness of the rules; we join with the many public safety commenters already on record that “even incremental steps toward ensuring accurate, actionable location information”<sup>9</sup> will bring substantial public interest benefits.

Our Associations expect that the proposed implementation period of two years for 67 percent of calls and five years for 80 percent of calls will permit still further technology improvements. We therefore urge the Commission to move forward promptly with the proposed

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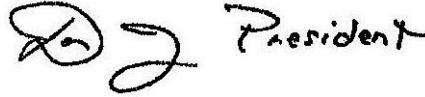
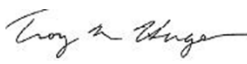
<sup>6</sup> *FNPRM*, ¶ 118.

<sup>7</sup> See, e.g., CSRIC Indoor Location Test Bed Report at 9. See also *id.* at 27-36 (summarizing the location accuracy results for the three technologies tested in each of the representative indoor environments).

<sup>8</sup> *FNPRM*, ¶ 22.

<sup>9</sup> See, e.g., Letter from Terry Hall, President, APCO International, to Marlene H. Dortch, Secretary, FCC, WT Docket No. 11-49, at 2 (filed May 6, 2013); see also *NPRM*, ¶ 32 n.69.

rules to ensure that first responders and the public have an E9-1-1 system that meets their needs as soon as possible.

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