Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC  20554

In the Matter of
Expanding the Economic and Innovation Opportunities of Spectrum Through Incentive Auctions

To: The Commission

COMMENTS OF
THE AMERICAN SOCIETY FOR HEALTHCARE
IN SUPPORT OF THE
PETITION FOR RECONSIDERATION OF GE HEALTHCARE

The American Society for Healthcare Engineering (“ASHE”), through its attorneys, hereby comments on the Petition for Reconsideration (the “Petition”) of the Second Order on Reconsideration1 filed by GE Healthcare (“GE”) in the above-referenced proceeding on July 28, 2015. For the reasons stated herein, ASHE urges the Commission to grant the Petition.

In the Petition, GE notes that the Commission’s expressed intent has been to use a worst-case analysis in evaluating separation between Channel 37 WMTS and 600 MHz band mobile base stations.2 But as GE further demonstrates, by using a value for 600 MHz building penetration loss of -20 db rather than the realistic worst-case building penetration loss value of 0 db demonstrated by the testing accomplished by GE Healthcare and the WMTS Coalition, the adopted separation rules are not, in fact, based on a worst-case analysis, as the Commission appears to believe.3

Like GE, ASHE (alone and acting through the WMTS Coalition in this proceeding), has consistently urged the Commission to be sure that the technical rules it adopts to prevent interference to WMTS licensed systems are designed generally to assure that interference will likely never occur, and not merely that it will not occur on a regular basis. Thus, as GE has noted, it is not enough for the Commission to be satisfied that the “vast majority of WMTS stations will not suffer any detrimental effects from the installation of new 600 MHz base stations,”4 in light of the significant harmful impact that could result from any interference to a

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2 Petition at 1.
3 Id. at 3.
4 Id. at 4, citing Second Order on Reconsideration, 30 FCC Rcd. at 6800 ¶ 119 (emphasis added).
hospital’s WMTS system used for monitoring patient health. To the extent that the FCC has inappropriately characterized or misunderstood GE’s prior submissions in this proceeding, it is incumbent on the agency to correct this error in calculating appropriate limits on emissions into Channel 37 from any potentially interfering source.

In fact, the Commission has recognized that 0 db is the appropriate value for hospital building loss in determining protection distances at which unlicensed devices may operate on Channel 37. Thus, in the so-called *Part 15 Report and Order* the Commission chose to set the building penetration loss parameter in its calculation to 0 db. As the Commission noted in that related proceeding, “we use zero here to ensure that our results are conservative and will protect WMTS systems from harmful interference.”

Simply stated, ASHE believes that the same considerations that led the Commission to use 0db building loss in calculating criteria imposed to protect WMTS licensees operating on Channel 37 from harmful interference should be consistently applied to all criteria that are designed to provide interference protection for WMTS licensees. GE has demonstrated that there is no basis for the Commission to be using different criteria with regard to adjacent channel interference than it has used in calculating co-channel protection criteria.

Respectfully submitted,

THE AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING

/s/ Dale Woodin
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6 *Id.* at 9636 ¶ 205.