

January 28, 2005

Ms. Diane Rhéaume
Secretary General
Canadian Radio-television and
Telecommunications Commission
Ottawa, ON
K1A 0N2

Dear Ms. Rhéaume:

RE: ASSIGNMENT OF 'AN N-1-1' FOR MEDICAL TRIAGE SERVICES

1. These comments are filed on behalf of the Canadian Wireless Telecommunications Association (the "CWTA") in response to an application by Alberta Health and Wellness on behalf of the provincial and territorial Deputy Ministers of Health, requesting the assignment of an N-1-1 resource for access to medical triage services in Canada (the "Application").
2. CWTA is the authority on wireless issues, developments and trends in Canada. It represents cellular, PCS, messaging, mobile radio, fixed wireless and mobile satellite carriers as well as companies that develop and produce products and services for the industry.
3. CWTA filed comments in response to Public Notice CRTC 2000-151, the proceeding that led to Decision CRTC 2001-475, *Allocation of three-digit dialing for public information and referral services*. CWTA's recommendations with respect to the assignment of N-1-1 resources were as follows:
 - a. Proposed services should serve as many members of society as possible,
 - b. N-1-1 resources are allocated to telecommunication services for which there is a demonstrated, persuasive rationale, such as urgency or avoidance of confusion, why the caller should only have to dial three rather than seven or more digits.

- c. Wireless carriers must be permitted to charge subscribers regular airtime rates for access to N-1-1 services.
4. CWTA has no specific comments on the merits of the Application for assignment of an N-1-1. CWTA notes however, that the status of the reclamation of 5-1-1 and 8-1-1 remains to be determined. Should the Commission grant the Application, however, CWTA requests certain clarifications with respect to the implementation of the Alberta Health and Wellness N-1-1.
5. Alberta Health and Wellness suggest that carriers bear the implementation costs on an incremental basis, as determined in Decision 2001-475. CWTA submits that if TSPs must bear any costs, they should be limited to the costs of basic switch and routing modifications required to re-route the N-1-1 number to a seven- or 10-digit number that could be performed on an incremental basis with advance notification by the N-1-1 service provider.
6. CWTA notes that Alberta Health and Wellness proposes to use “the model used for 9-1-1 services as part of the monthly carrier tariff” to pay for ongoing cost of operating the N-1-1 service. This proposal goes well beyond what was contemplated in Decisions CRTC 2001-475 and CRTC 2004-71. The Commission has merely required that all parties bear their own costs associated with delivering calls to the N-1-1 service: As stated in Telecom Decision CRTC 2004-71 “The Commission is of the view that the cost of implementing 311 service should be considered the cost of doing business and as such, that each of the TSPs should bear **the costs of the basic implementation**. Accordingly, the Commission directs the TSPs to assume, on an incremental basis, the costs of the **basic switch modifications and network changes** necessary for the implementation of 311 service.” (emphasis added)
7. Further, CWTA contends that it would be inappropriate for the costs of these services to be borne solely by telephone subscribers. As noted by Alberta Health and Wellness, these “**primary health care** triage services via telephone **will benefit the entire population**” (emphasis added). Costs associated with health care services should be borne by all of society through general government revenues.

8. In addition to the public policy considerations, on a practical basis, CWTA questions whether the Commission has the resources to scrutinize and administer a potential myriad of social programs seeking revenue from telephone subscribers. Any consideration of the proposed funding mechanism would require a full process and a detailed assessment of the appropriateness and reasonableness of any proposed charge relative to the underlying costs incurred to provide the proposed services. There are also a number of administrative details with respect to collection and remittance of these charges from all TSPs in Canada that would have to be resolved prior to any implementation of service. For these reasons, CWTA submits the Commission should reject this proposal.
9. With respect to individual calls, Alberta Health and Wellness proposes that costs for “calls for wireless providers (local and long distance) would be recovered from callers as part of the monthly charge for use of a wireless service, or otherwise as part of a service contract with a wireless carrier.” CWTA understands this to mean that wireless carriers would charge regular rates for calls to the N-1-1, including regular airtime usage charges for pay-as-you-go subscribers or monthly-billed subscribers who exceed monthly minute bundles. CWTA supports this proposal. Airtime usage charges are a well-established feature of most wireless service plans, and as such are critical to a wireless carrier’s ability to offset its substantial network costs.
10. The CWTA appreciates the opportunity to provide these comments.

Sincerely,

Electronic filing

J. David Farnes
Vice President
Industry and Regulatory Affairs

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