



Telecom Decision CRTC 2005-39

Ottawa, 6 July 2005

Alberta Health and Wellness' request for code 8-1-1 for non-urgent health teletriage services

Reference: 8665-A83-200409492 and 8698-C12-200415928

In this Decision, the Commission approves an application from Alberta Health and Wellness requesting the assignment of an N-1-1 code, specifically 8-1-1, for access to non-urgent health care telephone triage services.

The application

1. The Commission received an application from Alberta Health and Wellness, on behalf of the provincial and territorial Deputy Ministers of Health (Alberta Health and Wellness), dated 24 August 2004, filed pursuant to Part VII of the *CRTC Telecommunications Rules of Procedure*. Alberta Health and Wellness requested that the Commission assign the 3-1-1 code for non-commercial use across Canada for access to first level health care telephone triage services (teletriage services).
2. Alberta Health and Wellness stated that teletriage service has been identified by all provincial and territorial Deputy Ministers of Health as an important component in primary care restructuring and reform. Teletriage service, as a component of primary care systems, would improve access to primary health care services, the quality and efficiency of those services, and the results for patients who use those services.
3. In *Assignment of 311 for non-emergency municipal government services*, Telecom Decision CRTC 2004-71, 5 November 2004 (Decision 2004-71), the Commission approved the assignment of the 3-1-1 code for access to non-emergency municipal government services.
4. Concurrent with the release of Decision 2004-71, on 5 November 2004, Commission staff issued a letter announcing that the 5-1-1 and 8-1-1 resources were available for reassignment and invited the applicant to amend its application to request an available three digit code (N-1-1), given that the 3-1-1 resource was no longer available.
5. On 26 November 2004, the Commission received an amended application from Alberta Health and Wellness dated 19 November 2004, requesting any available N-1-1, but preferably, 8-1-1.

The process

6. On 30 November 2004, two staff letters were issued. The first letter established the process to be followed in respect of Alberta Health and Wellness' amended application. The second letter recognized that some Canadian carriers were making use of 8-1-1, and that therefore those carriers were requested to file proposals for vacating the 8-1-1 resource.

7. On 6 December, 10 December and 15 December 2004, the Commission received letters from Saskatchewan Telecommunications (SaskTel); Aliant Mobility and Bell Mobility; and TELUS Communications Inc. and TELE-MOBILE Company which does business as TELUS Mobility (TELUS), respectively. All parties indicated that 8-1-1 was in use to various degrees in their networks and requested more time to assess the consequences of any reclamation of those codes and to propose remedial actions.
8. On 24 December 2004, in reply to a number of submissions from potentially affected carriers, the process was amended to extend the comment cycle from 14 January 2005 to 28 January 2005 and reply comments from 28 January 2005 to 11 February 2005. Parties were reminded, to develop and file by 28 January 2005, proposals for vacating the 8-1-1 resource.
9. The Commission received proposals for vacating 8-1-1 on 28 January 2005 from Aliant Telecom Inc. and Aliant Mobility (Aliant Telecom); Bell Mobility Inc. on behalf of itself, NMI Mobility Inc., Télébec Mobility, a division of Télébec, société en commandite, and NorthernTel Mobility, a division of NorthernTel, Limited Partnership (Bell Mobility et al.); MTS Allstream Inc. (MTS Allstream); SaskTel; TBayTel; and TELUS.
10. The Commission received comments on Alberta Health and Wellness' application, dated 28 January 2005 from Aliant Telecom; Bell Canada; Bell Mobility et al.; Canadian Wireless Telecommunications Association (CWTA); MTS Allstream; Rogers Wireless Inc. (RWI); SaskTel; TBayTel; and TELUS.
11. Alberta Health and Wellness submitted reply comments on 11 February 2005.
12. United Way of Canada and 211 Canada Steering Committee (211 CSC) filed comments on 18 and 25 February 2005 respectively.
13. On 31 March 2005, Alberta Health and Wellness filed additional reply comments to respond to the United Way of Canada and 211 CSC comments.

Background

14. Within the North American Numbering Plan (NANP), which provides the framework for a continent-wide telephone number system, unique three digit codes, or N-1-1 codes, are assigned as an industry standard to provide access to specific types of services by dialing an abbreviated telephone number. For example, callers can dial 4-1-1 for directory assistance and 9-1-1 for emergency services.
15. In *Allocation of three-digit dialing for public information and referral services*, Decision CRTC 2001-475, 9 August 2001 (Decision 2001-475), in view of the scarcity of N-1-1 codes, the Commission established the following guidelines to be used when considering the assignment of unused N-1-1 codes:
 - i) there must be a compelling need for three-digit access that cannot be satisfied by other dialing arrangements or it is demonstrated that existing dialing arrangements are not suitable for accessing the needed services;

- ii) the assignment of an unused N-1-1 code should be to a service or services rather than a specific organization;
- iii) the provision of N-1-1 dialing is to be based on a need to serve the broad public interest, including providing access to the telephone network to disadvantaged individuals or groups;
- iv) the N-1-1 dialing should not confer a competitive advantage on the service provider(s) reached by this number;
- v) the services to be provided through N-1-1 dialing are to be widely available geographically and on a full-time or extended-time basis; and
- vi) where possible, the N-1-1 allocation to a service does not conflict with the NANP and is in keeping with the Canadian Steering Committee on Numbering (CSCN) guidelines for N-1-1.

Issues

16. The Commission considers that there are six issues on which determinations need to be made with respect to Alberta Health and Wellness' application:
 - a) the reclamation of the 8-1-1 code;
 - b) whether the application meets the Commission guidelines for assigning N-1-1 codes;
 - c) integration of 8-1-1 services with 9-1-1 emergency services;
 - d) public awareness campaign;
 - e) implementation time frame; and
 - f) cost recovery and other issues.

a) Reclamation of the 8-1-1 code

Positions of parties

17. Those Canadian carriers currently using 8-1-1 indicated that they could vacate the resource as follows:
 - MTS Allstream within 30 days notice;
 - Bell Mobility et al. and TELUS within 6 months from the date of a Commission determination;
 - TBayTel in the fourth quarter of 2005;

- Northwestel Inc. (Northwestel) by mid 2006;
 - Aliant Telecom by the end of 2006; and
 - SaskTel within 18-24 months from the date of the Decision.
18. Aliant Telecom indicated that it was important to communicate the change in the use of 8-1-1 to its customers. Aliant Telecom submitted that its most utilized promotional material are the telephone directories, which will not be updated until April 2006. Aliant Telecom further submitted that it was necessary to have a six-month period to place an intercept on 8-1-1 directing customers to the new number and an additional six-month intercept advising the callers that the number was no longer in service. SaskTel stated that there was no pressing need for it to abandon its current use of the 8-1-1 code since the Saskatchewan Department of Health had advised SaskTel that it had no plans of utilizing an 8-1-1 code for the purposes proposed in the application.
 19. Alberta Health and Wellness replied that it would like to see a timely and expeditious process so that those jurisdictions wishing to do so could begin the process of moving to the 8-1-1 number for their teletriage services.

Commission's analysis and determination

20. The Commission notes that the requested time frames to vacate the 8-1-1 resource vary from 30 days to approximately two years, with the average in the range of six to nine months. The Commission considers that waiting for the directories to be updated and placing an intercept on 8-1-1, justify the longer requested time frames. The Commission also notes that in the CO Code Assignment Guidelines, the aging period¹ for CO codes varies from three months to one year. The Commission considers that, for the 8-1-1 code, an aging period of six months should be sufficient for those companies that indicated shorter timeframes.
21. Accordingly, the Commission directs Bell Mobility et al., MTS Allstream, TBayTel and TELUS to vacate the 8-1-1- resource by the end of 2005, Northwestel by 30 June 2006 and Aliant Telecom and SaskTel by the end of 2006.

b) Assigning an N-1-1 code to Alberta Health and Wellness

Alberta Health and Wellness' position

22. Alberta Health and Wellness submitted that its application met the guidelines set out in Decision 2001-475 for assigning unused N-1-1 codes, as follows:
 - i) Having a universally available three digit number would provide access to services nation-wide, eliminating the need for callers to determine the local number for access.

¹ The period between the time a telephone number is disconnected and the time where the same telephone number can be reassigned.

- ii) The N-1-1 code would not be tied to a specific organization, but would be available for use by all provincial and territorial jurisdictions across Canada.
- iii) There was no greater broad public need in Canada than easy access to health care. In addition to relieving pressure on 9-1-1 services and on emergency rooms, and becoming a complement to 2-1-1 social/health contact systems, 8-1-1 is an easily remembered number that can be made highly visible, and could significantly assist all Canadians in accessing non-emergency teletriage services.
- iv) The 8-1-1 service would be a provincial/territorial service, and not commercial in nature.
- v) The implementation model for the 8-1-1 number would be targeted for availability 24 hours a day, seven days a week. Alberta Health and Wellness proposed that 8-1-1 be implemented by provinces and territories according to their readiness to offer a province-wide teletriage service via the 8-1-1 number.
- vi) The allocation and adoption of 8-1-1 for teletriage services in Canada would maintain the integrity of the NANP and would be in keeping with the CSCN guidelines for the use of N-1-1 numbers.

Other parties' positions

- 23. Most parties were satisfied that the applicant had met the guidelines set out in Decision 2001-475. Aliant Telecom and Bell Canada proposed that provincial and territorial Deputy Ministers of Health should be required to officially endorse the entities that would use the N-1-1 code in a defined geographic location.
- 24. Although SaskTel indicated that it was satisfied that the application met the guidelines, it questioned whether there is a compelling need for three digit access that cannot be satisfied by other dialing arrangements.
- 25. United Way of Canada and 2-1-1 CSC opposed the application. They indicated their concern that the assignment of 8-1-1 would cause confusion for the public with the 2-1-1 service, a public information and referral service, in terms of access to health and social services. They submitted that it would result in duplication of infrastructure and would cause competition for scarce resources for the longer-term sustainability of these separate services.

Alberta Health and Wellness' reply comments

- 26. In reply to SaskTel's comment regarding the merits of Alberta Health and Wellness' application, Alberta Health and Wellness noted that the intent of its application is to make 8-1-1 available in the future to jurisdictions when they are ready to switch and to ensure that when Saskatchewan chooses to, it is able to switch to a single, easily remembered three digit number that is available across Canada.

27. In reply to United Way of Canada and 2-1-1 CSC, Alberta Health and Wellness indicated that the services proposed in its application are different from those available through the 2-1-1 service. Alberta Health and Wellness noted that 2-1-1 service will provide callers with information on community services and programs, while the 8-1-1 service will provide callers with access to specially trained nurses who will be able to provide callers with specific medical information.

Commission's analysis and determination

28. The Commission notes that although SaskTel questioned whether there is a compelling need for three digit access code, no carriers opposed Alberta Health and Wellness' application.
29. The Commission notes that Alberta Health and Wellness, Aliant Telecom and Bell Canada agreed that provincial and territorial Deputy Ministers of Health should be required to officially endorse the entities that will use the N-1-1 code in a defined geographic location. The Commission further notes that Bell Canada stated that the endorsement was necessary in case of conflict between entities who wish to use the N-1-1 code in certain locations. The Commission therefore expects the provincial and territorial ministries of Health to officially endorse the 8-1-1 service providers to ensure an adequate level of medical expertise to deliver this service.
30. The Commission notes that United Way of Canada and 2-1-1 CSC are opposed to the application on the ground that it would cause confusion for the public. The Commission considers that the 2-1-1 service and the proposed 8-1-1 service are sufficiently different to avoid confusion.
31. The Commission considers that given the fact that existing dialing arrangements vary from province to province, an easily remembered three-digit number would greatly assist all Canadians in accessing non-emergency health teletriage services and could reduce inappropriate calls to the 9-1-1 systems.
32. The Commission considers that Alberta Health and Wellness has demonstrated that an N-1-1 code is warranted for non-emergency health teletriage services and that its application meets each of the guidelines established in Decision 2001-475. Accordingly, the Commission approves the assignment of 8-1-1 for access to non-emergency health teletriage services.

c) Integration of 8-1-1 services with 9-1-1 emergency services

Position of parties

33. Alberta Health and Wellness stated that the assignment of 8-1-1 for first-level health teletriage service would complement the well-recognized 9-1-1 emergency number. The knowledgeable 8-1-1 staff would be trained to refer true emergency calls to 9-1-1. It added that calls to 8-1-1 would result in fewer inappropriate calls to 9-1-1, better utilizing limited resources that should be devoted to true emergencies.

34. Aliant Telecom, Bell Canada and TELUS submitted that the 8-1-1 health call centres should be required to advise any callers in emergency situations to hang up and dial 9-1-1 or another emergency number, where applicable. In Aliant Telecom's view, the alternative, which would be to obtain originating caller location information and transfer the calls to 9-1-1 public service answering positions (PSAPs) would be complex and costly to provide and could lead to problems in the provision of reliable 9-1-1 service. Aliant Telecom added that the provision of originating caller identification and location information should not be made part of this service.
35. Alberta Health and Wellness replied that it felt it was essential that 8-1-1 and 9-1-1 services be directly linked for an effective teletriage service to function. It submitted that asking callers to hang up and call 9-1-1 was not a viable option given that these callers may literally be in life or death situations and require immediate assistance. It added that all jurisdictions have developed legislation that addresses issues of privacy in health information, such as the Health Information Act. Alberta Health and Wellness submitted that since some existing teletriage services have implemented links to 9-1-1 services, privacy issues can be addressed, and it would expect each jurisdiction to address them as they switch to 8-1-1 for teletriage services, and link those services to 9-1-1 services.

Commission's analysis and determination

36. The Commission notes that in Decision 2004-71, it considered that there were potential privacy concerns related to integrating the 3-1-1 and 9-1-1 services, and that caller identification and location information should not be made available on 3-1-1 calls. The Commission considered that the complexities, including privacy concerns, related to the integration of the 3-1-1 and 9-1-1 services outweighed the benefits of integration. Accordingly, the Commission determined that 9-1-1 service and 3-1-1 service should not be integrated.
37. The Commission notes, however, that in regard to the 8-1-1 service, while used principally to provide information, the type of information provided is medical in nature. The Commission is of the view that certain 8-1-1 calls may relate to a condition that requires immediate medical attention. The Commission notes the argument that it is possible that during the course of an 8-1-1 call, the caller's medical condition may escalate to a point where the caller becomes unable to hang up and re-dial 9-1-1.
38. The Commission recognizes, however, that there may potentially be some privacy issues that will need to be resolved. In this regard, the Commission notes that it may be possible to resolve these privacy issues in a similar manner as they have been resolved in the telephone companies' tariffs for E-9-1-1 call routing service. The Commission also notes Alberta Health and Wellness' comments that it is fully aware of the privacy issues and what can and cannot be done under various pieces of legislation.
39. The Commission also notes that Alberta Health and Wellness indicated that in some areas teletriage calls are already being transferred or linked to 9-1-1 PSAPs.
40. In light of the above, the Commission considers that there is merit to linking 8-1-1 and 9-1-1 services. Therefore, where an 8-1-1 service provider wants to link the two services, the service providers and the affected telecommunications service providers (TSPs) should negotiate an equitable solution.

d) Public awareness

Position of parties

41. Aliant Telecom and Bell Canada submitted that it was critically important to ensure that 9-1-1 remain as the single and only number to be called in the event of emergencies. Bell Canada submitted that it was critically important that there should be no confusion in the public's mind between the types of services that will be available via the 8-1-1 number versus other N-1-1 numbers, in particular, 9-1-1 emergency services and 2-1-1 community services. Aliant Telecom and Bell Canada submitted that provincial and territorial agencies using the proposed 8-1-1 number, should be required to clearly communicate in their promotional materials the purposes for which the 8-1-1 number is intended (i.e., for access to non-emergency health information).
42. TELUS requested that the Commission specifically direct the applicant to undertake a comprehensive public awareness campaign wherein it should describe to the public in precise terms the types of health teletriage services that will be available through the 8-1-1 service to the public and provide information on how these services differ from the other newly introduced N-1-1 services such as 9-1-1, 3-1-1 and 2-1-1.
43. Alberta Health and Wellness replied that there were three components to the consumer awareness issue: 1) public awareness that 8-1-1 has been reclaimed; 2) public awareness of 8-1-1 as the new access number for teletriage services; and 3) public awareness of appropriate use of 8-1-1 and 9-1-1. Alberta Health and Wellness submitted that these elements will require discussion, negotiation and ongoing work by Ministries of Health in all jurisdictions, providers of teletriage services and TSPs. It recognized that public education and awareness on an ongoing basis is essential to ensure that 8-1-1 and 9-1-1 services are used appropriately and it was committed to working with telecommunications and teletriage service providers to ensure that this education and awareness takes place.

Commission's analysis and determination

44. The Commission notes that all the parties that commented on the issue of public awareness agreed on the need for effective public awareness campaigns associated with the implementation of the 8-1-1 service. The Commission notes that in Decision 2004-71, it considered it necessary and in the public interest for municipalities to promote awareness of their 3-1-1 services, especially for the purpose of minimizing confusion between emergency and non-emergency services and between 3-1-1 and 2-1-1 services. The Commission considers it necessary and in the public interest for teletriage service providers to promote awareness of their 8-1-1 services, especially for the purpose of minimizing confusion between emergency and non-emergency services and between 3-1-1 or 2-1-1 services. The Commission expects all teletriage service providers to undertake comprehensive and effective public awareness campaigns.
45. The Commission also notes that because 8-1-1 was used by TSPs, the TSPs should inform their customers that this resource is no longer available. The Commission therefore directs the TSPs to undertake a public awareness campaign in relation to the reclamation of 8-1-1.

e) Implementation time frame

Position of parties

46. Alberta Health and Wellness suggested that each province should be required to provide at least three months' notice to their local TSPs to program their switches to route 8-1-1 calls to the appropriate service locations.
47. Aliant Telecom, Bell Canada and TBayTel submitted that the three-month notification time frame proposed by the applicant to implement the 8-1-1 service was not reasonable and that the implementation date should be negotiated between the 8-1-1 agency and the TSPs.
Aliant Telecom submitted that special provisioning measures, network modifications and system tests may require longer periods than a three-month time frame. Bell Canada added that an official written advance notification of at least six months should also be provided to enable TSPs to make the necessary routing and related arrangements. Bell Mobility et al. claimed it was not in a position to estimate the time necessary to implement the service given its need for sufficient information and time to study, plan and implement the requested service in advance of its being launched. MTS Allstream submitted that TSPs should be given six months while TELUS suggested that a minimum of nine months and, up to 18 months notice should be given.

Commission's analysis and determination

48. In the Commission's view, implementing the 8-1-1 service requires similar steps to those required to implement the 3-1-1 service. Accordingly, the Commission considers it necessary that each province or territory that wishes to implement 8-1-1 service provide a minimum of six months notice to the TSPs operating within that province or territory.

f) Cost recovery and other issues

Alberta Health and Wellness' position

49. Alberta Health and Wellness stated that as the 8-1-1 number becomes well known, people may call 8-1-1 in areas where the service is not yet available. It submitted that provisions must be made for routing calls made to the 8-1-1 service in an area where the teletriage service is not available.
50. Alberta Health and Wellness proposed that the incremental costs of implementing an 8-1-1 service be borne by telecommunications carriers, in the same manner as was established by the Commission in Decision 2001-475. Alberta Health and Wellness also proposed that the costs for supporting the 8-1-1 teletriage service be charged as a component of carrier bills to all customers at a rate determined by carriers and approved by the Commission.
51. Alberta Health and Wellness suggested that costs for long distance charges for 8-1-1 service, if necessary, be negotiated between the 8-1-1 service provider and the TSP, and paid for by the 8-1-1 service provider. The applicant also proposed that the costs for 8-1-1 calls for wireless service providers (local and long distance) be recovered from callers as part of the monthly charge for the use of wireless services, or otherwise as part of a service contract with a wireless service carrier.

52. Alberta Health and Wellness recommended that a CRTC Interconnection Steering Committee (CISC) 8-1-1 sub-committee be formed to address technical issues. As with other CISC committees, membership on this committee would be open to all interested parties.

Other parties' positions

53. Aliant Telecom and TELUS were of the view that the provincial and territorial governments that choose to implement N-1-1 should be responsible for the associated costs, not the local exchange carriers and wireless service providers. Aliant Telecom submitted, however, that it would not be opposed to covering these costs provided it is able to recover any costs incurred through the deferral account or another appropriate price adjustment. TELUS added that if the Commission decides that carriers should bear the costs of their network modifications, these additional costs would constitute grounds for an exogenous adjustment under the price cap regime. The other carriers submitted that they were prepared to assume the incremental costs of implementing an 8-1-1 service.
54. All carriers suggested that parties requesting special provisioning measures should bear the cost of such arrangements.
55. All carriers were opposed to the applicant's proposal that the costs for supporting the 8-1-1 service be charged as a component of all regular monthly carrier bills. SaskTel added that it was opposed to collecting fees from its customers for a service that they may or may not ever utilize.
56. In regard to long distance calls to the 8-1-1 system, Aliant Telecom, Bell Canada and TELUS suggested the use of a toll-free number to which the 8-1-1 dialed numbers would be translated for routing purposes and the 8-1-1 service provider would be billed. They also submitted that calls to 8-1-1 from pay telephones be provided using cash or prepaid calling cards. The offering of additional pay telephone billing options should be subject to a business arrangement between the 8-1-1 service provider and the TSP.
57. MTS Allstream suggested that long distance calls be negotiated between the 8-1-1 service provider and the TSP and that callers should bear the cost of 8-1-1 calls placed from a wireless telephone or a pay telephone.
58. The CWTA supported Alberta Health and Wellness' proposal that costs for 8-1-1 calls for wireless service providers (local and long distance) be recovered from callers. RWI supported the CWTA's comments.
59. TELUS stated that TELUS Mobility might treat 8-1-1 calls as local calls and charge them according to a wireless subscriber's rate plan or, alternatively, charge a monthly access fee for connection to the 8-1-1 system and waive local calling charges that would otherwise apply.
60. Aliant Telecom, Bell Canada, MTS Allstream and SaskTel submitted that the routing of N-1-1 calls should be based on incumbent local exchange carriers exchange boundaries for wireline carriers and on local service boundaries proposed by wireless service providers, unless otherwise negotiated by the 8-1-1 service provider and the carrier operating in that area. Bell Canada and TBayTel suggested that the applicant's expectations regarding the treatment of calls to 8-1-1 in areas where the teletriage service is not available were not clear.

61. TELUS agreed with Alberta Health and Wellness, that technical issues be referred to a CISC sub-committee. Bell Canada did not see the need to create a special sub-committee of CISC to address technical issues related to the implementation of an N-1-1 code. Bell Canada added that existing CISC Working Groups could address any technical issues that may arise that are within their mandates.
62. TELUS recommended that Alberta Health and Wellness retain and publish toll-free or alternate geographic based numbers for their 8-1-1 service providers to respond to the challenge of Voice over Internet Protocol (VoIP).

Alberta Health and Wellness' reply comments

63. Alberta Health and Wellness submitted that the ruling on the implementation costs should be the same as the determination made in Decisions 2001-475 and 2004-71. It also agreed that in specific instances where complex and special routing arrangements are required, the payment for these special routing arrangements would be negotiated between jurisdictions and their associated TSPs.
64. Alberta Health and Wellness accepted the respondents' comments on its cost recovery proposal recognizing that alternative funding arrangements, such as direct government funding, will have to be developed. Alberta Health and Wellness agreed that 8-1-1 calls should not trigger toll charges to callers and proposed negotiated settlements between the 8-1-1 service provider and the TSPs for cost recovery.
65. Alberta Health and Wellness stated that its sole concern was that the CISC process adopted to deal with outstanding technical issues have the ability to resolve outstanding technical issues in a timely way so that jurisdictions and teletriage service providers are able to proceed with implementing the 8-1-1 service within defined time frames should they choose to do so.
66. With regards to routing calls to the 8-1-1 system, Alberta Health and Wellness replied there would be no need to develop switching and routing processes for areas where teletriage services are not available; adding that if the services were not available jurisdiction-wide, introducing the 8-1-1 service would not be a viable option.

Commission's analysis and determination

67. In regard to the recovery of costs for the 8-1-1 service, the Commission notes that in Decision 2004-71, it directed the TSPs to assume, on an incremental basis, the costs of the basic switch modifications and network changes necessary for the implementation of the 3-1-1 service. In that Decision, the Commission was of the view that if special routing arrangements were made upon a municipality's request, the TSP should not bear the cost of provisioning such arrangements.
68. The Commission notes that in Decisions 2001-475 and 2004-71, it determined that the routing arrangements for N-1-1 calls be based on exchange boundaries unless otherwise negotiated. The Commission considers that the routing arrangements determined in Decisions 2001-475 and 2004-71 would apply to the 8-1-1 service. Accordingly, the Commission determines that call routing arrangements should be based on exchange boundaries, unless otherwise negotiated by the 8-1-1 service provider and the TSPs operating in that area.

69. Consistent with Decision 2004-71, the Commission directs TSPs to assume, on an incremental basis, the costs of the basic switch modifications and network changes necessary for the implementation of 8-1-1 service. The teletriage service providers requesting special routing arrangements should bear the cost of provisioning such arrangements.
70. The Commission notes that all parties agreed that cost recovery for supporting the 8-1-1 service should not be charged as a component on carriers' bills, as is presently done for 9-1-1 cost recovery. The Commission determines that the cost for supporting the 8-1-1 service should not be charged as a component on carriers' bills.
71. With respect to cost recovery for calls placed from wireless networks and from pay telephones, the Commission notes that in Decision 2004-71, it determined that callers should bear the costs of 3-1-1 calls. For other types of calls (credit card, collect, toll, etc.), the Commission, determined in Decision 2004-71 that cost recovery arrangements should be negotiated between the municipalities and the TSPs, as each municipality would have its own requirements. Consistent with Decision 2004-71, the Commission determines that callers should bear the costs of 8-1-1 calls placed from wireless networks and from pay telephones. For other types of calls (credit card, collect, toll, etc.) cost recovery arrangements should be negotiated between the jurisdictions and the TSPs.
72. The Commission considers that the routing of 8-1-1 calls in areas where the 8-1-1 service is not available has not been clearly described in this proceeding. The Commission is of the view that, in any event, such routing will have to be negotiated between teletriage service providers and any affected TSPs.
73. The Commission notes TELUS's comments that it may be impossible to correctly route 8-1-1 calls that originate from a VoIP terminal. The Commission is of the view that this may well be the case for calls from nomadic VoIP terminals. The Commission notes however, that in *Emergency service obligations for local VoIP service providers*, Telecom Decision CRTC 2005-21, 4 April 2005, the Commission directed the industry to develop interim 9-1-1 call routing solutions for nomadic VoIP services within three months of the date of that Decision. The Commission also directed the industry to resolve any technical and operational issues within CISC. The Commission is of the view that any industry-developed interim call routing solutions for 9-1-1 calls may also be useful for the routing of 8-1-1 calls.
74. The Commission considers that any purely technical issues arising from the implementation of the 8-1-1 service can be addressed by CISC.

Secretary General

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