

UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

GARMIN INTERNATIONAL, INC., GARMIN USA, INC.,
AND GARMIN LTD.,
Petitioner,

v.

PHILIPS NORTH AMERICA LLC,
Patent Owner.

IPR2020-00910
Patent No. 7,088,233

Before STACEY G. WHITE, MICHELLE N. WORMMEESTER, and
NORMAN H. BEAMER, *Administrative Patent Judges*.

BEAMER, *Administrative Patent Judge*.

DECISION
Granting Institution of *Inter Partes* Review
Granting Motion for Joinder
35 U.S.C. §§ 314, 315(c)

I. INTRODUCTION

On May 15, 2020, Garmin International, Inc., Garmin USA, Inc., and Garmin Ltd. (“Petitioner”) filed a Petition (“Pet.”) pursuant to 35 U.S.C. §§ 311–319 to institute an *inter partes* review of claims 1, 7–10, 13–16, 22, and 24–26 of U.S. Patent No. 7,088,233 (“the ’233 patent”). Paper 1. Petitioner also filed a Motion for Joinder (“Motion”). Paper 3. On August 20, 2020, Philips North America LLC (“Patent Owner”) filed a Preliminary Response (“Prelim. Resp.”). Paper 7.

The standard for instituting an *inter partes* review is set forth in 35 U.S.C. § 314(a), which provides that an *inter partes* review may not be instituted unless the information presented in the Petition and any preliminary response shows that “there is a reasonable likelihood that the petitioner would prevail with respect to at least 1 of the claims challenged in the petition.”

For the reasons explained below, we institute an *inter partes* review as to all challenged claims and on all grounds raised in the Petition. We also grant the Motion for Joinder.

II. BACKGROUND

A. The ’233 Patent

The ’233 patent, titled “Personal Medical Device Communication System and Method,” was filed on June 7, 2002, issued on August 8, 2006, and recites various continuation-in-part and continuation applications as

related. Ex. 1001, codes (54), (22), (45), (63), (60).¹ The patent also states that it is related to “[p]rovisional application No. 60/135,862, filed on May 25, 1999, provisional application No. 60/105,493, filed on Oct. 23, 1998, and provisional application No. 60/279,401, filed on Mar. 28, 2001.” *Id.* at code (60); *see* Exs. 1013–1015.

Petitioner assumes for purposes of its challenge that the earliest effective filing date for all but claims 13, 24, and 25 of the ’233 patent is the October 23, 1998 filing date of application No. 60/105,493. Pet. 3. For claims 24 and 25, Petitioner argues that the earliest effective filing date is the May 25, 1999 filing date of application No. 60/135,862. *Id.* at 3–4, 19–20 (*citing* Paradiso Decl. ¶¶ 45–46). For claim 13, Petitioner argues that the earliest effective filing date is the March 28, 2001 filing date of application No. 60/279,401. *Id.* at 4, 20 (*citing* Paradiso Decl. ¶¶ 45, 47). Patent Owner does not address this issue, and for the purposes of this Decision, we need not resolve this issue at this time.

The ’233 patent describes a “personal and/or institutional health and wellness communications system, which may be used for a variety of emergency and non-emergency situations using two-way communication devices and a bi-directional communication network.” *Id.* at code (57). Figure 5 of the ’233 patent is reproduced below.

¹ The ’233 patent states that it is a “[c]ontinuation-in-part of application No. 09/956,474, filed on Sep. 19, 2001, which is a continuation of application No. 09/384, 165, filed on Aug. 27, 1999, now Pat. No. 6,356,192, application No. 10/165,624, which is a continuation-in-part of application No. 10/112,669, filed on Mar. 28, 2002, and a continuation-in-part of application No. PCT/US01/18734, filed on Jun. 8, 2001.” *Id.* at code (63).

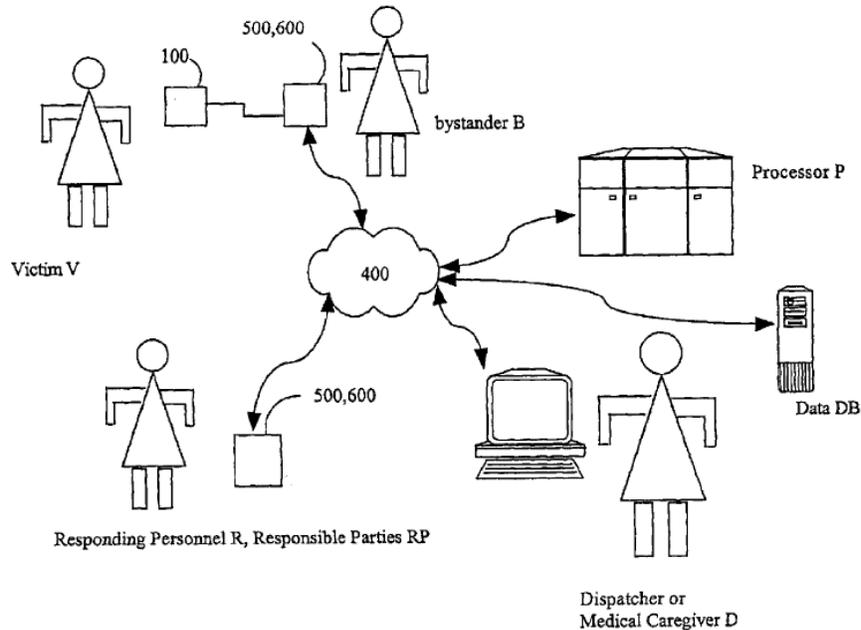


FIG. 5

Figure 5 is a network diagram showing communications with various system components. *Id.* at 2:47–48. Figure 5 shows Personal Medical Device 100, which may be implanted, or carried on the person, of Victim V. *Id.* at 11:49–50. For example, Personal Medical Device 100 could be a pacemaker. As another example, Personal Medical Device 100 could have one or more sensor inputs connected to external or embedded “detectors 140” (not shown on Figure 5) that:

may be any sensor of bodily or physiological parameters such as, but not limited to: temperature, motion, respiration, blood oxygen content, electrocardiogram (ECG), electroencephalogram (EEG), and other measurements.

Id. at 3:27–33.

Figure 5 shows that Personal Medical Device 100 may communicate with Medical Device Interface 600 (elsewhere numbered “200”), which in turn can communicate via network 400 with other agents or devices that would be involved in addressing the medical problem or emergency involving Victim V. *Id.* at Fig. 5, 3:12–15. One such device is a central communications base station which in turn can communicate with personal medical devices or a central monitoring station that can imitate emergency dispatch services, for example. *Id.* at Fig. 1, 8:40–63, 10:14–17.

The ’233 patent discloses that Personal Medical Device 100 includes a power module, such as a battery, a memory, and a processor, and may include connections to the above-mentioned sensors, a user interface module with a display and other user input/output devices, and a short range wireless communications module. *Id.* at Figs. 2, 3, 3:18–33, 3:50–4:10. Personal Medical Device 100 can also include a GPS (Global Positioning System) receiver to enable determining the location of the victim. *Id.* at 12:63–13:8. In addition, Personal Medical Device 100 can include power management circuitry to save battery life by powering off the communications module when not needed. *Id.* at 14:15–60.

The short range wireless communications module of Personal Medical Device 100 can communicate with Medical Device Interface 600 and the central communications base station, which also may include short range wireless communications modules. *Id.* at Fig. 4A, 4:14–21, 7:55–57, 8:41–46. One mode of short range wireless communication uses the Bluetooth standard. *Id.* at 4:49–60. The ’233 patent “impos[es]” a “meaning” on the phrase, “short-range [wireless] communication”: “[T]o include premises

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