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January 22, 2016

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: *Ex Parte* disclosure pursuant to 47 C.F.R. § 1.1206(b) in WC Docket Nos. 11-42, 09-197, 10-90

Dear Ms. Dortch:

On January 19, 2016, the following individuals, representing public interest organizations working on modernizing the Lifeline program -- in person: Olivia Wein, National Consumer Law Center, Danny Weiss, Common Sense Kids Action, Cheryl Leanza, United Church of Christ, OC Inc., Mike Scurato, National Hispanic Media Coalition, Phillip Berenbroick, Public Knowledge, Eduardo Soto, The Raben Group, and via Phone: Amina Fazlullah, Benton, Angela Siefer, Digital Inclusion Alliance, John Windhausen, Schools, Health and Libraries Broadband Coalition, met with Jay Schwarz, TAPD/WCB; Chas Eberle, TAPD/WCB; Trent Harkrader, WCB; Gigi Sohn, OCH; Eric Feigenbaum,OMR; Garnet Hanly, TAPD/WCB; Ryan Palmer, TAPD/WCB; Jodie Griffin, TAPD/WCB; Nathan Eagon, TAPD/WCB, and Christian Hoefly, TAPD/WCB and FCC interns Hannah Orloff, Gabrielle Whitehill and Jamile Kadre.

In our meeting the public interest groups expressed strong support for the Lifeline program and the need to move quickly to modernize Lifeline to include broadband as access to affordable modern-day communication services is essential for economic opportunity and education, as well as accommodating basic needs such as health and safety. In the meeting the groups discussed minimum standards that focus on functionality, concerns over a budget that results in waiting lists, program eligibility criteria and inclusion of programs reaching low-income veterans, the need for robust outreach and education and continued support for standalone voice.

The groups discussed the importance of defining minimum standards in a manner that is clear to participants and that ensures quality services and product options. Groups emphasized that minimum

standards should focus on functionality and be set in a manner that is also sensitive to the broadband services available in rural America and the importance of a setting out a process to re-evaluate the minimum standards so that as technology and the marketplace evolves the standards do not become antiquated. Groups support a modernized Lifeline program that promotes and facilitates competition to incent better quality service offerings. Groups voiced objections to a prohibition on products, meeting the minimum standards, from being no-cost. The minimum standards will function as a quality assurance check on the products, so if a provider can make a business case for a no-cost product within the parameters of the Lifeline program, that should be allowed in the spirit of a competitive marketplace.

Groups raised strong concerns over the imposition of a budget on Lifeline that functions as a cap. Groups raised strong objections to denial of Lifeline to eligible households and the disruption to consumers and the program from waiting lists.

Groups discussed concern over reducing the number of federal low-income programs currently used for Lifeline eligibility determinations. Low-income households are not monolithic and have different needs. It makes sense to keep a suite of different means-tested low-income programs to help Lifeline reach low-income consumers with different profiles. Groups also stressed the importance of better alignment with programs that reach low-income Veterans and were very supportive of the inclusion of low-income Veterans programs into Lifeline eligibility. According the U.S. Department of Veterans Affairs Office of Rural Health 5.2 million Veterans live in rural America where telemedicine and applications play a growing role in the delivery of healthcare. Yet, 43 percent of rural Veterans do not have broadband internet access at home.[1]

Groups emphasized the importance of retaining standalone voice Lifeline as an important option for Lifeline consumers. Finally, groups discussed the importance of robust and thoughtful outreach and the critical role community organizations can play in preparing current and potential Lifeline participants for the new Lifeline program.

Sincerely,

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[1]U.S. Department of Veterans Affairs, Office of Rural Health Annual Report, *Thrive 2015* at pp. 5 and 7.