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September 18, 2014

EX PARTE NOTICE

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: GN Docket No. 13-5, *Technology Transitions*;
WC Docket No. 02-60, *Rural Health Care Support Mechanism*

Dear Ms. Dortch:

On September 16, 2014, Dan Holdhusen, The Evangelical Lutheran Good Samaritan Society ("The Society"), Nicole Venable, The Bockorny Group, and Joel Bernstein, Temple Strategies, met with Nicolas Degani, Legal Counsel to Commissioner Ajit Pai, regarding the above-captioned dockets.

The Society is the largest not for profit provider of long term care services for seniors in the United States, with 240 locations located in 24 states serving more than 27,000 individuals annually. Over 75% of the Society's locations are in rural areas.

We discussed the Society's use of technology, such as electronic medical records and health care monitoring systems, to bring new, better, and more efficient services to our senior citizen clients. Broadband is a necessary component of the Society's health care services.

The Society discussed the possibility of applying for funds from the Rural Health Care Fund. While the Society can apply as part of a consortium, the Society has a significant number of facilities in rural areas and wants the ability to apply for funds on its own. The Society does not fit neatly under the definition of not-for-profit hospital or rural health care clinic – enumerated facilities that are eligible health care providers under 47 U.S.C. Section 254 (h)(7)(B) – but is a combination of both. The Commission previously created a pilot project that would allow Skilled Nursing Facilities ("SNF"), such as the Society, to apply for pilot project funding for telehealth services to SNF facilities and clients. Subsequently, the Commission eliminated this pilot project and rolled those funds into the broader rural health care program.

The Society asked that rural non-profit SNFs be classified as either not-for-profit hospitals or rural health care clinics so SNFs would be considered a health care provider under Section 254(h)(7).

Without the SNF pilot project and without the FCC determining that SNFs are eligible to apply directly for funding from the rural health care fund means that rural senior citizens in SNFs, such as the Society's facilities, will be denied the benefits of recent and future telecommunications health care advances.

In addition to the Society's and the American Health Care Association's filings in this proceeding, the attached documents were left with Mr. Denagi.

Please do not hesitate to contact us if you have any questions.

Sincerely,

/s/ Joel Bernstein