

**BEFORE THE PUBLIC UTILITIES COMMISSION OF
THE STATE OF CALIFORNIA**

Order Instituting Rulemaking on the)
Commission's Own Motion to address the) **R.10-02-005**
Issue of customers' electric and natural gas) **(Filed February 4, 2010)**
service disconnection)

**REPLY COMMENTS OF THE NATIONAL CONSUMER LAW CENTER
ON THE PROPOSED DECISION ON PHASE II ISSUES:
ADOPTION OF PRACTICES TO REDUCE THE NUMBER OF
GAS AND ELECTRIC SERVICE DISCONNECTIONS**

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I. INTRODUCTION

On January 30, 2012, the parties submitted comments to the Proposed Decision (“PD”) of Commissioner Florio in this proceeding.¹ In accordance with Rule 14.3, 20 CCR § 14.3, NCLC respectfully submits the following Reply Comments that identify misrepresentations of law, fact or condition of the record contained in the comments submitted by the other parties. NCLC has reviewed and supports the Reply Comments of CforAT, Greenlining, and TURN, which respond to the Comments of PG&E and SCE on issues of notice, field collection, benchmarks and costs. For purposes of these Reply Comments, NCLC has focused on responding to PG&E and SCE’s contentions that the PD errs by extending the protection of a site visit before remote disconnection to customers who are seriously ill or who have life-threatening conditions. Contrary to PG&E and SCE’s contentions, the PD is correct to recognize the importance of a site visit before remote disconnection to these vulnerable customers, for public health and safety reasons.

II. REPLY COMMENTS

A. **The Commission Should Reject the Arguments of PG&E and SCE That Customers Who are Seriously Ill or Who Have a Life-Threatening Condition Should Not be Classified as Vulnerable Customers Entitled to a Site Visit Before Disconnection.**

The Proposed Decision found that, based on Phase II comments, it is “necessary” to continue on-site visits to protect vulnerable or sensitive customers, and that the definition of vulnerable customers should include “customers who certify that they have a serious illness or condition that could become life threatening if service is disconnected.” PD at 28-29.

This is an extension of a current protection available to Medical Baseline and life support customers, but PG&E and SCE both characterize it as a new classification or new category of

¹ Comments on the Proposed Decision were filed jointly by The National Consumer Law Center (“NCLC”) with The Utility Reform Network (“TURN”), Center for Accessible Technology (“CforAT”), and Greenlining. Pacific Gas and Electric Company (“PG&E”) and Southern California Edison Company (“SCE”) each also filed comments, individually.

customers, for which they argue lacks justification.² PG&E contends that the categorization is “too broad to be utilized” and seems to state that protecting seriously ill customers with a site visit prior to remote disconnection would somehow harm “truly vulnerable customers.”³ However, contrary to PG&E’s assertions, such categorization of these customers for special protection is indeed practicable and can be accomplished. For example, the Massachusetts Department of Public Utilities (“MA DPU”) has long had in place certification procedures for identifying seriously ill customers in financial hardship, and its requirements have been successfully implemented by gas and electric utilities to provide protection to vulnerable customers from unnecessary disconnections for nonpayment.⁴ It is also worth noting that, while Section 25.03 of the MA DPU’s regulations specifically identifies for protection financially struggling households where a seriously ill person resides, this protection is not limited to only the seriously ill.⁵

B. The Commission Should Reject the Arguments of PG&E and SCE That Their Currently Existing Categories of “Temperature Sensitive” and “Medical Baseline” Sufficiently Capture All Vulnerable Customers for Whom a Site Visit before Disconnection Should Be Required.

PG&E also argues that its customers may self-certify that they are temperature sensitive, and as such, the Commission should consolidate seriously ill customers and customers for whom disconnection could become life-threatening into PG&E’s existing temperature-sensitive category. However, not only is it unclear what protocol PG&E follows for this “temperature sensitive” category,⁶ but from PG&E’s Comments, it is very clear that PG&E would prefer not to

² See PG&E Opening Comments on PD, Phase II at 5; SCE Opening Comments on PD, Phase II at 7.

³ See PG&E Opening Comments on PD, Phase II at 5.

⁴ See 220 CMR 25.03.

⁵ See *id.*

⁶ As best as NCLC can determine, temperature sensitive customers may be the subset of PG&E’s existing Medical Baseline customers for whom special heating or cooling requirements are needed. If this assumption is correct, then PG&E’s proposal regarding temperature sensitive customers would not fulfill the PD’s intent of extending the

extend the protection of a site visit to customers identified by the PD as vulnerable and in need of a site visit. PG&E argues that such inclusion would somehow jeopardize other customers whom PG&E views as “truly vulnerable,” by comparison. PG&E fails to explain or support this claim regarding how the vulnerable customers identified by the PD are not “truly vulnerable” and its arguments to characterize customers who are seriously ill, or customers for whom disconnection could become life-threatening, as anything other than “truly vulnerable,” must fail.

SCE requests a Commission declaration that SCE’s Medical Baseline allocation already sufficiently includes these customers.⁷ A review of SCE’s explanation of eligibility for its Medical Baseline allocation demonstrates otherwise, however. As described on its website, SCE’s Medical Baseline allocation applies only to customers who either regularly use life-support or who fall into one of seven categories of medical conditions.⁸ While one of those conditions is “being treated for a life-threatening illness,” as the PD correctly noted, “there are many households containing disabled individuals who are not enrolled in programs such as medical baseline because they are unaware of them or because their disability does not cause them to use above-average levels of energy. ‘The fact that they are not enrolled in these programs . . . does not mean that they would not be subject to severe harm if they were disconnected.’”⁹ The Commission’s final decision should adopt the PD’s recognition that

protection of a site visit to seriously ill customers or other customers for whom disconnection could be life-threatening, who are not Medical Baseline customers.

⁷ SCE Opening Comments on PD, Phase II at 7.

⁸ See <http://www.sce.com/CustomerService/rates/residential/medical-baseline-allocation.htm>. PG&E’s eligibility requirements for Medical Baseline are similarly worded. See <http://www.pge.com/myhome/customerservice/financialassistance/medicalbaseline/>. However, SCE and PG&E are unable to assure the Commission that all vulnerable customers who are eligible for Medical Baseline, are in fact, aware of and enrolled in Medical Baseline. Therefore, it is error for the utilities to use Medical Baseline as a proxy for the full universe of customers for whom remote disconnection without a precautionary site visit would be unsafe.

⁹ PD at 29 (quoting CforAT First-Round Opening Comments, September 15, 2010, at 1).

vulnerable customers beyond those enrolled in Medical Baseline or on life support could be subject to severe harm if remotely disconnected.¹⁰

SCE further argues that all customers would have to pay the cost of SCE creating a new category in SCE's system for what it admittedly calls "at-risk customers" who, however, are unaware of how to enroll in medical baseline.¹¹ As previously argued by NCLC and Consumer Groups, a site visit prior to remote disconnection to all customers would simply provide the same security that has for decades existed for customers under a manual disconnection protocol, where the site visit has provided utility representatives with a routine opportunity to review a possibly erroneous termination decision or view a sudden or unexpected change in customer circumstances that would counsel against disconnection, at that time, for public health and safety purposes. A disconnection that proceeds after a precautionary site visit may still be conducted remotely, and there can be cost savings where the field representative making the site visit need not possess the skill or training needed to perform a manual termination of service. In any case, however, the representative should be knowledgeable in how to take payment, establish a payment plan, and direct the customer to the nearest payment center.¹²

¹⁰ As an example, not all disabled persons participate in the Medical Baseline program, which merely sets forth an available rate for program participants, but is not intended to encompass all disabled or seriously ill persons whose health and safety would benefit from a routine site visit before disconnection. See CforAT Reply Comments on PD, Phase II at 5.

¹¹ SCE Opening Comments on PD, Phase II at 7. If this is the case, SCE's argument instead weighs in favor of extending the protection of a site visit to all customers, before remote disconnection. In doing so, there would be no costs of creating a new category for only a select group of customers entitled to this protection because no separate categorization would be needed.

¹² See PD at 6 (describing D.10-07-048 requirement of a field representative who can collect on a bill prior to disconnection for Medical Baseline or life support customers); PD at 5 (describing D.10-07-048 requirement of a payment plan offering to customer owing arrearage); Greenlining Reply Comments on PD, Phase II at 3-4 (field representative should be able to direct customer how to make payment).

III. CONCLUSION

For all of the above reasons, the PD should be adopted with the modifications and clarifications proposed in these Reply Comments, the Reply Comments of CforAT, Greenlining and TURN, and the Joint Comments of Consumer Groups, filed January 30, 2012.

Respectfully Submitted,

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