

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

Application of Pacific Gas and Electric  
Company for Authority, Among Other Things,  
to Increase Rates and Charges for Electric  
and Gas Service Effective on January 1,  
2011. (U39 M)

Application No. A1003014

**TESTIMONY OF ALICIA REYES, COMMUNICATIONS AND OUTREACH  
COORDINATOR,  
DISABILITY RIGHTS ADVOCATES**

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**INTERESTED PARTIES TESTIMONY OF ALICIA REYES, RESPONDING TO  
APPLICATION No. A1003014**

**Q1: Please state your name and address for the record:**

**A1:** Alicia Reyes, Disability Rights Advocates, 2001 Center Street, Third Floor,  
Berkeley, CA 94704.

**Q2: What is your educational and professional background?**

**A2:** I graduated from the University of California, Berkeley in 2000 with a B.A. in Anthropology.

From 2001 - 2006, I was a research assistant/fieldworker with the Institute for Scientific Analysis, a non-profit federally funded research center specializing in qualitative research. As a researcher, I worked on two research projects: "Patterns of Use and Consequences of Club Drugs" and "Club Drugs, Dance Events, and Asian American Youth." Both projects were funded by the National Institute on Drug Abuse (NIDA). In my role as research assistant/fieldworker, I conducted in-depth interviews, including coding and analysis of interviews, and carried out formal observational work. The qualitative data collected from the second study resulted in the publication, "Asian American Youth, the Dance Scene, and Club Drugs." *Journal of Drug Issues* 35(4): 695-732.

In 2006, I joined Disability Rights Advocates ("DisabRA") as an administrative assistant. While serving in this position, I had the opportunity to work on outreach projects with our previous outreach coordinators. As my interests in outreach developed, I began to work more closely with them and subsequently was elevated to the position of Communications and Outreach Coordinator in 2009.

**Q3: What is your current job title and responsibilities?**

**A3:** I currently hold the position of Communications and Outreach Coordinator at Disability Rights Advocates. DisabRA is a non-profit disability rights, public interest law

firm that is a party to this proceeding. DisabRA advocates on behalf of people with disabilities through education, litigation, and participation in administrative proceedings. As Communications and Outreach Coordinator, I act as the primary liaison between DisabRA and the disability community that we serve. I have experience collaborating with and reaching out to people with all types of disabilities. Through the work that I perform as Communications and Outreach Coordinator for DisabRA, I have become familiar with the energy needs of people with disabilities as well as the many financial challenges they face while striving to maintaining their health and safety. These concerns are particularly pressing among the members of the disability community who are low-income.

**Q4: What personal experiences and/or community contact, if any, are you using for the basis of this testimony?**

**A4:** I base this testimony first on the general experience that I have gained in my position as Communications and Outreach Coordinator for DisabRA, which gives me a background in awareness of the needs and concerns of the disability community, including the low-income disability community. In my official capacity, I regularly communicate with advocates and individual members of California's disability community. This ongoing contact makes me familiar with the importance of utility services and rates to the lives of this group.

I have also conducted substantial direct outreach on the issues raised in the pending application. To prepare my testimony for this proceeding, I have made or supervised calls to staff, advocacy personnel, and outreach employees at 35 independent living centers (ILCs), including satellite branches, throughout PG&E's

service territory.<sup>1</sup> Independent Living Centers are non-profit community based organizations that provide direct services to people with all types of disabilities. The centers are run by people with disabilities. Their primary client base is low-income people who turn to these organizations for assistance with various needs concerning fundamental areas of life.

When we contacted the ILCs in PG&E's service territory, we discussed the current impact of utility issues on their clients and the potential impact that PG&E's proposed new rate design, including the effective rate increases on Medical Baseline Customers and customers who use energy primarily or exclusively in the lowest tiers, would have on this segment of the community. Overall, the ILCs reported that low-income disabled clients are already facing substantial struggles in paying their utility bills, and that the rate increases they would face if the proposed rate design set forth in A1003014 were adopted would push some number into truly dire straits. Attached to

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<sup>1</sup> The specific independent living centers that were contacted by me or someone under my supervision include Placer Independent Resource Services (Auburn), Independent Living Center of Kern County (Bakersfield), Center for Independent Living (Berkeley), Center for Independent Living (Oakland), Center for Independent Living (East Oakland), Center for Independent Living (Fruitvale), Independent Living Services of Northern California (Chico), Independent Living Services of Northern California (Redding), Independent Living Resources of Concord, Independent Living Resources of Fairfield, Tri-County Independent Living of Eureka, Resources for Independence (Central Valley, Fresno), Resources for Independence (Merced), Resources for Independence (Visalia), Resources for Independence (Madera), Community Resources for Independent Living (Hayward) Community Resources for Independent Living (Fremont), Community Resources for Independent Living (Livermore), Marin Center for Independent Living (San Rafael), Disability Resource Agency for Independent Living (Sonoma), Disability Resource Agency for Independent Living (Stockton), FREED Center for Independent Living (Nevada City), FREED Center for Independent Living (Marysville), Central Coast Center for Independent Living (Salinas), Central Coast Center for Independent Living (Santa Cruz), Central Coast Center for Independent Living (San Benito), Independent Living Resource Center of San Francisco, Silicon Valley Independent Living Center (San Jose), Silicon Valley Independent Living Center (Gilroy), Center for Independence of the Disabled (San Mateo), Center for Independence of the Disabled (Daily City), Independent Living Resource Center (Atascadero), Independent Living Resource Center (Santa Maria), Disability Services & Legal Center (Santa Rosa) and Disability Services & Legal Center (Napa).

this testimony as Exhibit A is a chart that reflects this outreach work by summarizing the information I received from the ILCs. Some of the experiences and concerns of ILC clients are also described in detail in (A7), below.

In addition to outreach to ILCs, DisabRA's contacted ten organizations that provide services to people who are blind/low vision or deaf/hard-of-hearing. DisabRA also posted an outreach flyer on several disability listservs seeking feedback from individuals who would be directly affected by PG&E's proposed new rate structure. Attached to this testimony as Exhibit B is a chart summarizing the responses we received to the posting. Finally, DisabRA reviewed information in the public record of this proceeding, including the transcripts of the public participation hearings and the customer comments submitted by TURN during the course of the PPHs. These documents were directly reviewed by me or by someone under my supervision.

In collecting feedback and in reviewing information in the public record, we found substantial additional information regarding the concerns of people with disabilities and others on low incomes and fixed incomes regarding the hardship that PG&E's proposed rate design would generate. Attached as Exhibit C, is a copy of the form used by TURN to request consumer feedback on PG&E's proposal, as well as a summary of responses relevant to the concerns of disabled and/or low income customers. Attached as Exhibit D, is a summary chart of relevant comments made by members of the public who spoke at public participation hearings.

**Q5: What is the purpose of your testimony in this proceeding?**

**A5:** DisabRA represents the interests of people with disabilities, which overlap with the interests of other low-income consumer groups who cannot afford substantial energy rate increases or shifts in rate design that burden lower tier energy consumers. People with disabilities, including many elderly people, often live on fixed incomes and are disproportionately low-income. At the same time, many people with disabilities consume

greater than average levels of energy due to their disability, and also bear a disproportionately heavy energy burden. In a recent publication prepared for the California Public Utilities Commission in conjunction with R07-01-042 the struggles faced by low-income people with disabilities in paying utility bills was quantified. This report, called “Final Report on Phase 2 Low Income Needs Assessment,”<sup>2</sup> defined a household with a “high energy burden” as one where the household is spending over 5% of the household income on energy. See KEMA Report at 5-13. The KEMA Report also found that 56% of households including a person with a disability fell into the “high energy burden” category. *Id.* at 5-15.

The utilities’ Medical Baseline program can reduce the energy cost burden on some individuals with disabilities by providing greater amounts of energy at lower tier costs. However, the fact that it keeps program participants in the lower tiers means that these customers will be substantially affected by a rate design that increases the burden on lower tier energy consumption. Additionally, customers, including many CARE customers, who already minimize their energy usage and thus have little or no higher-tier energy consumption will be strongly impacted by a rate design that increases costs for lower-tier energy use in order to reduce costs for customers who use enough energy to reach the higher tiers.

Our outreach found that many people with disabilities and others on low or fixed incomes are barely able to pay their utility bills now, and many are forced to juggle any combination of vital living expenses such as: rent, energy utility payments, other utility bills, medicine, and food. An ILC representative told us that its consumers report having

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<sup>2</sup> The Report is generally known as the “KEMA Report” after the consultants who prepared it. The KEMA Report was issued on September 7, 2007, and has been relied upon by the Commission in multiple proceedings. Relevant excerpts of the KEMA Report are attached to this testimony as Exhibit E.

to choose between paying for rent, water, and their PG&E bill.<sup>3</sup> Consumers with disabilities have also reported that they have to choose between paying for utilities and food.<sup>4</sup> Further, multiple consumers with chronic obstructive pulmonary disease (COPD) reported that they have resorted to extreme measures to keep their utility rates at a manageable level.<sup>5</sup>

DisabRA's role in this proceeding is to advocate on behalf of vulnerable populations who would suffering harm and face a disproportionate burden if PG&E's proposed rate design were adopted. The purpose of my testimony is to describe the potential harms and to relay the fears and sentiments expressed by low-income individuals with disabilities that would result if PG&E's proposed rate design were adopted. Consumer accounts come from representatives of ILCs throughout California, responses to DisabRA's outreach posted on disability listservs, DisabRA's outreach to blind and deaf organizations, statements made at public participation hearings, and TURN's outreach.

**Q6: Can you describe the concerns about utility rates and rate design among people with disabilities who are low-income? In what ways have you identified the scope of this issue?**

**A6:** People with disabilities and elderly people are disproportionately low income, often living on fixed incomes. This fact is well known to the Commission; the KEMA Report found that nearly "one in every two low-income households contains a member who is either elderly and/or disabled." See KEMA Report at 4-21.

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<sup>3</sup> Additional experiences of disabled consumers, as reported by ILCs, are described in more detail at A7.

<sup>4</sup> Some of these experiences, including information reported by ILC representatives and information reported directly to DisabRA in response to our outreach, are described in more detail at A7.

<sup>5</sup> Specific experiences of people with COPD, which were gathered in response to DisabRA's outreach posting to disability listservs, are described in more detail at A9.

As such, energy rate increases and rate design impacts on low-income and/or disabled consumers are a salient issue. People with disabilities and the elderly as well as other low-income groups, have expressed their concern and despair about rate increases and rate design impacts in various arenas, including public participation hearings, through the submission of letters opposing these changes to consumer groups such as TURN, and in response to DisabRA's outreach. The various forums in which these concerns have emerged demonstrate the relevance and wide-reaching implications of these issues.

During public participation hearings, many people who identified themselves as low-income, including people with disabilities and the elderly or their caretakers, voluntarily shared personal stories that exemplified the real dangers and hardships that would accompany increased energy costs stemming from PG&E's proposed rate structure. Additionally, representatives from various organizations spoke on behalf of low-income groups they serve, to address the harms that energy utility rate increases would have on the lives of these groups. During these hearings, a total of 261 witnesses spoke. Of these, 46 or 14.5% of people spoke in opposition to PG&E's proposed rate design. Of the 46, based on the information voluntarily provided by each speaker, we estimate that 38 or 82.61% spoke on low-income issues. Attached to this testimony as Exhibit D is a chart that reflects these findings. It is significant to emphasize that people who expressed their concerns on these issues at the public participation hearings attended and spoke on these issues voluntarily, without prompting.

Similarly, outreach by TURN reflects that the anticipated costs of PG&E's proposed rate design is a major concern among low-income groups, including people with disabilities and the elderly. Approximately 4.4% of the consumer comments submitted to the Commission by TURN address issues of relevance to the disability



community<sup>6</sup>. Again, these themes emerged with no prompting; TURN's outreach form did not specifically ask questions that would trigger such responses. For example, the questions pre-printed on the form do not specifically address issues concerning disabled, low-income or fixed income households, though the first question, which specifically asks "How will a 25% rate increase in PG&E utility bills affect my family?" might lead a customer to address these issues.

The customer comments collected by TURN were submitted into the public record for this proceeding. These comments were collected on forms titled "CPUC Public Comment Form." They contained a pre-printed statement saying "Here are the questions I want answered at the PG&E Rate Increase Hearings:" and then offered bullet points addressing rate increases, "smart" meters, compensation for PG&E's CEO, PG&E spending on ballot initiatives, and PG&E's investments in clean energy. They also provided additional space for customers to add their own comments, as well as space for customers to provide personal information.

Finally, DisabRA's outreach to ILC's, disability listservs, and blind and deaf organizations elicited targeted responses that indicate the importance of this issue.<sup>7</sup>

**Q7: Can you provide some examples of the type of harm people with disabilities would face if the Application's proposed changes were adopted?**

**A7:** DisabRA's outreach on this issue to ILCs, disability listservs, and blind and deaf organizations confirms how harmful the proposed rate changes would be for people with disabilities who are low-income. These harms are also confirmed by information in the public record such as statements made at public participation hearings and through TURN's outreach. Moreover, the combination of low-income, high use, and high level of

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<sup>6</sup> Attached to this testimony as Exhibit C is a chart that reflects this finding.

<sup>7</sup> Specific experiences of consumers reported by ILCs and through DisabRA's outreach are described in more detail at A7 and A9.

energy burden, puts people with disabilities at heightened risk of harm if PG&E's proposed rate design were adopted<sup>8</sup>.

A prevalent theme that emerged in all of the consumer comments regarding PG&E's proposed rate design is that people with disabilities struggle with paying other obligations such as rent and food along with their energy costs. Consequently, many households are forced to juggle payments to their utilities to ensure that they can meet other needs. For example, Reyes Sandoval, Independent Living Specialist with Resources for Independence (Central Valley, Fresno) described consumers who have chosen to turn off their water so they can pay for rent and their PG&E bill, and others who have gone without energy so they can pay rent. According to Mr. Sandoval, there are four counselors at this ILC, and he estimates that they each receive five calls per week from consumers who are struggling with paying for utilities. He and other staff will refer clients to the Homeless Prevention and Rapid Re-housing Program (HPRP), which provides financial assistance to families. If consumers do not qualify for this program, they are referred to different programs.

Another ILC Representative, Claude Battaglia, Independent Living Specialist with Independent Living Resources (Concord), similarly reported that many of their clients have to choose between paying for rent or PG&E.

Multiple consumers who responded directly to DisabRA's outreach through disability listservs also told us how they struggle with rent and utilities, and described the sacrifices they make to manage their utility payment, including desperate measures. For example, one consumer chooses to be without a phone, TV, or internet so she can afford to pay for PG&E, and be able to cook meals for her family and use light if needed.

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<sup>8</sup> See Exhibit E, KEMA Report at: 4-22, 5-13, 5-15.

Another consumer bathes at a friend's home and uses his friend's washer to cut back on the cost of utilities.<sup>9</sup>

This theme of struggling with paying other costs along with energy bills was also evident in public statements at the PPH hearings and in TURN's outreach; in each of these contexts, multiple individuals volunteered information about their difficult circumstances. For example, Mary Curry, who attended a public participation hearing on May 26<sup>th</sup> in Fresno, CA and who represents the community of West Fresno ("one of the highest poverty communities in Fresno") stated, "People I represent simply cannot afford a rate increase. . . . People are struggling. . . . They can't even afford a house payment much less increase utilities" (163:24-25 and 164:6-17). Esther B. Taylor, an elderly woman in her nineties who resides in Richmond, CA commented using TURN's outreach form, describing how she is retired, living on social security and Medicare, and concerned about meeting her expenses.<sup>10</sup>

Multiple consumers described how they are choosing between paying for utilities and food. An ILC representative, Thelonious Polk, Independent Living Specialist with Center for Independent Living (Oakland), told us about an elderly woman who is physically disabled and uses a cane and who is in desperate need of financial assistance with her PG&E bill. She is behind on her PG&E payment and is paying a portion of it each month. Consequently, she is cutting back on food and limiting use of transportation. Another ILC representative, Rosselyn Dollahite with Placer Independent Living Resources, stated that clients have told her they have gone without eating to pay for PG&E. These consumers are dramatically impacted by energy costs, and they are barely hanging on. Customers also raised concerns about choosing between utility

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<sup>9</sup> Additional accounts consumers provided are described at A9.

<sup>10</sup> See TURN outreach chart p.17

payments and food in their testimony at the PPH hearings. Jolie Andritzakis of Santa Rosa, CA is a low-income resident who identified herself as “currently disabled with electrical sensitivity.” She stated, “I can barely pay my bills at this point, and it is a question between food and bills” (372:5-6).

Another theme that emerged in the various consumer comments highlights consumers who choose between paying for medicine and food. Denicia Gressel, Tri-Valley Coordinator with Community Resources for Independent Living (Livermore) told us that some consumers choose to pay for medicine instead of food and as a result are forced to obtain food at food pantries. While this helps some people, it is not a viable option for everyone, particularly those with disabilities that require restricted diets, such as diabetes and high blood pressure. Most food available at food pantries is high in salt and carbohydrates and therefore is not suitable to be eaten by people who must adhere to strict dietary guidelines to maintain their health.

Ms. Gressel recalled speaking to a female client who was in dire distress because her dietary restrictions prevented her from eating any of the food available at a food pantry; this client was down to her last morsel of food at home. Further, Ms. Gressel told us that those who have health problems and are forced to eat at food pantries because they have no other option, suffer negative health consequences, resulting in the need to take more medicine for their health conditions.

DisabRA spoke directly to additional customers with similar concerns. One consumer who was referred to us by an ILC stated that if her PG&E bills increased, this would put her and her husband in a position where they could not afford to pay their utility bill and this would mean that they could not cook their meals at home. Cooking meals at home is vital to her husband’s health as he has diabetes and cannot eat fast food. Raising rates would also impede their ability to shop for healthy foods at grocery stores, which her husband relies upon for his health. Another consumer who responded

to our outreach through a disability listserv told us that she can barely afford to pay her utilities, and she often has to choose between her utilities and food. As a result, she frequently obtains food at food pantries; she commented that the food is often rotten.

Our outreach to blind and deaf organizations that provide services to persons with disabilities also confirmed the harms that these groups will face if their utility rates are increased. For example, Lori Olsen, Program Assistant with Santa Clara Valley Blind Center told us that the majority of their clients are on fixed incomes and many struggle with paying their utility bills. Wayne Johnson, Coordinator of Client Services with Deaf and Hard of Hearing Service Center (DHHSC) reported that their clients struggle with utility issues. They refer clients to the HEAP program; however, Mr. Johnson stated that currently there are fewer programs that provide financial assistance with utilities due to the economic recession.

Based on the reports from ILCs, responses to outreach posted on disability listservs, outreach to blind and deaf organizations, statements at public participation hearings, TURN's outreach, and my knowledge of the disability community, I believe that any change in rate structure that burdens low-income consumers will cause great harm to persons with disabilities and other vulnerable consumers on fixed incomes, and they will disproportionately suffer.

**Q8: How will PG&E's proposed rate design affect people with disabilities and those who are low-income?**

**A8:** Several aspects of PG&E's proposed rate design would put a greater burden on low-income customers, including many customers with disabilities. These are: (1) the proposed residential customer charge; (2) the establishment of a tier 3 rate for CARE customers and (3) the reduction of baseline allowances.

PG&E's proposed residential customer charge of \$3.00 per month for non-CARE customers and \$2.40 per month for CARE customers represents a cost that cannot be

reduced or affected by conservation or any sort of action by a consumer. This type of flat charge is regressive; customers who use less energy are relatively more affected by connection charges than customers with greater usage, since the charge represents a higher portion of the bill for customers who conserve. Since low-income customers generally use less energy, this regressive charge represents a greater burden for this customer group. Finally, the proposed new residential customer service charge will raise the rates for low-income customers, all other things equal. Such an increase, as detailed elsewhere in this testimony, will cause substantial hardship for the most vulnerable customers.

Medical baseline customers will also be unduly burdened. Notwithstanding the general proposition that low-income customers use less energy on average, many customers with disabilities, including low-income customers with disabilities, use more energy than average in order to power the technology that allows them to live independently. People with disabilities may rely on energy to charge a power wheelchair, run a dialysis machine, or support other assistive technology. Other people with disabilities require stable temperatures to maintain their health, preventing them from reducing energy usage by adjusting the thermostat. Finally, due to low employment and barriers in various places of public accommodation, many people with disabilities spend a high percentage of their time at home, increasing their average energy usage.

This increased reliance on energy by people with certain disabilities is the premise of the Medical Baseline program, which provides qualified customers with additional quantities of energy at the lowest tier price. PG&E's rate design proposal, however, would increase the rate allocation from the lower energy tiers, while reducing the allocation from the higher tiers. Customers who currently use enough energy to pay tier 4/5 rates will see their bills come down, and the difference will come from lower tier

usage. Medical Baseline customers will not see any reduction in higher tier rates, since they are not billed at the higher tiers, but they will see increases in the lower tier costs they face.

Finally, PG&E proposes adding a tier 3 rate for CARE customers and reducing baseline allowances. This means that CARE customers, Medical Baseline customers, and customers who use less energy overall will see their share of PG&E's rate contribution increase, while customers who consume the most energy will see their share decrease. In a time of economic crisis, when the most vulnerable consumers are facing enormous challenges simply trying to get by, PG&E's proposal to give the heaviest consumers a break by increasing costs on the most vulnerable is not acceptable public policy.

**Q9: To what extent do people with disabilities rely upon energy? What effect would the proposed rate changes have on consumers who depend on programs that provide lower rates such as CARE and Medical Baseline?**

**A9:** Many people with disabilities rely on energy more than the average residential consumer because they use various assistive devices, integral to maintaining vital needs essential for communication, mobility, and health. For example, many people use higher amounts of energy to power devices such as wheelchairs, dialysis machines, or respirators. Additionally, those with certain medical conditions such as weakened immune systems and other physical disabilities put their health at risk unless they maintain constant temperatures in their households, resulting in high utility rates for heating or cooling their homes. Finally, many people with disabilities spend more time at home than average, because of low unemployment rates and structural barriers to community involvement. This also leads to increased energy consumption. At the same time, many people with disabilities live on fixed incomes including government benefits. People with disabilities have the lowest employment rates of any demographic group.

One consumer who responded to our outreach posting exemplifies the extent to which people with disabilities rely upon energy as a means of meeting basic needs and functioning in their day-to-day lives. She is quadriplegic and uses a motorized wheelchair, an oxygen machine to breathe at night, a breathing treatment machine to keep her lungs clear, a special patient lift which runs on electricity, and finally an air conditioner to stay cool since she is unable to perspire. This consumer lives on a fixed-income and expressed that “any price increase would put me in such dire straights I really don't know what I would do!”

Other consumers who responded to our outreach posting have identified as having chronic obstructive pulmonary disease (COPD). The National Heart, Lung and Blood Institute describe COPD as “a serious lung disease which makes it hard to breathe.”<sup>11</sup> Also known as emphysema or chronic bronchitis, COPD is now the 4th leading cause of death in the United States and also causes long-term disability.<sup>12</sup> Over 12 million Americans are currently diagnosed with COPD, and it is estimated that another 12 million may have COPD but not realize it.<sup>13</sup>

Multiple people with COPD reported that they are barely able to pay their bills, and some have resorted to extreme measures to keep their utility rates at a manageable level. One consumer who lives in Livermore, CA relies on an oxygen machine, a bi-pap sleep apnea machine, and air conditioning in the summer because he has severe COPD. The same consumer reported that he leaves his gas pilot light turned off all but a few months in the winter in order to keep bills down, and to save for the summer high billing months.

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<sup>11</sup> See <http://www.nhlbi.nih.gov/health/public/lung/copd/>, accessed June 21, 2010.

<sup>12</sup> Id.

<sup>13</sup> Id.



Another consumer with COPD who resides in Pittsburg, CA has been using an evaporative cooler during the summers, and this summer has cut back on its use to only two hours during the late afternoon. During the night this consumer relies on the TV as her only source of light and is now bathing only once a week.

If PG&E's proposed rate structure were adopted, these people and others who rely on energy for mobility and health maintenance will face real harm. The fact that many people with disabilities already depend on various subsidies and support programs such as CARE and Medical Baseline to meet their basic needs, including mobility, life support, and health maintenance, means that any increase in utility rates will result in devastating consequences for this group.

If PG&E's proposed rate design is adopted, people who currently rely on the Medical Baseline program will see rate increases because they will face increased rates in the lower energy tiers, and will have to pay these increased rates based on their higher-than-average energy consumption. Customers on CARE will also see rate increases based on the increased allocation to the lower tiers; these customers generally do not reach the higher tiers of energy use, and thus will see no savings from the proposed new rate design. While customers on the CARE program will continue to receive their discount, it will be a reduction off of a higher base amount, meaning that their bills will effectively increase.

In short, low income customers, including many people with disabilities, whether or not they are assisted by CARE and/or Medical Baseline, will face increased energy bills and will be disproportionately burdened by PG&E's proposed rate design, which will compromise their health, well being, and their ability to live independently.

**Q10: What would be the most appropriate action the Commission could take on this Application with regard to the interests of Californians with disabilities?**



## CERTIFICATE OF SERVICE

I certify that I have, by electronic mail to the parties to which an electronic mail address has been provided, served a true copy of “Testimony of Alicia Reyes, Communications and Outreach Coordinator, Disability Rights Advocates” and Exhibits A-E on all known parties to A. 10-03-014.

Dated October 6, 2010, at Berkeley, California.

\_\_\_\_\_/s/\_\_\_\_\_  
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Raziya Brumfield

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