

BEFORE THE PUBLIC UTILITIES COMMISSION OF
THE STATE OF CALIFORNIA

Order Instituting Rulemaking on the Commission's Proposed Policies and Programs Governing Post-2003 Low Income Assistance Programs.
And Related Matters:

R. 04-01-006

A.05-06-005
A.05-06-009
A.05-06-012
A.05-06-013

PROPOSAL FOR CHANGES TO THE MEDICAL BASELINE ALLOWANCE

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I. INTRODUCTION

During this proceeding, Disability Rights Advocates represents the over six million Californians statewide with disabilities. Persons with disabilities are particularly susceptible to an increase in natural gas prices and a subsequent increase in electricity prices. To maintain even the most basic standard of living, persons with disabilities must often consume far greater amounts of energy than their non-disabled counterparts. For persons with disabilities, energy is more than a convenience; it is the foundation of the ability to live independently and safely.

An increase in natural gas prices will directly impact persons with disabilities. First, for some persons with disabilities the ability to regulate temperature is essential to their survival. Weakened immune systems and some physical impairments often require temperatures to be maintained within a very limited range. Accordingly, turning down the heat this winter is not an option. Second, many persons with disabilities spend more time at home than their non-disabled counterparts. Reasons for this include the high unemployment rate among people with disabilities and the fact that people with disabilities are more likely to work at home. Moreover, many people with disabilities spend more leisure time at home due to inaccessible community facilities and inaccessible transportation. Thus, the option of turning down the thermostat while out of the house is inapplicable to a large number of people with disabilities.

An increase in natural gas prices will also have an indirect effect due to the anticipated increase in the cost of electricity. Specifically, much of the assistive technology which allows persons with disabilities to live independently in the community requires electricity. Such assistive technology includes such things as motorized wheelchairs, motorized scooters, electric door openers, automatic lifts, voice recognition software, and speech synthesizers.

II. THE MEDICAL BASELINE ALLOWANCE

The Medical Baseline Allocation program provides an additional baseline allocation to persons with specific disabilities. It ensures an additional 16.5 kilowatt-hours per day and/or .822 therms per day of low-priced baseline energy. Persons who qualify for the Medical Baseline Allowance must require permanent space heating or air conditioning as a paraplegic, quadriplegic, hemiplegic, multiple sclerosis or scleroderma patient or else they must have a compromised immune systems or a life threatening illness.

The Medical Baseline Allowance is an essential assistance program for persons with certain disabilities which alleviates some of the disproportionate financial burden these people incur in performing such essential tasks as breathing, movement, and regulation of temperature. Programs such as the Medical Baseline Allowance become particularly important at times of energy price increases. During the 2001 energy crisis, PG&E noted a substantial increase of nearly 20,000 medical baseline customers from December 2000 to September 2002.

In 2002, DRA worked extensively in proceeding No. R01-05-047 (filed May 24, 2001) to improve the application process for the medical baseline allowance. In its final decision (D0204026), the Commission agreed with many of DRA's proposed changes, including making medical baseline forms available in other languages, in large print and online. In addition, the Commission directed the utilities party to that proceeding to perform reasonable outreach to Independent Living Centers and Senior Organizations in their service areas.

III. PROPOSED COMMISSION ACTION

In light of the anticipated price increases for natural gas during this coming winter heating season, DRA asks the California Public Utilities Commission to take action to ensure the following:

A. Accessible Applications and Communications

Since the Medical Baseline Allowance is a program for persons with disabilities, it is essential that applications for and communications about the program are accessible to persons with disabilities. This means that the standardized application and any literature about the program must be available in accessible format, specifically, large print and online. In addition, customer service for the program must be accessible through TTY, and TTY calls must be given the same level of service as voice calls.

B. Targeted Outreach

Again since the Medical Baseline Allowance is a program for persons with disabilities, outreach should target such persons. One of the key ways to do so is by targeting organizations that support and serve persons with disabilities. Such organizations should include California's Independent Living Centers, seniors organizations and disease-oriented groups whose members would likely qualify for the program (i.e. the MS Society).

C. Additional Baseline Priced Energy Available

DRA would like to ensure that persons enrolled in the Medical Baseline Allowance program do not have to pay for any medically necessary natural gas or electricity in excess of the baseline prices. Accordingly, utilities must provide additional allotments of baseline priced energy to persons enrolled in the Medical Baseline Allowance program who require more than the standard allotted 16.5 kilowatt-hours of electricity per day and/or .822 therms of natural gas per day. The process for seeking more allocations must be accessible and straightforward, with prompt resolutions and an appeals process if a request is denied.

D. Price Freeze for Medical Baseline Customers

Baseline prices for natural gas and electricity should be frozen for persons on the Medical Baseline Allowance program. Exposure to price fluctuations scales by quantity. Those who rely on larger quantities of energy, such as persons with disabilities, face a

larger potential increase in expenses. As such, Medical Baseline Allowance customers must be allowed to purchase their energy needs at the pre-increase baseline price.

IV. MODIFICATION TO COMMISSION DECISION

One possible method for effecting this Commission action is through modification to the 2002 Commission decision (D0204026) in proceeding No. R01-05-047, which addressed the Medical Baseline Allowance program.

First, the Commission need not modify much of the decision with regards to the accessibility and outreach requirements. The decision itself required:

- PG&E, SCE, SDG&E and SoCalGas to provide all medical baseline forms in Spanish and the most prevalent Asian language in its service territory; other utilities to provide medical baseline forms in other languages if more than 10% of its customers' primary language is any other language other than English.
- All utilities to have medical baseline information and forms available in large print and to be provided upon request.
- Medical Baseline forms to be available on the utilities' websites if the utility offers any customer form online.
- Utilities to perform reasonable outreach to Independent Living Centers and Senior Organizations in their service territories, followed by the submission of compliance advice letters to describe in detail how this was being done.

Consequently, the Commission need only enforce the already existing guidelines by requiring compliance advice letters to be submitted by all utilities detailing their efforts to achieve accessibility and outreach.¹

¹ The decision also required the implementation of standardized application and recertification forms. An cursory investigation of the forms available online indicates that the utility companies have complied with this aspect of the decision.

Second, the Commission should modify the decision for this winter season to require that all requests for additional allotments of natural gas or electricity above the standard Medical Baseline Allowance be promptly addressed with an appeals process if the request is denied. This will ensure that persons enrolled in the Medical Baseline Allowance program do not need to pay for any energy above the baseline prices.

Third and finally, the Commission should modify the decision this winter season to freeze baseline prices for persons enrolled in the medical baseline program. This will ensure that persons with disabilities who are dependent on larger quantities of energy will not suffer disproportionately

V. CONCLUSION

For the reasons stated herewithin, DRA respectfully requests the Public Utilities Commission to act on the proposal set forth.

Respectfully submitted,

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