

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

Rulemaking to Amend the Provisions of 52 Pa. Code, Chapter 56 to Comply with the Amended Provisions of 66 Pa. C.S. Chapter 14 :
: **Docket No. L-2015-2508421**
:

COMMENTS OF

The Center for Hunger-Free Communities

Molly Knowles
Research Manager
Center for Hunger-Free Communities
3600 Market Street, 7th Floor
267-359-6246
molly.knowles@drexel.edu
Date: September 11, 2017



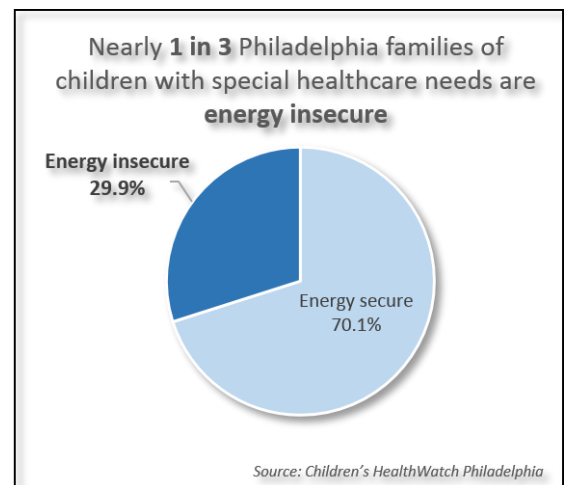
September 11, 2017

Medical Certifications for Utilities are Essential for Children with Special Healthcare Needs

These comments are submitted by the Center for Hunger-Free Communities (the “Center”), a research, action, and policy center of Drexel University Dornsife School of Public Health engaged in research and action to develop solutions to hunger and economic insecurity, as an interested stakeholder pursuant to the Pennsylvania Public Utility Commission’s (the “Commission”) invitation for interested parties to comment upon issues related to the Rulemaking to Amend the Provisions of 52 Pa. Code, Chapter 56 to Comply with the Amended Provisions of 66 Pa. C.S. Chapter 14.¹ Research and testimony from two of the Center’s programs, Children’s HealthWatch and Witnesses to Hunger, highlight the importance of medical certifications for families of children with special healthcare needs who are facing energy insecurity² and utility shutoffs.

Research from Children’s HealthWatch, a multisite study of the effects of economic insecurity and public policy on the health and well-being of young children, shows that young children living in energy-insecure homes are more likely to be in fair or poor health, be hospitalized, and be at risk for developmental delays. Families who are energy insecure are also more likely to be food insecure and housing insecure, facing difficult choices about whether to pay utility bills, put food on the table, or pay their rent.

These hardships are even more difficult for families of children with special healthcare needs, whose conditions may be worsened by going without heat or electricity. Among parents we have interviewed through Children’s HealthWatch at St. Christopher’s Hospital for Children, 30% of those with children with special healthcare needs reported energy insecurity.



As Tianna Gaines-Turner, member of community advocacy organization Witnesses to Hunger, explains,

“I am the proud parent of three beautiful children, all of whom suffer from chronic asthma and epilepsy. All three of my children need to use nebulizer machines during asthma flare-ups, which require electricity. Although my husband and I both work, there have been many times when we have found ourselves facing economic struggles where we were in danger of losing our utilities. In those times, I have been able to get a letter from my children’s doctor to prevent us from losing our electricity and gas. As a mother, it is very stressful to worry about your utilities being cut off while you are trying to care for sick children.”

¹ See [Order Seeking Additional Comments, Docket No. L-2015-2508421](#), entered July 21, 2016.

² Children’s HealthWatch defines energy insecurity as one or more of the following in the last year: a utility shut-off notice, utilities shut off, using a cooking stove to heat their home, or one or more days without heat/cooling. For more information, please see: http://childrenshealthwatch.org/wp-content/uploads/JC_Pediatrics_2008.pdf.



When One Child is Sick

Photo by Tianna Gaines-Turner,
Witnesses to Hunger Philadelphia

It is especially difficult when you get conflicting information from utility companies. I was told that I needed to pay the whole overdue balance to use a medical waiver for more than one month, which I later learned was not true. With the new administration threatening cuts to programs that keep us safe and healthy, families living in poverty and those who have children or elderly family members with disabilities are very scared.

If you are in danger of losing your electricity, gas, or water, and you need medication or co-pay for treatment, you are faced with an impossible choice – do you pay the light bill or do you get the medication you need for yourself or your children to be healthy?

A parent should never have to worry about sitting in the dark, especially when the light of hope is already dim.”

Ms. Gaines-Turner and her family are not alone. One in four Philadelphia families live in poverty, the highest rate in the 10 largest U.S. cities. Working families cannot always make ends meet, and need systems in place to keep the lights on when hard times hit. Requiring a working caregiver to get paperwork from their child’s doctor’s office monthly is a hardship on that family already working to make ends meet, and cutting off utilities in a household with a child with special healthcare needs puts that child’s health and well-being at greater risk. Not only does this cause more suffering for families, but lost time from work also makes it even harder to pay bills, and poor health outcomes increase healthcare costs.

Extending the renewal time for medical certifications would allow a greater buffer for families of those with special healthcare needs to get back on their feet before their children face major health consequences. In addition, information about medical certificate regulations should be clearly communicated to all applicants, who may receive inaccurate information from utility company representatives.

The Center for Hunger-Free Communities thanks the Commission for the opportunity to provide these comments, and encourages the Commission to convene working groups with all stakeholders, including families who have utilized medical certifications, in seeking additional information about challenges to implementation.

For more information, please contact Molly Knowles, Research Manager at molly.knowles@drexel.edu or Kate Scully, Policy Director at kate.scully@drexel.edu.