August 26, 2026

VIA E-FILE

Pennsylvania Public Utility Commission
Commonwealth Keystone Building, 2nd Floor
400 North Street
Harrisburg, PA 17120

Re: Rulemaking to Further Amend the Provisions of 52 Pa. Code Chapter 56
Docket No.: L-2025-3058767

Dear Public Utility Commission:

Health, Education, and Legal Assistance Project: A Medical-Legal Partnership (HELP: MLP) respectfully submits the following Comments in response to the Public Utility Commission's Notice of Proposed Rulemaking Order to amend Chapter 56 of the Commission's regulations, which govern utility billing, collections, and terminations for residential customers. We appreciate this opportunity to provide comment on several important issues implicated in this Rulemaking, outlined below.

HELP: MLP is a nonprofit legal services provider in southeastern Pennsylvania that partners with maternal and child health programs to improve families' health by resolving unmet social and legal needs that adversely impact maternal, infant, and child health.

Utility insecurity–one of the most health-harming issues we frequently witness among our families–refers to a household's inability to maintain consistent and safe access to affordable, life-sustaining utility services such as electricity, gas, and water. Utility insecurity affects families' heating, cooling, lighting, use of household appliances, and medical devices, and has significant impacts on human health and wellbeing. It can have particularly detrimental impacts on pregnant and post-partum health, infant health, and on children's abilities to grow and thrive.

For nearly 17 years, HELP: MLP has regularly provided legal assistance to clients facing a variety of utility insecurity issues. For most of that time–until it sunset at the end of 2024–Chapter 14 was the law governing utility billing, collections, and terminations. While the General Assembly's express purpose in first passing Chapter 14 was to address willful nonpayment on the part of customers capable of paying, we have witnessed firsthand the harmful–even devastating–and widespread impacts that Chapter 14's punitive model for billing,

collections, and terminations had on vulnerable families struggling to afford to meet basic needs, not willfully nonpaying. It is from this perspective that we view the expiration of Chapter 14 as an opportunity to use lessons learned from two decades of experience under its rule to create a new model approach that promotes fairness and balance between consumer protections and business interests. We share the standpoint and concerns expressed by Vice Chair Barrow in her February 19, 2026 Statement:

> *The Commission's mission is to balance the needs of consumers and utilities; ensure safe and reliable utility service at reasonable rates; and protect the public interest. Ignoring lessons learned in the past 10-20 years Chapter 14 had been in place, and ignoring the current landscape of affordability and vulnerability faced by Pennsylvania customers today, does not achieve this mission.*

For these reasons, we encourage the Commission to consider the following concerns and suggested reforms.

(1) <u>Create Prevention-oriented Payment Arrangement Standards to Reduce Unnecessary Debt, Collections and Termination Risk</u>

In this post-Chapter 14 moment, it is vital that the Commission take this opportunity to assert its role in ensuring that individual consumer payment arrangements are reasonable under each customer's individual circumstances, are rooted in fair conditions and terms, and are designed to facilitate a customer's ability to successfully manage repayment while remaining connected to service.

Payment arrangements are a critical tool to enable financially challenged utility customers who fall behind on bills to remain connected to service while repaying debt gradually over a period of time. Many utility customers first enter into payment arrangements in a moment of crisis: when missed payments lead to receipt of a shutoff notice. In such moments, whether a customer can reach a human being at the utility to discuss their situation or is confronted with an automated system, it can be extremely difficult to obtain clear guidance about their options, the assistance programs they may be eligible for, or, if payment arrangements are appropriate, to successfully negotiate affordable repayment terms with their utility.

The impacts of utility insecurity on human health–whether a service termination happens or a family is enduring the chronic stress of living on the edge of risk–cannot be overstated. As lawyers working in a public health model of legal services–aimed at improving maternal and infant health and reducing mortality and morbidity risk–we serve clients in uniquely vulnerable developmental stages, such as pregnancy, the post-partum period, infancy, and early childhood. We are therefore especially conscious of the human costs. Utility services are basic necessities, not luxuries.

For these reasons, HELP: MLP urges the Commission to refrain from adopting the harmful payment arrangement policies from the former Chapter 14 into Chapter 56. In keeping with its mission to balance the needs of consumers and utilities, we encourage the Commission to consider the following suggested reforms to payment arrangement standards:

- Require utilities work in good faith to negotiate affordable payment arrangements with customers who fall behind on bills, adhering to principles of fair judgment and reasonableness.
- Restore the Commission's discretion to grant additional payment arrangements, amend utility-issued payment arrangements, and consider individual facts and circumstances.
- Allow the Commission to issue payment arrangements for, and/or inclusive of, debt accrued while enrolled in a utility-run Customer Assistance Program (CAP).

Chapter 14 severely limited the Commission's discretion to issue reasonable payment arrangements to consumers who tried but could not obtain affordable utility-issued arrangements. It imposed significant restrictions on the number and duration of payment arrangements the Commission could issue to a household, while simultaneously prohibiting discretion to consider the range of factors that challenge a household's ability to pay when formulating Commission-issued payment arrangements. Chapter 14 additionally constrained the Commission's ability to reinstate defaulted Commission-issued payment arrangements or issue additional payment arrangements absent a few limited, extraordinary changes in circumstance. Finally, under Chapter 14, the Commission was prohibited from issuing payment arrangements for any debt a consumer might accrue while enrolled in their utility company's Customer Assistance Program (CAP).

From our experience, when families fall behind on their utility bills, the underlying issue is affordability; whether an inability to pay a rate too high for their income, or an inability to manage the terms of unaffordable payment arrangements for past-due debt on top of current monthly bills. For example, we work with parents who often experience dramatic changes in health, income and ability to work, along with new and added expenses during pregnancy and post-partum periods. Someone whose income might have been otherwise stable and sufficient to consistently afford all basic household living expenses might experience reduced (or lost) capacity to work for periods of time related to pregnancy and the birth of a child. We often work with parents whose utility insecurity increases as a result of the financial impacts of having a child, for whom the acute financial impacts surrounding childbirth may be temporary. Even temporary financial challenges–resulting in a few underpaid or unpaid bills–can lead to arrearage that becomes challenging to address while keeping up with current bills. We have observed how difficult–or even impossible–it can be for families to remain connected to utility services without access to truly affordable base rates where household income indicates eligibility for assistance programs, and, where needed, access to reasonable payment arrangements to catch up on bills in the event that financial challenges lead to falling behind. The need for access to reasonable

payment arrangements applies both to low-income families and to those families whose income levels are normally above the eligibility threshold for typical resources that help subsidize utility costs.

We work with clients who often cannot obtain payment agreements from their utility company that are actually affordable, and who reluctantly enter payment agreements with their utility in the desperate moment when facing threat of service termination. Often powerless to negotiate with the company for repayment terms that would be truly affordable for them, they accept the arrangement their utility offers them to avoid imminent shutoff. Often, this inevitably leads to default on such payment arrangements, creating additional and deeper hardship. While utilities certainly have the power and discretion to be flexible in developing repayment terms for financially vulnerable customers, more often than not, we work with clients whose financial and other hardship circumstances are not taken into account by their utility company, and who are offered payment arrangements that are unaffordable to them from the start as their only option to prevent a shutoff.

We regularly work with clients whose experiences of utility insecurity exemplify the need for payment arrangement policy reform, such as our client, Ms. A, whose family of seven included five children under the age of seven (two of whom are disabled) and another disabled adult. The family lived in a large rented house that was expensive to heat and cool due to its size and structural inefficiencies. Although Ms. A was enrolled in her utility's CAP, her annual maximum CAP credits were exhausted within the first nine months of the year. As a result, she then fell behind on the undiscounted bills and into arrears in the last quarter of the year, just as the cold weather season was getting underway.

When the utility eventually issued a termination notice, the only option provided to Ms. A to prevent shutoff was a payment arrangement that was completely unaffordable for her. The utility presented the offer to Ms. A without efforts to consider her family's circumstances or negotiate more reasonable terms with her, despite its awareness of the household's low income, size, and medical vulnerabilities. Ultimately, Ms. A was referred to our legal team for help, and we were able to prevent the utility shutoff by helping her to obtain a combination of charitable and (once LIHEAP opened up) LIHEAP grants. However, resolving this crisis and preventing service termination required access to a rare combination of free legal services and charitable resources that were available to Ms. A only because of her enrollment in our partnering programs and are not generally available to the community at large. Ms. A could **not** have resolved the termination risk on her own up against her utility, and because the arrears in question were accrued while Ms. A was enrolled in CAP, the Commission would have been constrained from helping to issue a more affordable payment arrangement to her.

Prior to the passage of Chapter 14 in 2004, utilities were obligated to adhere to principles of good faith, fair judgment, and reasonableness in negotiating equitable payment arrangements with customers. But under Chapter 14, this obligation was no longer statutorily required. At the

same time, Chapter 14 strictly limited the intervention authority and discretion previously possessed by the Commission to issue, reinstate, modify and customize payment arrangements based on what customers could reasonably afford on a case by case basis. Thus, although her utility had discretion to work with customers in situations like Ms. A, when she reached out to the utility to work out an affordable payment arrangement to prevent imminent service shutoff, her utility offered her the bare minimum of what it was required to offer under Chapter 14: one payment arrangement, whether or not the terms were equitable, fair, reasonable, or affordable for her under her circumstances.

(2) <u>Improve Protections and Reduce Barriers for Medically Vulnerable Households</u>

Medical certificates are one of the most important tools available to help medically vulnerable families obtain a temporary pause from a scheduled utility service shutoff and prevent the devastating health impacts of abrupt service termination. The temporary reprieve a medical certificate provides allows vulnerable households needed extra time to address underlying arrears in any of a number of ways–including by applying for available resources, benefits or assistance programs, seeking charitable support, or having more time to negotiate a reasonable payment arrangement with their utility–to get back on track with payments and remain connected to service.

But this tool is only as protective as it is accessible to those who need it, and designed to reflect the logistical realities and processing times associated with applying for many forms of utility assistance, including utility-run programs. We therefore encourage the Commission to consider the following suggested reforms:

- Include registered nurses among the types of healthcare professionals authorized to sign medical certificates.
- Require utilities to proactively screen all customers, including medically vulnerable customers, for eligibility for CAP and other universal service programs, and support eligible households with enrollment.
- Establish a "medical CAP" specifically for medically vulnerable households whose income is moderately over the 150% CAP eligibility limit.
- For all other medically vulnerable households whose income exceeds eligibility limits for existing protections, require utilities to offer affordable payment arrangements regardless of past payment history.
- Extend the duration of medical certificate coverage to 90 days.

a. ***Expand the Types of Healthcare Professionals Authorized to Sign Medical Certificates***

Under current policy, only a handful of healthcare professionals are permitted to sign medical certificates: physicians, physicians assistants, and nurse practitioners. We know from experience how challenging it can be to access medical certificates from specific types of health providers on very short notice to address an emergency such as a notice of scheduled service shutoff. Our clients are typically pregnant, recently post-partum, and/or parenting very small children, and they often face a myriad of health issues which leave them vulnerable to serious health risks without uninterrupted electric, gas, and water services. While our clients and their families receive routine outpatient primary or specialist care through physicians' offices, the healthcare providers they see most frequently and from whom they receive ongoing support are nurse-home visitors.

Nurse-home visitors are typically registered nurses, which are highly trained, skilled, and licensed professionals, held to the same accountability and ethical standards in their work as other licensed healthcare providers. Nurses who, like our partners, work in home visiting models, typically provide regularly scheduled home-visiting care to families in their homes and over long periods of time, uniquely positioning them to both be able to learn early if a family is at risk of utility termination, as well as be expert in how loss of utility service will impact a family's health. In home-visiting models, nurses are often their families' most accessible and frequently used healthcare provider.

Beyond nurse-home visiting models–in many different clinical settings–registered nurses generally have more contact with and are more accessible to patients than other types of healthcare professionals. Provider accessibility is critical for medically vulnerable patients in urgent need of a medical certificate to protect against imminent utility service termination. We have seen the hardship our clients have experienced attempting to obtain medical certificates from the limited range of healthcare providers historically and currently permitted to sign them; especially against a backdrop where affordable healthcare is scarce and otherwise difficult to access due to transportation, work scheduling, disability, childcare, and other barriers. It is often difficult or simply impossible for many patients to access the specified types of providers on the short timeline they are afforded once they receive a shutoff notice.

b. ***Require Utilities to Screen Customers for CAP and Other Universal Service Programs Eligibility***

Utility-run assistance programs only reach and enroll a small percentage of households that are actually eligible for them. Proactive screening for CAP and other universal service programs, especially for medically vulnerable customers, will increase families' enrollment in these programs and subsequently prevent utility shut-off and medical crises associated with loss of service. Utilities should be required to screen households for assistance program eligibility prior to directing them to establish payment arrangements to address arrears.

c. *Establish a "Medical CAP"*

A "medical CAP" should be established for medically vulnerable households whose incomes are moderately over the current 150% CAP eligibility limit. We suggest modeling other forms of utility assistance and protections with higher income-eligibility guidelines that are available to households below 200%, 250%, or 300% FPIG. This additional protection could be a life-saving measure for many medically vulnerable residents who rely on utility access for medical equipment and devices.

d. *Require Utilities to offer Medically Vulnerable Families Affordable Payment Arrangements*

As described in Section 1, consumer payment arrangements that are reasonable under each customer's individual circumstances and designed to facilitate a customer's ability to successfully manage repayment while remaining connected to service are critical to families' health and stability. This is especially true for families with increased health risks and for those who depend on life saving medical equipment and devices. Medically vulnerable households whose income exceeds eligibility limits for existing protections, should be offered affordable payment arrangements regardless of past payment history due to the extreme risks they will face if their utility service is shut off.

e. *Lengthen Medical Certificates' Duration from 30 Days to 90 Days*

Under the current policy, a medical certificate temporarily stops a scheduled termination for 30 days, and a household may submit a new certificate every 30 days if they continue to pay all current charges by their due date. If a household does not continue to pay current charges in full and on time while using a medical certificate, it will be limited to a total of three medical certificates (90 days of shutoff' protection total) until the underlying debt is paid off completely.

Medical certificates' short duration of 30 days does not allow enough time to identify, submit and fully process applications for benefits and other resources, the processing periods of which can vary and include systemic challenges that are beyond a household's control. The limited 30-day duration of a medical certificate forces medically vulnerable households to need to go back to try to access a narrow range of healthcare providers to renew certification at a burdensome frequency, creating additional hardship on households facing predictable barriers and delays associated with applying for all forms of assistance.

The Nurse's Role in Preventing Shutoff: Ms. D.'s Story

As lawyers who work closely with nurses through our partnerships with maternal and infant health home visiting programs, we have a deep understanding of how important medical certificates can be to safeguard against devastating health impacts that can result from loss of

utility service. One exemplary case we handled that highlights the need to reduce barriers and improve protections for medically vulnerable households involved a young client, Ms. D, a 14 year-old girl who had recently given birth, and whose severe asthma condition necessitated regular use of a nebulizer in her home, and periodically required hospitalization. Ms. D, still a minor child, lived with her mother and three other siblings, another of whom also had disabilities. During a home visit with Ms. D shortly after she delivered her baby, her nurse-home visitor learned that the family had received a 10-day shutoff notice from their utility company with an outstanding balance over $3,000; the scheduled shutoff date was less than one week away.

The nurse-home visitor, who is a registered nurse, keenly understood the abject danger to health and life that loss of service could cause Ms. D, her infant and other family members, but under existing policy, the nurse lacked authority to sign a medical certificate to temporarily delay the scheduled shutoff. With imminent service termination looming, Ms. D's mother faced overwhelming obstacles to coordinating with or traveling to physicians' offices to try to obtain a medical certificate.

Through pure luck, the nurse-home visiting program involved was one of a rare few in Pennsylvania that had an in-house medical-legal partnership, so the nurse was able to refer the family to our legal team for assistance to address the emergent risk of shutoff through more comprehensive legal services. We were able to take the case on an emergency basis and prevent the shutoff through obtaining LIHEAP grants and helping the family navigate the application process to enroll in the utility's CAP program, for which this family had always been income-eligible but was never identified or enrolled. The crisis was averted in this case, but just barely, and thanks to a rare combination of health, social and legal services available within one home visiting program. But had there not been an in-house legal services provider in this case, the nurse-home visitor–who was the most frequent and accessible healthcare provider for this family–would have been powerless to provide a medical certificate to secure the needed extra time for this family to seek help. This story could have ended very differently. The long-standing exclusion of registered nurses from medical certificate signing authority creates unnecessary burden, barriers and risk for medically vulnerable households facing service termination.

(3) Establish a Summer Moratorium on Terminations to Keep Households Connected to Utility Services During the Hottest Months

Pennsylvania's winter moratorium on terminations of heat-related utility services has been a vital source of protection against the dangers of cold weather for low-to-moderate income households. Similarly, during summer months, families without access to utility services–like electricity and water for cooling–are at risk for heat-related health dangers. This risk is increasing in southeastern Pennsylvania as cities and towns experience higher temperatures intensified by the urban heat island effect.

Through our work with partnering nurse-home visitors, we have witnessed the detrimental effects that high temperatures have on maternal and child health, which is especially sensitive to heat-related conditions. For example, we serve mothers with pregnancy-related hypertension, which is exacerbated by high heat and causes strain on the cardiovascular system. Further, infants' systems cannot adequately cool themselves and the summer months can be a dangerous time for a household without electricity. Most of our clients do not have access to air conditioning units or central air in their homes and instead rely on box fans or opening windows to cool their unit. When temperatures rise, our clients' families' homes reach temperatures that harm health, well into the upper 80s and 90s. When families are living in homes that are relying on a working fan or two to cool an entire unit, an electricity termination could be catastrophic.

It is in the same spirit of protecting public health and safety that underpins the purpose of the winter moratorium, we urge the Commission to consider establishing a summer moratorium on terminations to protect against the dangers of extreme heat during the hottest months.

In addition to the policy changes discussed above, HELP: MLP also urges the Commission to adopt further reforms related to eliminating unnecessary and punitive fees and expanding protections for survivors of domestic violence and incorporates by reference the sections related to these issues contained in the comments filed by the "Joint Commenters for Utility Access," of which HELP: MLP is a signatory.

We thank the Commission for this opportunity to share our concerns, insight and experience on these important issues.

Respectfully submitted,

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