

FILE**Greater Cincinnati Health Council**

If it involves health,
we're involved.

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FAX

Colleen K. O'Toole, PhD
President

Via Fax Filing

August 12, 2008

Ms. Renee J. Jenkins
Docketing Department
Public Utilities Commission of Ohio
180 East Broad Street, 13th Floor
Columbus, Ohio 43215

Re: Case No. 06-653-EL-ORD: In the Matter of the Commission's Review of Chapters
4901:1-9; 4901:1-10; 4901:1-21; 4901:1-22; 4901:1-23; 4901:1-24; 4901:1-25; as
amended by Amended Substitute Senate Bill No. 221.

Dear Renee:

Per attached fax copy (sent 8/12/08; original copy to follow), please find our comments,
Case No. 06-653-EL-ORD: In the Matter of the Commission's Review of Chapters
4901:1-9; 4901:1-10; 4901:1-21; 4901:1-22; 4901:1-23; 4901:1-24; 4901:1-25; as
amended by Amended Substitute Senate Bill No. 221.

Please file these comments as appropriate, and express our appreciation to your docketing
department for their assistance.

Sincerely,



Amy Ewing
Vice President, Shared Services
Greater Cincinnati Health Council

c: Colleen O'Toole/Greater Cincinnati Health Council; Richard Wiese/Greater Cincinnati
Health Council energy consultant; Rick Sites/Ohio Hospital Association; Richard
Hertlein/Bethesda North; Thomas Kinman/Cincinnati Children's Hospital Medical
Center



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**BEFORE THE
PUBLIC UTILITIES COMMISSION OF OHIO**

In the Matter of the Adoption of Rules for Standard : Case No. 06-653-EL-ORD
Service Offer, Corporate Separation, Reasonable :
Arrangements, and Transmission Riders for Electric :
Utilities, Electric Security Program, Pursuant to :
Sections 4901:1-9; 4901:1-10; 4901:1-21; 4901:1-22; :
4901:1-23; 4901:1-24; 4901:1-25; of the Ohio :
Administrative Code.

**COMMENTS OF
THE GREATER CINCINNATI HEALTH COUNCIL**

The Greater Cincinnati Health Council (GCHC) is dynamic non-profit member association that works in harmony with Tristate health care providers to promote high quality, cost-effective care. We represent 34 acute care & specialty hospitals, 18 of which are in the southwest Ohio counties. The Council also serves over 150 affiliate and associate members including long term care facilities, physician practices and a variety of offsite health care providers. Our mission is to create and facilitate opportunities to collaboratively address issues that challenge delivery of comprehensive, high quality/high value care and wellness services throughout the region. The Council helps maintain and enhance its members' ability to actively improve the health status of the Tristate Community. We regularly engage in representing our members' interests in matters of potential economic impact.

The following comments are intended to elaborate pertinent expected or potential hospital impact. These comments should not be construed as being inconsistent with participation by the Ohio Hospital Association.

In its entry dated 7/23/2008 the commission proposed certain changes to its regulations pertaining to: (1) 4901:1-9, Electric companies; (2) 4901:1-10, Electric Service and Safety Standards; (3) 4901:1-21 Rules for Competitive Retail Electric Service(CRES); 4901:1-22 Interconnection Service; 4901:1-23 Electric Reliability and Customer Service and Safety; 4901:1-24 Certification of Competitive Retail Electric Service Providers; 4901:1-25 Market Monitoring. The Commission seeks comments from interested parties no later than Tuesday August 12, 2008.

The Greater Cincinnati Health Council (GCHC) appreciates the opportunity to offer comments to the Commission Staff on the proposed modifications.

In this instance the Staff has endeavored to implement the intent and spirit of SB 221 in a rapid and challenging time frame. The GCHC supports these efforts as well as the intent of SB 221. The GCHC respectfully wishes to offer comments and proposed changes or additions so as to achieve clarity, economic reasonableness and balanced interests within the intent of SB 221. We offer our comments in the general order of and per the organization of the Staffs recommended changes.

Background:

Hospitals are required to report and make available on a public website many key measures of clinical efficacy, safety and service. We support this public accountability and believe the electric utilities share an equal level of critical service and accountability. Typical examples of such reporting for hospitals can be found on our web site www.gchc.org, click on Hospital Quality Report to the Community. For this reason we recommend in several sections of these proposed

regulations that key performance data and quality indicators be promptly posted on a public website in addition to being reported to the PUCO and staff.

ENTRY COMMENTS AND QUESTIONS

With respect to the Entry dated 7/23/2008 item (8), the staff solicited responses to the following questions:

(a) "Although staff has proposed to eliminate the requirement in Rule 4901:1-10-11, OAC, to report Momentary Average Interruption Frequency Index (MAIFI), should the service reliability indices and minimum performance standards set forth in Rule 4901:1-10-10(B)(1), O.A.C., include MAIFI and power quality indices as minimum standards?"

The GCHC believes that, with the further diffusion of responsibility by the growth of the independent suppliers and distributors of power that the rapid and clear measuring and reporting of utility performance is of greatly increased importance.

We believe it is critical that standard measures of performance such as MAIFI be included in the requirements of the regulations. It is further critical that there be consistent, standard methods of measuring and reporting the performance of the distribution utilities.

We further believe these measures should be posted on a publicly accessible website when reported.

In the absence of such data the staff, the legislature, the effected customers and the general public have no way to determine the performance of the utilities or the effectiveness of improvements to the system and services.

(b) "If minimum performance standards for MAIFI and power quality indices are established, should the minimum standards reflect the momentary interruptions experienced by all customers, what would be the expected cost of implementing these minimum standards, and who should bear the cost of implementation?"

The GCHC believes that minimum performance standards must be established, the data reported and the data made immediately and currently available on a public website. This is specifically in keeping with the goal of accountability in SB 221. This is further needed to provide a comparable measure of performance between the various entities and a method for the Staff, the customers and the general public to judge the performance of the utilities and to hold them accountable.

The GCHC further believes that the MAIFI and power quality indices must include the momentary interruptions experienced by all customers. Any less than this incorrectly measures the performance of the utility.

The GCHC believes the cost of this is a justifiable cost of the utilities business but also believes the cost is very low and involves data already at hand and electronically recorded.

(c) The GCHC sees no reason that the rules should not be consolidated as proposed.

COMMENTARY ON THE TEXT OF THE RULES:

Rule 4901:1-10-1

(F) CRITICAL CUSTOMER

The GCHC recommends that this definition be modified to include hospitals, nursing homes and long term care facilities without exclusion. Even though most hospitals facilities maintain some capacity for emergency power generation, these capabilities vary and the exercise of such capabilities inherently creates the risks associated with electrical and mechanical systems not otherwise necessary except for the failure of electrical power to the site.

The critical nature of these facilities and the consequences of power loss were graphically illustrated with the experiences from hurricane Katrina.

Proposed definition: “‘Critical Customer’ means any hospital, nursing home or long term care facility as defined in ORC 3701.01 or any customer on a medical or life support system

The proposed method of voltage measurement provides no meaningful assessment of voltage performance. This is a key measure of performance as voltage excursions can result in damage and or loss of equipment and service. All electrically power hospital equipment and, indeed, most electrically powered equipment and systems are specified and supplied with stated voltage variance standards.

We believe that this is a critical example of the accountability that has been identified as an important part of the Governors proposed program.

Rule 4901:1-10-04 (B) (1)

As in the previous comment the GCHC believes and recommends that a single set of standard voltage performance criteria be set by the staff and be standard for all utilities statewide.

Nominal voltages are well established and the supply of voltage within set standards is a reasonable and justifiable requirement. The measure and reporting of variance from such a standard is also a reasonable measure of performance and regulation of service.

Rule 4901:1-10-04 (B) (3)

We believe and recommend that all 'Voltage Excursions' be included in determining voltage performance. We recommend that 4901:1-10-04 (B) (3) be eliminated.

To do less than this distorts the performance of voltage management. Should an excursion be the documentable result of power supply to the utility this can be appropriately noted.

Rule 4901:1-10-04 (B) (4)

This requires only that each utility attempt to 'reasonably ensure' that delivered service voltages are within the ranges as specified in (B) (2) or this rule. A rule requirement to 'reasonably ensure' that delivered service voltages are within required ranges would seem to be an inadequate and ineffective control.

The delivered service voltage is a key measure of performance and thus accountability. We recommend that common standards be developed and applied and the weekly performance against that standard be posted on a publicly accessible website.

Rule 4901:1-10-04(D)

The GCHC supports the inclusion of this provision for contractual flexibility with the needs of other customers on the system.

Rule 4901:1-10-07

The GCHC believes there are two critical concerns with the requirements of this section.

1) *We feel strongly that hospitals, Long Term Care facilities and Nursing Facilities as defined in ORC 3701.01 are, by definition, critical life support locations.* Many such locations do not have emergency power supplies and rely upon staff to maintain life support should the electrical power fail.

We believe it is critical that failures of power to all such locations be granted at least the priority of the electric light company facilities which presumably include office facilities.

We further believe that interruptions of 15 minutes or more are clearly critical. To suggest that an electrical power interruption of one, two or three or more hours to a hospital, nursing home, or long term care facility is not critical is, we believe, unrealistic in the extreme.

Rule 4901:1-10-07(B)

*We recommend that, in addition to the commission's outage coordinator, this data be reported to and posted on a public website with 24 hours of the occurrence_*with a description of the causes and remedial steps taken or planned.

who has provided appropriate documentation to the electric utility that an interruption of service would be immediately life threatening.”

(O) MAJOR EVENT

This references Rule 4901:1-10-11 (c) (3) (e) (ii). This would seem to be referring to section (c) (3) (e) (iii) of same.

We believe that the definition of 'Major Event' can be better and more realistically described *with two changes:*

- 1) The use of the previous 5 years for the average is unrealistic and distorts to true performance of the system. *We recommend that the previous 3 years, at most, be used for this average. We further recommend that the current year's data be reported with and compared to this 3 year average.* This better represents the true condition of the gross systems being measured.
- 2) *We believe and recommend that all transmission outages need to be included in the calculation.* This is the only measure of the true impact on the customers.

(BB) VOLTAGE EXCURSIONS

This defines voltage excursions as 'Those voltage conditions that occur outside the voltage limits as defined in the electric utilities tariffs....'. *These limits are, in fact, set by the utility as provided by 4901:1-10-04 (B) (1). The GCHC believes and recommends that a single set of voltage standards, to be applicable to all utilities in the state should be set and adopted by the Commission.* This the only way that:

- 1) The performance need for improvement or success of improvements can be measured for a given utility.
- 2) That the performance of the utilities can be compared.

We know of no technical reason that this cannot be done.

Such outages are a critical measure of the level of service and maintenance delivered by any utility.

This is an important step in creating accountability and in keeping the customers, the staff and the general public informed.

Rule 4901:1 10-08

The GCHC believes that the equipment and systems providing electrical power to the community are of the utmost critical nature. This power not only powers our hospitals, nursing homes and other healthcare facilities, it also powers emergency communications systems, sirens and audible community alarms, media broadcast and emergency reaction equipment such as pumps, waste treatment, water supply, ventilation, etc.

As such we believe that the emergency operations plans of the utilities should be coordinated with and drilled with the community emergency response agencies and organizations.

We recommend:

- 1) *That the utilities be required to participate fully in annual communitywide emergency response drills.*
- 2) *That the utilities participation be assessed and reported in the same manner as all other participants.*
- 3) *That in 4901:1-10-08 (J) item (6) be added to list 'hospitals, nursing homes and long term care facilities'.*
- 4) *That item (k) require at least one fully assessed and reported test of the emergency plan per year with no more than one per any 3 year period replaced with an active event.*
- 5) *Item (l) that each electric utility shall coordinate the implementation of its emergency plan with the county or regional emergency management authority for each occurrence.*

6) That the basic electric utility emergency plan less only proprietary information, but including key contact persons information be made available to the county or regional emergency management authority, to all effected police and fire organizations and to all hospitals served by that utility.

Rule 4901:1-10-09

As previously stated hospitals are required to publicly report many critical and key indicators of performance to the general public. We support this process and believe it is very important. We believe the electric power utilities are of a similar critical nature.

Paragraph (C) (1)

We recommend each service level data be required to be posted to a public website on a weekly basis. The notification of the director of service monitoring and enforcement should still be notified as shown in the draft.

These measures of the quality of service pertain to the utilities customer base and should be immediately available to that customer base.

This data should be further reported in an annual assessment and improvement plan which identifies opportunities for improvement and proposes plans and measures of success for them. This should be also posted to the public website.

Rule 4901:1-10-10

Paragraph (B) (4) (c)

We believe strongly that such '*performance data during major events and transmission outages*' ***must be included in the calculation of all indices, proposed standards*** and any revised performance standard as set forth in paragraph (B) of this rule or elsewhere in these rules. ***This must be done to give an accurate measure of the extent and severity of outages.***

Rule 4901:1-10-10 (B) (2)

We recommend that CAIDI, SAIFI and SAIDI standard be set by the commission on a statewide basis to be measured and publicly reported for all utilities.

We further recommend that the company specific minimum reliability performance standards be set by the commission.

To allow the utilities to set their own reliability standards completely abdicates the commission oversight of these public utilities and provides no accountability to the commission or to the customers and general public.

Rule 4901:1-10-10 (c)

This annual report is intended to be the fundamental measure of the performance of the utility to the rules and standards here in. As such we believe *it should be posted to a public website, when submitted, together with any deficiencies and related action plans.* We believe this provides a minimum in public oversight of the performance of the regional utilities to these rules and the minimum measure for the public, the customers and the communities.

Rule 4901:1-10-11**Paragraph (B) (1)**

This calls for the exclusion of circuit performance data during a 'major storm'. *We strongly believe this data must be included in the calculation of circuit performance.*

While the impacts of specific storm damage can easily be annotated, the susceptibility of the circuits to storm damage is a key measure of line and equipment maintenance, vegetation control, provision of circuit and equipment redundancy and overall utility performance.

To exclude this information significantly distorts and obscures the true measure of system reliability and performance.

Rule 4901:1-10-11

For paragraph(C) (3) we recommend adding item (1): a listing of all critical customers on the circuit with their contact information.

We also recommend that the information required by Rule 4901:1-10-11 (C) be posted with two working days of the date of submission of the report on a public website.

Rule 4901:1-10-28 (B)

The GCHC is pleased to see the provision for the hospitals ability to contribute to community and utility power management in the rules. We believe the proposed rules are good, workable and well done.

We recommend only one clarification:

(6) (b) the market value should be calculated on the spot market value posted at the time it is needed.

The preceding comments constitute all of the comments for the Greater Cincinnati Health Council (GCHC) at this time.

Respectively Submitted,

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