BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

In the Matter of the Adoption of a Portfolio Plan)	
Template for Electric Utility Energy Efficiency and)	Case No. 09-714-EL-UNC
Peak-Demand Reduction Programs.)	

COMMENTS OF THE OHIO HOSPITAL ASSOCIATION

Pursuant to the direction of the Attorney Examiner Entry issued August 28, 2009, the Ohio Hospital Association ("OHA") respectfully submit these comments regarding the Commission staff ("Staff") draft portfolio plan template.

The OHA is a private, nonprofit trade association with 178 hospitals and 40 healthcare system members that have more than 700 electricity accounts statewide. Collectively, OHA members annually spend well in excess of \$150 million for electric services—approximately \$4,500 a year for each staffed hospital bed.

The Staff portfolio plan template appears to be generally reasonable, although the OHA will defer to the comments of the electric utilities that bear actual responsibility for compliance with the rules to be codified at Rule 4901:1-39-04, Ohio Administrative Code and that will "live" with the portfolio plan template on a day-to-day basis.

The OHA does have concern over one aspect of the Staff's draft portfolio plan template.

That concern involves the Staff's proposal to create a separate program classification for governmental and nonprofit utility customers. As described above, the OHA is comprised almost completely of non-profit healthcare organizations. As electric consumers, the OHA's members appear on the electric grid as larger consumers of electricity and uniformly take electric

service under medium general service and larger tariff classifications. For the purposes of Ohio Revised Code ("R.C.") Section 4928.01(A)(19), each of the OHA's members are "mercantile customers" under the definition provided therein. The OHA requests clarification from the Commission that the Staff's creation of a separate category for governmental and nonprofit customers will impliedly remove the OHA's members from the definition of "mercantile customer" as reflected in R.C. 4928.01(A)(19). As the Commission is no doubt aware, healthcare organizations account for a significant portion of the load for each of the electric utilities that will be subject to the portfolio plan template. The OHA's members as a group will likely have a disproportionately higher representation in the self-directed programs available pursuant to R.C. 4928.66(A)(2)(c), available only to mercantile customers, because of the energy-intensive nature of OHA member facilities and constant renovation compelled by advances in medical technology. The OHA would have a strenuous objection to the Staff's proposal if its effect were to prevent its members from participating in self-directed programs.

This is not to say that the OHA objects generally to the Staff's proposal for a separate governmental and nonprofit classification. The OHA's members, along with governmental and nonprofit electricity consumers, are situated differently than other electricity consumers because of the essential "public" functions that they provide within their communities. A separate consideration of this class of electric consumers may be useful to ensure that an appropriate share of attention and resources is directed at the facilities of these consumers. For this reason, the OHA can support the Staff's proposal to separately classify governmental and nonprofit consumers and programs, subject to the serious concern raised above.

The OHA appreciates this opportunity to provide input into this important rulemaking function and looks forward to providing comments in reply to the other stakeholders' concerns to the Staff proposal.

Respectfully submitted on behalf of OHIO HOSPITAL ASSOCIATION

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Summary: Comments of The Ohio Hospital Association electronically filed by Teresa Orahood on behalf of Ohio Hospital Association