#### BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

In the Matter of the Application of Columbus	)	
Southern Power Company and Ohio Power Company	)	
for Authority to Establish a Standard Service Offer	)	Case No. 11-346-EL-SSO
Pursuant to §4928.143, Ohio Rev. Code, in the Form	)	Case No. 11-348-EL-SSO
of an Electric Security Plan.	)	
In the Matter of the Application of Columbus Southern Power Company and Ohio Power Company for Approval of Certain Accounting Authority.	) ) )	Case No. 11-349-EL-AAM Case No. 11-350-EL-AAM

#### DIRECT TESTIMONY OF

#### **R. Reed Fraley**

#### on behalf of

### **Ohio Hospital Association**

September 13, 2011

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2 3 **Q**. PLEASE STATE YOUR NAME AND BUSINESS ADDRESS. 4 5 My Name is R. Reed Fraley. My business address is 150 East Broad Street, 15<sup>th</sup> A. 6 Floor, Columbus Ohio, 43215. 7 8 1. **Q**. **BY WHOM ARE YOU EMPLOYED?** 9 10 A. I am employed by the Ohio Hospital Association, a not-for-profit healthcare 11 organization. As we explained in our Motion to Intervene in this case, the OHA is 12 a private nonprofit trade association established in 1915 as the first state-level 13 hospital association in the United States and is the only Ohio trade association 14 representing hospitals with 168 private, state and federal government hospitals 15 and more than 18 health systems. The approximately 50 hospitals receiving 16 electricity from AEP Ohio are OHA members and consume significant amounts of 17 electrical energy, relying on their host electric distribution utilities of the AEP 18 Companies to deliver the electric power necessary to provide patient care. 19 20 2. 0. WHAT IS YOUR POSITION WITH THE OHIO HOSPITAL 21 ASSOCIATION? 22 23 Α. My title is Senior Vice-President. 24 25 3. Q. **HOW LONG HAVE YOU HELD THIS POSITION?** 26 27 I have held this position for seven plus years. Α. 28 29 4. 0. WHAT IS THE NATURE OF YOUR DUTIES WITH THE OHA? 30 31 A. I am responsible for OHA's relationships with the various health systems and 32 hospitals throughout Ohio and develop programming for hospital trustees. This 33 responsibility includes coordinating the CEO visitation program, and being the 34 principle liaison with many of the systems as well as several smaller hospitals. 35 36 Prior to joining the OHA staff, I served as CEO of the Ohio State University 37 Health System and vice president for health services for 14 years, as CEO of 38 Presbyterian Hospital of Dallas (Texas) for 6 years, and as COO of Medical 39 College of Virginia Hospitals for 5 years. In each of these roles, I was the officer 40 principally responsible for the day to day operations necessary to support the care

of patients.

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#### 5. Q. PLEASE DESCRIBE YOUR EDUCATIONAL BACKGROUND.

**A.** I have a bachelor's degree in engineering from the United States Military Academy (West Point) and a master's degree in health administration from The Ohio State University.

#### 6. Q. WHAT IS THE PURPOSE OF YOUR TESTIMONY?

**A.** I am testifying in support of the September 7, 2011 Stipulation and Recommendation (Stipulation) that has been filed in these cases.

#### 7. Q. ARE YOU FAMILIAR WITH THE STIPULATION THAT HAS BEEN FILED IN THESE CASES?

**A.** Only generally. I have reviewed the document and I am aware that it provides certain benefits to OHA's AEP territory members.

#### 18 8. Q. WHY IS THE OHA SUPPORTING THE STIPULATION?

A. As an initial matter, we believe that the certainty that attends a stipulated outcome has independent value over a litigated outcome. Based on what I have been briefed by counsel, the total increase represented by the Stipulation is considerably smaller than the increase sought by AEP in its application in this case. This feature alone carries value to hospitals trying to budget their energy costs.

Beyond this feature of the Stipulation, however, AEP has been willing to commit to work with OHA members to address issues related to hospital distribution facilities and power quality issues. To the extent that the Stipulation addresses this need, while avoiding the need to press these issues in a distribution rate case, we consider this a major benefit for our members.

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### INFORMATION ABOUT OHA MEMBER FACILITIES

# 34 9. Q. HOW MANY PEOPLE ARE EMPLOYED BY OHA MEMBERS IN THE 35 AEP SERVICE TERRITORY? 36

A. In excess of 55,000 people are employed by these OHA members.

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#### 10. Q. PLEASE DESCRIBE THE GENERAL CHARACTERISTICS OF HOSPITAL FACILITIES AS CONSUMERS OF ELECTRICITY.

4 A. All major hospital facilities operate around the clock, 365 days of the year. In 5 2010, these members' hospitals averaged more than 4,450 patients in the hospital everyday and averaged more than 16,000 instances of outpatient diagnostic and 6 7 treatment activities. The most important characteristic of these facilities is the fact 8 that they must have a supply of electricity, either from the local utility, or from on-9 site generation facilities. This is required of any healthcare facility that provides 10 any overnight services, provides surgical facilities, or provides care to non-11 ambulatory patients. These requirements, contained in the NFPA Life Safety 12 Code 101, as well as in portions of the National Electric Code, are mandatory in 13 Medicare's conditions of participation and in the standards of the various 14 organizations (e.g. The Joint Commission that accredits hospitals) that Medicare 15 authorizes to survey hospitals for compliance of standards. Failure to meet these 16 standards could result in removal from the Medicare and Medicaid programs, 17 which would essentially prevent such hospitals from providing care to Medicare 18 and Medicaid patients and probably compel the closure of the hospitals. 19

In addition to maintaining on-site standby generating facilities, our major facilities also employ redundant electrical feeds from the local distribution grid. These redundant service feeds provide a higher level of dependability from the local distribution system, as service can be maintained if the local circuit serving any particular feed is disrupted.

# 26 11. Q. PLEASE DESCRIBE THE IMPORTANCE OF RELIABLE 27 ELECTRICITY TO THE OPERATION OF HOSPITAL FACILITIES. 28

A. The health, and even life, of each member's patients would be at greater risk with disrupted or unavailable electricity. From the emergency rooms, surgical suites, intensive care units, labor delivery rooms, and patient rooms to high technology diagnostic (CT scanners, MRIs, ultrasound cameras) and treatment (radiation therapy machines, gamma knives, respiratory ventilators) equipment, to the lighting, heating and cooling of the facilities that are used to care for these patients, electricity is integral to the services that our members provide.

## 37 12. Q. DOES THIS CONCLUDE YOUR TESTIMONY? 38

39 A. Yes it does.

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#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that the foregoing DIRECT TESTIMONY R. REED

FRALEY was served via electronic mail upon the following, this <u>13<sup>th</sup></u> day of September 2011.

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