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

May 4, 2012

1	BAC	CKGRC	OUND, EXPERIENCE AND PURPOSE
2 3	Q.	PLE	ASE STATE YOUR NAME AND BUSINESS ADDRESS.
4 5 6		A.	My Name is R. Reed Fraley. My business address is 150 East Broad Street, 15 th Floor, Columbus Ohio, 43215.
7 8	1.	Q.	BY WHOM ARE YOU EMPLOYED?
9 10 11 12 13 14 15 16 17 18		A.	I am employed by the Ohio Hospital Association, a not-for-profit healthcare organization. As we explained in our Motion to Intervene in this case, the OHA is a private nonprofit trade association established in 1915 as the first state-level hospital association in the United States and is the only Ohio trade association representing hospitals with 168 private, state and federal government hospitals and more than 18 health systems. The approximately 50 hospitals receiving electricity from AEP Ohio are OHA members and consume significant amounts of electrical energy, relying on their host electric distribution utilities of the AEP Companies to deliver the electric power necessary to provide patient care.
19 20 21 22	2.	Q.	WHAT IS YOUR POSITION WITH THE OHIO HOSPITAL ASSOCIATION?
23 24		A.	My title is Senior Vice-President.
25	3.	Q.	HOW LONG HAVE YOU HELD THIS POSITION?
26 27		A.	I have held this position for seven plus years.
28 29 30	4.	Q.	WHAT IS THE NATURE OF YOUR DUTIES WITH THE OHA?
31 32 33 34 35		A.	I am responsible for OHA's relationships with the various health systems and hospitals throughout Ohio and develop programming for hospital trustees. This responsibility includes coordinating the CEO visitation program, and being the principle liaison with many of the systems as well as several smaller hospitals.
36 37 38 39 40 41			Prior to joining the OHA staff, I served as CEO of the Ohio State University Health System and vice president for health services for 14 years, as CEO of Presbyterian Hospital of Dallas (Texas).for 6 years, and as COO of Medical College of Virginia Hospitals for 5 years. In each of these roles, I was the officer 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. The purpose of this testimony is to explain to the Commission how hospitals and their vital community functions can be impacted by AEP Ohio's modified electric security plan.

7. Q. WHAT ASPECT OF AEP'S FILING CONCERNS YOU IN PARTICULAR?

A. It appears that certain rate classifications in the Ohio Power service territory will see increases over the life of the plan that will create noticeable hardships for the hospitals that Ohio Power serves.

8. Q. PLEASE EXPLAIN YOUR CONCERN.

A. The basis of my concern is found in DMR-1, attached to the Direct Testimony of David Roush in support of AEP Ohio's Modified Electric Security Plan, wherein he summarizes the proposed rate increases by rate classification. Our members are predominantly served under the GS-2 and GS-3 classifications. Based upon DMR-1, our members in the Ohio Power territory could see increases in their electric bills of between 10.5 to 11% through December of 2014.

9. Q. WHY DOES THIS SEEMINGLY MODEST INCREASE OVER TIME CAUSE YOU CONCERN?

A. In my prior testimony in this case, I explained at a very high level the importance of reliable electric service to the delivery of health care services. While health care technology continues to improve, this improvement often comes with an increased reliance on electricity in terms of both quality and quantity. Technology adds additional electric demand to hospital operations, both directly and indirectly, and at the same time this technology tends to demand a very high level of power quality. At the same time that hospital operations are becoming increasingly power-dependent, hospital income is flat or declining. Any increase in hospital operating expense must displace some other expenditure. Hospitals are operating in an environment of incredible uncertainly. The reasonable expectation for the foreseeable future is that increasing expenses will outstrip possible revenue enhancements. Yet the expectation for continued improvement in patient care outcomes will remain unchanged.

10. Q. PLEASE EXPLAIN WHAT YOU MEAN BY YOUR LAST STATEMENT.

 A. The current situation faced by nearly all hospitals is that, at best, their revenue streams will remain static for the foreseeable future. But this is the best-case scenario. To the extent that a hospital is dependent upon Medicare or Medicaid reimbursements for their operating revenues, which, by the way, tends to be hospitals in predominantly rural areas, then those facilities can reasonably expect revenues to decrease over the next 36 months, based upon current federal law. States like Ohio certainly do not have the means to increase their share of the burden for these programs, so the reasonable expectation is that payments will decrease for the same level of service.

The consequence of this financial situation is that when a hospital's costs increase, that increase must be paid for by a corresponding decrease in other expenditures. While this is simply a cold economic fact not peculiar to hospitals, the Commission should understand that the health care industry has been in this situation for several years now and consequently, the "easy" reductions in operating expenses have largely already been made. Hospital administrators are now having to decide what cuts to make in the delivery of health care services to their communities. The hard math looks like this to an administrator: Every cost increase reduces the capital budget for a new piece of therapeutic equipment used to deliver health care services by a like amount. Or in the most extreme case, a \$75,000 cost increase equals one registered nurse who is no longer available to care for patients.

A concrete example of this decision-making process is the reduction in maternity wards around the state. In 2004, there were 127 licensed maternity services licensed by the Ohio Department of Health. Today, that number stands at 114. The type of rate increase proposed by AEP Ohio could contribute to accelerating these kinds of difficult patient care decisions.

The point I want to leave the Commission with through my testimony is that given the current financial realities faced by hospitals, the consequences of the increasing costs of that electric service is going to be felt by decreases in the level or scope of services that hospitals are able to deliver to the citizens of Ohio.

On behalf of the hospitals of Ohio, I am asking the Commission's help in enabling us to continue to provide quality care to the patient.

11. Q. DOES THIS CONCLUDE YOUR TESTIMONY?

A. Yes it does.

CERTIFICATE OF SERVICE

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

FRALEY was served via electronic mail upon the following, this 4^{th} day of May 2012.

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Summary: Testimony of R. Reed Fraley on behalf of Ohio Hospital Association electronically filed by Teresa Orahood on behalf of Ohio Hospital Association