

**BEFORE
THE PUBLIC UTILITIES COMMISSION OF OHIO**

In the Matter of the Application of Ohio)
Edison Company, The Cleveland Electric)
Illuminating Company and The Toledo)
Edison Company for Authority to Establish a)
Standard Service Offer Pursuant to R.C.)
4928.143 in the Form of an Electric Security)
Plan.)

Case No. 23-301-EL-SSO

**DIRECT TESTIMONY

OF

KEVIN ZACHARYASZ

ON BEHALF OF

OHIO HOSPITAL ASSOCIATION**

October 23, 2023

1 **Q.1 Please state your name and business address.**

2 **A.1** My name is Kevin Zacharyasz. My business address is 155 E. Broad St #301, Columbus, OH,
3 43215.

4 **Q.2 On whose behalf are you testifying?**

5 **A.2** I am testifying on behalf of the Ohio Hospital Association (“OHA”) where I serve as Director of
6 OHA’s Energy & Sustainability Program (“OHA Program”).

7 **Q.3 Please describe your current role and your relevant professional experience.**

8 **A.3** Currently, I serve as the Director of the OHA Program and have been in that role since
9 October 2021. In my role as Director of the OHA Program, I work with OHA member
10 hospitals on their energy and sustainability goals. I oversee all aspects of the OHA
11 Program, including OHA’s ENERGY STAR benchmarking process for hospital members
12 and assisting our members with obtaining ENERGY STAR certification. As part of this
13 engagement, I collaborate with hospitals throughout Ohio regarding their energy needs and
14 usage. I also provide guidance to hospital members on energy regulations and legislation,
15 as well as advise our members on potential advocacy on energy issues that may impact
16 hospitals.

17 Prior to serving OHA members, I worked at the Ohio Environmental Protection Agency
18 (“EPA”) within the Division of Materials and Waste Management as an Environmental
19 Specialist II from November 2018 to October 2021. Before working at the Ohio EPA, I
20 was a Program Manager at CLEAResult from May 2015 through November 2018. As a
21 Program Manager, I oversaw the Business Outreach Team for AEP Ohio’s Commercial
22 and Industrial Energy Efficiency Programs, and a smart meter pilot program within the
23 residential sector. My role focused on a variety of energy efficiency projects and outcomes

1 for stakeholders and clients. Prior to starting my career, I earned my Bachelor of Arts
2 degree from Miami University in May 2013 and my Master of Environmental Science
3 degree from Miami University in May 2015.

4 **Q.4 Have you previously provided testimony in any proceedings before regulatory**
5 **commissions?**

6 **A.4** No, I have not previously provided testimony in any proceedings before the Public Utilities
7 Commission of Ohio (“PUCO”) or any other regulatory commission.

8 **Q.5 Please describe the OHA Program.**

9 **A.5** The OHA Program is a source of expertise to support its member hospitals with energy and
10 sustainability decision-making. The OHA Program serves as a collective voice for Ohio
11 hospitals and advocates on their behalf. Ohio hospital leaders connect through the program
12 to discuss and learn from one another in the energy and sustainability field. The OHA
13 Program is the only state hospital association to run an energy and sustainability program
14 in the United States. Lastly, the OHA Program assists hospital members with the
15 procurement of electricity.

16 **Q.6 What is the purpose of your Testimony?**

17 **A.6** The purpose of my testimony is to provide some general background on the unique
18 electricity needs of hospitals and the operational characteristics impacting hospital energy
19 requirements and usage. I will also describe my concerns regarding how certain hospitals,
20 due to their operational characteristics, may be negatively impacted by The Toledo Edison
21 Company’s (“TE”), The Cleveland Electric Illuminating Company’s (“CEI”) and Ohio
22 Edison Company’s (“OE”)(collectively referred to as “FirstEnergy” or the “Companies”)

1 modification to the Non-Market-Based Services Rider (“Rider NMB”) rate design to create
2 a second rate, NMB 2.

3 I will also discuss why OHA should be provided greater access to member hospital
4 energy usage data to achieve hospitals’ energy and sustainability goals. Providing OHA
5 energy usage information is consistent with the Companies’ proposal to support energy
6 efficiency efforts of its customers. This action is also aligned with the goals of the
7 Companies’ grid modernization program, which is intended to provide customers more
8 access to their energy usage information.

9 **Q.7 How many members of OHA are located in FirstEnergy’s service territory?**

10 **A.7** There are approximately 92 hospital members located in the FirstEnergy’s service territory.
11 These hospitals vary significantly in their size and scope of services provided.

12 **Q.8 Do OHA member hospitals typically have a dedicated energy manager on-site whose**
13 **sole responsibility it is to manage hospitals’ energy usage?**

14 **A.8** Generally, hospitals do not have an employee who is solely assigned to the role of energy
15 manager. Rather, many hospitals rely on those in facilities, operations, or sustainability to
16 oversee utility infrastructure and utility costs, which includes electric utility costs. These
17 employees are typically responsible for managing a variety of other critical functions for
18 their hospitals in addition to managing electric utility bills and electricity usage. Their job
19 responsibilities include management of the day-to-day operations of the overall facility and
20 possess overall responsibility for the hospital’s physical plant. Such responsibilities could
21 include facility maintenance, water and air quality, construction, project management,
22 maintenance of mechanical systems, waste management, engineering, security, data
23 management, hospital accreditation, sustainability initiatives, and more.

1 **Q.9 Please describe some of the critical equipment and mechanical systems within**
2 **hospitals that must receive constant electric utility service to provide safe and efficient**
3 **healthcare services.**

4 **A.9** Hospitals have critical healthcare equipment that must be continuously functioning for
5 proper day-to-day healthcare operations. Much of this equipment requires the use of
6 significant amounts of electricity. Critical, ongoing, hospital energy needs include, but are
7 not limited to both supportive and life-sustaining modalities. The ability to safely perform
8 elective, urgent, and emergent operative procedures is highly dependent upon adequately
9 functioning energy sources. For instance, an emergent cardiothoracic surgery requires a
10 fully functioning operating room suite with life-sustaining equipment for a safe outcome,
11 all of which relies upon electric utility service. Equipment for airway support such as
12 mechanical ventilators, perfusion support such as extracorporeal membrane oxygenation
13 (ECMO), and equipment that supports organ functioning such as hemodialysis are
14 additional examples of such ongoing hospital requirements to meet patient care needs and
15 serve entire communities. The emphasis is upon safety as well as comfort.

16 **Q.10 What are the ventilation needs within hospitals?**

17 **A.10** Ventilation is the process of exchanging indoor air with outdoor air to improve the quality
18 of indoor air. It is essential to maintain adequate air change rates to ensure a healthy indoor
19 environment for patients, staff, and visitors. On a day-to-day basis, ventilation is necessary
20 for medical procedures, such as surgery. Additionally, hospital facilities need to maintain
21 the proper temperature for the safety and comfort of their patients. Further, ensuring
22 adequate negative pressure in dedicated areas is critical for infection control and limiting
23 disease transmission. These ventilation systems constitute a significant portion of
24 hospitals' overall electric load.

1 **Q.11 Please describe the proposed Riders NMB 1 and NMB 2 in the Companies'**
2 **application.**

3 **A.11** The Companies propose to eliminate the Rider NMB Pilot, and modify the Rider NMB
4 rate design by adding a second rate, NMB 2, applicable to commercial and industrial
5 customers who have interval or advanced meters. Rider NMB 2 will be charged to
6 customers based upon their Network Service Peak Loads ("NSPL"). The new rider NMB
7 1 will be charged to all other customers, residential, lighting customers along with
8 commercial and industrial customers who do not have interval or advanced meters.

9 **Q.12 Are hospitals considered commercial customers?**

10 **A.12** Yes. Under FirstEnergy tariffs, hospitals are considered commercial customers. Therefore,
11 hospitals that have interval or advanced meters will be charged under Rider NMB 2.

12 **Q.13 What are NSPLs?**

13 **A.13** The Companies describe NSPL as "a customer attribute used to allocate non-market-based
14 transmission expense to [load serving entities] serving the wholesale load obligations of
15 customers. More specifically, NSPL represents the transmission system peak, and
16 individual customers' NSPLs are calculated to estimate each customer's contribution to
17 that peak."¹ Companies Witness Stein states that retail customers' NSPLs are calculated
18 based on "[e]ach customer's hourly load coincident with the Companies' five highest
19 hourly peaks during the year..."²

20 **Q.14 How can customers on Rider NMB 2 reduce their NSPLs and, therefore, reduce their**
21 **Rider NMB 2 charges?**

¹ Direct Testimony of Companies Witness Edward B. Stein at pg. 10.

² *Id.*

1 **A.14** Customers can reduce their NSPLs by proactively reducing (*i.e.* “curtailing”) their load
2 during peak periods or shifting facility operations to avoid projected peak periods.

3 **Q.15** **Can hospitals located in FirstEnergy’s service territory proactively curtail energy**
4 **usage during transmission system peak periods?**

5 **A.15** The predictability of energy consumption in a hospital is possible, but often limited,
6 because hospitals must continuously adapt to the fluctuating patient care needs that they
7 encounter, such as surges in patient volume due to many unforeseen reasons. These types
8 of events are difficult to predict . It is my understanding some Ohio hospitals may engage
9 third-parties to forecast transmission system peak periods and curtail or shift load in
10 response to these potential peaks. However, many of our member hospitals, cannot risk the
11 operations of their facility by curtailing load during peak periods. Patient safety is the top
12 priority. We applaud those hospitals who can effectively curtail load, but we understand
13 that this cannot be achieved by all. As discussed above, hospitals rely upon their employees
14 to oversee the operation of electrical equipment and manage electricity costs. Because
15 many of these employees have responsibilities outside of electric utility management, they
16 often do not have the bandwidth to manage electricity usage in real-time, nor do they have
17 the technology available to forecast potential transmission system peak days. Further, even
18 if hospitals have the internal capability to forecast potential peak days, the unique
19 operational needs of hospitals limit their capability to quickly reduce energy usage during
20 peaks or to shift scheduling of critical hospital functions to avoid peak periods. Hospitals
21 are unique in their energy usage patterns because they are required to have 24-hour
22 operations, 365 days per year. During peak periods, which may occur on the hottest days
23 of the summer, it is difficult for hospitals to curtail cooling, lighting, or ventilation
24 equipment without negatively impacting patient health and safety. Extreme temperature

changes may exacerbate chronic patient conditions, necessitating inpatient hospitalization and increasing hospital energy consumption need.

Q.16 The Companies have determined that Rider NMB 2 customers who have interval or advanced meters have the capability to forecast the Companies' peak load days and, therefore, reduce load during these periods. Is it your understanding that interval or advanced meters provide customers the capability to predict or forecast peak load for the Companies' service territory?

A.16 Interval or advanced meters do not, within themselves, allow customers to predict or forecast peak load days. In discovery in this proceeding, the Companies were asked “[w]hether an interval or advanced meter has the capability to predict or forecast peak load for FirstEnergy’s service territory...”³ The Companies responded to this interrogatory stating:

Objection. This Request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, the meter technology deployed by the Companies does not have capability to forecast peak loads.⁴

Based on this interrogatory response from the Companies, it does not appear that interval or advanced meters have the ability to forecast peak load days. A customer would need to utilize other information from other resources to be able to predict or forecast peak load days. Peak load days typically occur during extremely hot or cold days. Interval and advanced meters provide customers more granular and timely information regarding energy usage. However, it appears that these meters alone do not provide customers the ability to predict or forecast the weather. Knowing when potential transmission system

³ Ohio Energy Leadership Council (“OELC”) 01– INT-003(h).

⁴ The Companies Objection and Responses to OELC’s First Set of Interrogatories, Answer to 01– INT-003(h)(emphasis added). See Attachment KZ-1.

1 peak periods will occur is necessary for customers to proactively curtail load during those
2 instances. As such, it does not appear that interval or advanced meters necessarily provide
3 customers the tools needed to proactively reduce their NSPLs.

4 **Q.17 Although many hospitals currently lack the ability to forecast peak periods or**
5 **proactively curtail load during peaks, is there anything that hospitals can do to reduce**
6 **energy usage during peak periods?**

7 **A.17** Implementing energy efficiency measures is one tool for hospitals to reduce their overall
8 energy usage, which would also include reducing usage during NSPLs. We view energy
9 efficiency as the foundation to achieve decarbonization and net zero emission goals for
10 many of our member hospitals and health systems. By optimizing the equipment needed to
11 successfully run a facility, opportunities arise for reducing the burden on the electric grid,
12 creating a more resilient system, and ultimately reducing the risk of power failures.

13 **Q.18 How has the OHA Program assisted hospitals with their energy efficiency efforts?**

14 **A.18** Energy efficiency has historically been one of the primary ways OHA members have been
15 able to reduce their overall electric utility costs. For over a decade, the OHA Program has
16 provided ENERGY STAR benchmarking to hospital members at no cost. A large part of
17 OHA's efforts have been coordinating with electric utilities to obtain hospital usage
18 information. Obtaining this information allows OHA to effectively use ENERGY STAR
19 Portfolio Manager to help hospitals understand their energy usage and reduce their costs
20 through energy efficiency efforts. Through these actions, OHA has helped many hospitals
21 achieve ENERGY STAR certification. In 2022, Ohio led the country with 19 ENERGY
22 STAR certified hospitals.

23 The OHA program has a team of dedicated field engineers to assist OHA members with
24 identifying energy efficiency upgrades at their individual facilities. The overall team also

1 identifies resources for OHA members to utilize as they implement these types of projects.
2 We have established formal peer network groups throughout the state for member hospitals
3 and health systems to share best management practices and ideas with one another. Our
4 goal has been to create these groups so that members can meet and talk openly about their
5 initiatives. Our main peer network group is called the OHA Environmental Leadership
6 Council (ELC). The ELC is a formal OHA Committee comprised of 19 OHA Member
7 representatives, 2 Ohio EPA representatives, and members of the OHA Program team. The
8 committee provides guidance and a vision for the resources offered by the OHA Program.
9 Currently, the ELC is operating under a three-year strategic plan that was adopted in 2022.

10 **Q.19 Is OHA supportive of electric utility funded energy efficiency programs?**

11 **A.19** OHA has been supportive of electric utility energy efficiency (EE) programs for many
12 years. Many OHA member hospitals participated in these electric utility programs, and
13 these programs helped various OHA members move closer to their cost-savings and
14 sustainability goals. However, OHA recognizes that electric utility EE programs have been
15 essentially eliminated since the passage of House Bill (HB) 6, except for limited residential
16 low-income programs. Therefore, OHA is not commenting or taking a stance on the
17 proposed EE programs in this case.

18 **Q.20 Although opportunities for hospitals to participate electric utility EE programs have**
19 **been essentially eliminated since HB 6, is there still a need for electric utilities to share**
20 **hospital energy usage with OHA?**

21 **A.20** Yes. Obtaining energy usage data from electric utilities will continue to be important for
22 the OHA Program as hospitals continue their focus on sustainability. OHA continues to
23 perform ENERGY STAR benchmarking for its members and continues using hospital
24 energy usage information from AEP Ohio and AES Ohio to assist members in those service

1 territories. Continuing to assist Ohio hospitals achieve decarbonization and net zero
2 emissions goals is especially important to the OHA Program at this time because The Joint
3 Commission⁵ is launching its Sustainable Healthcare Certification on January 1, 2024.
4 This voluntary certification process provides a common framework for healthcare
5 organizations to continue their decarbonization efforts while also receiving public
6 recognition for their sustainability commitment and achievements. The Sustainable
7 Healthcare Certification will help establish clear baselines for tracking and reducing
8 greenhouse gas (“GHG”) emissions. ENERGY STAR benchmarking will be an important
9 component of Ohio hospitals’ efforts to achieve the Sustainable Healthcare Certification.

10 **Q.21 Which electric utilities currently provide hospital energy usage data to OHA?**

11 **A.21** AEP Ohio and AES Ohio currently provide hospital energy usage data to OHA. AEP Ohio
12 provides OHA a monthly billing summary report to OHA that includes:

- 13 • Hospital customer name, account number, SDI number, CRES status, tariff,
14 address, customer class, bill period, usage, demand and bill amount.
- 15 • Current and 24 months of historic billing information.

16 AEP Ohio provides each hospital customer’s information to OHA after OHA provides AEP Ohio
17 a letter of authorization from the hospital customers. AEP Ohio agreed to provide this information
18 to OHA in AEP Ohio’s grid SMART Phase 3 Project Case.⁶ OHA obtains similar energy usage
19 information from AES Ohio to assist with the OHA Program. The OHA Program utilizes both
20 datasets in its ENERGY STAR Benchmarking and Certification Program.

21 **Q.22 Does FirstEnergy currently provide hospital energy usage data to the OHA Program?**

22 **A.22** No.

⁵ The Joint Commission is a United States-based nonprofit tax-exempt 501(c) organization that accredits more than 22,000 US health care organizations and programs.

⁶ AEP Ohio, Case No. 19-1475-EL-RDR, Stipulation at pg. 11.

1 **Q.23 What is your recommendation for the Commission in this proceeding regarding**
2 **FirstEnergy sharing hospital energy usage data with OHA Program?**

3 **A.23** I recommend that FirstEnergy be ordered to share OHA member hospital energy usage
4 information with OHA. This process would ensure consistency with AEP Ohio's and AES
5 Ohio's current collaboration with OHA, and unlock potential energy benefits for
6 approximately 92 hospitals currently served by FirstEnergy. Sharing energy usage data
7 with OHA would further the Companies' and the Commission's efforts to increase
8 customer access to energy usage information, which is a central aspect of the Companies'
9 grid modernization program. In addition, this would help support hospitals' energy
10 efficiency goals. The Companies have made energy efficiency a key component of their
11 ESP application, and indicated that "energy efficiency saves money, protects the
12 environment, and helps address energy equity."⁷ Further, although OHA still has concerns
13 regarding the potential impact of Rider NMB 2 on certain FirstEnergy hospital members,
14 increased access to energy usage data for the OHA Program may help reduce hospitals
15 overall energy usage through analysis and identification of energy efficiency opportunities.
16 As discussed above, it does not appear that hospitals will be able to forecast peak periods
17 using interval or advanced meters. However, hospitals can potentially decrease their
18 NSPLs by implementing energy efficiency measures to reduce the overall load at their
19 facilities.

20 **Q.24 Does this conclude your direct testimony?**

21 **A.24** Yes. However, I reserve the right to update this testimony to respond to any further
22 testimony, reports, and/or evidence submitted in this case.

⁷ Direct Testimony of Companies Witness Edward C. Miller at pg. 5.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of foregoing Direct Testimony was served upon the parties of record listed below this 23rd day of October 2023 *via* electronic mail.



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OELC Set 01

**Answer Prepared By: Juliette Lawless, Edward B. Stein
As to Objections: Trevor Alexander**

Case No. 23-0301-EL-SSO

In the Matter of the Application of Ohio Edison Company, The Cleveland Electric Illuminating Company, and The Toledo Edison Company for Authority to Provide for a Standard Service Offer Pursuant to R.C. § 4928.143 in the Form of an Electric Security Plan

ANSWERS TO INTERROGATORIES

OELC Set 01– INT-003 Referring to page 11, lines 7-9, of the testimony of Juliette Lawless filed in this Proceeding on April 5, 2023, Ms. Lawless testified that “the Companies are proposing to establish NMB 2 charges, which will apply only to commercial and industrial customers who have interval or advanced meters”, please provide the following information:

- a) A detailed description regarding why FirstEnergy is proposing to apply NMB 2 charges only to commercial and industrial customers who have interval or advanced meters;
- b) A detailed explanation regarding why FirstEnergy is requiring that a commercial or industrial customer have an interval or advanced meter in order for the account at issue to be subject to the proposed NMB 2 rate;
- c) An explanation regarding whether a commercial or industrial customer must have an interval or advanced meter in order for FirstEnergy to know or determine the NSPL value for the account at issue;
- d) A detailed description regarding how FirstEnergy believes an interval or advanced meter will help a commercial or industrial customer manage their load during times of expected peak usage in FirstEnergy territory;
- e) A detailed description of the process of enrolling a customer with a newly installed interval or advanced meter into the NMB 2 rate, including how soon (described in days or billing cycles) after the installation of an interval or advanced meter the commercial or industrial customer account will be transition to the NMB 2 rate;
- f) A detailed description of the frequency with which interval kWh energy usage and kW demand data from interval or advanced meters in FirstEnergy service territory is uploaded to a FirstEnergy customer’s online account portal¹ and made accessible to the customer through the portal, and how long that data for any particular day remains accessible to the customer;
- g) An explanation of whether or not a customer with an interval or advanced

¹ The FirstEnergy online account portal refers to the customer portal available through the “Log In” link at firstenergycorp.com with the data being available through the tool referred to by FirstEnergy as the “Analyze Usage Tool.”

meter can view their kWh energy usage and kW demand data at the same time it is recorded by the customer's meter (i.e., in "real-time") or alternatively whether the customer must wait a certain time period to have access to their energy usage and demand data;

- h) Whether an interval or advanced meter has the capability to predict or forecast peak load for FirstEnergy's service territory and, if so, whether such data is available to the customer through a FirstEnergy customer's online account portal; and
- i) Whether FirstEnergy is proposing to expand the data available through a FirstEnergy customer's online account portal to commercial and industrial customers with an interval or advanced meter.

Response:

- a) Objection. The Companies object to this Request that purports to require a detailed, narrative response. *Penn Central Transp. Co. v. Armco Steel Corp.*, 27 Ohio Misc. 76, 77 (C.P. 1971). Subject to and without waiving the foregoing objection, customers with interval or advanced meters have the ability to control their loads during peak load periods, thus directly managing their assigned NSPLs and providing the opportunity to lower their NMB 2 costs. Customers without interval or advanced meters would not be able to directly manage their NSPL because their NSPL is determined based on a load profile, and therefore would likely not have the same opportunity to manage their NMB 2 charges as customers with interval or advanced meters.
- b) Objection. The Companies object to this Request that purports to require a detailed, narrative response. *Penn Central Transp. Co. v. Armco Steel Corp.*, 27 Ohio Misc. 76, 77 (C.P. 1971). Subject to and without waiving the foregoing objection, please see the Companies' response to subpart a).
- c) Objection. The Companies object to this Request that purports to require a detailed, narrative response. *Penn Central Transp. Co. v. Armco Steel Corp.*, 27 Ohio Misc. 76, 77 (C.P. 1971). Subject to and without waiving the foregoing objection, while an interval meter is not required to calculate any customer's NSPL, an interval meter is required for those customers desiring to see the effects of the load management efforts directly recognized in the calculation of their NSPL. For customers that do not have an interval or advanced meter, their NSPL is calculated based on a load profile and not their specific individually measured interval data.
- d) Objection. The Companies object to this Request that purports to require a detailed, narrative response. *Penn Central Transp. Co. v. Armco Steel Corp.*, 27 Ohio Misc. 76, 77 (C.P. 1971). This Request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. The request also mischaracterizes the Companies' proposal. Subject to and without waiving the foregoing objections, please see the Companies' response to subparts a) and c).

- e) Objection. The Companies object to this Request that purports to require a detailed, narrative response. *Penn Central Transp. Co. v. Armco Steel Corp.*, 27 Ohio Misc. 76, 77 (C.P. 1971). This Request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objections, the customer's bill following the installation of the interval or advanced meter would include charges for NMB 2 instead of NMB 1. This is done automatically through the Companies' billing system.
- f) Objection. The Companies object to this Request that purports to require a detailed, narrative response. *Penn Central Transp. Co. v. Armco Steel Corp.*, 27 Ohio Misc. 76, 77 (C.P. 1971). This Request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objections, currently, interval data is uploaded to the customer portal daily after it has gone through verification processes and no longer than two days after the day of operation. The customer portal retains 24 months of interval usage history.
- g) Objection. The Companies object to this Request that purports to require a detailed, narrative response. *Penn Central Transp. Co. v. Armco Steel Corp.*, 27 Ohio Misc. 76, 77 (C.P. 1971). This Request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objections, customers have the ability to view their usage data "in real time" by connecting energy monitoring equipment to an AMI meter using a qualified home area network (HAN) device or by requesting pulse service, which is further explained on the FirstEnergy Corp. website at: [Interval Metering and Pulse Service – Ohio Smart Meters \(firstenergycorp.com\)](http://www.firstenergycorp.com/IntervalMeteringandPulseService).
- h) Objection. This Request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, the meter technology deployed by the Companies does not have capability to forecast peak loads.
- i) No. The Companies are not proposing to expand the capabilities of the currently operating customer portal at this time.

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Case No(s). 23-0301-EL-SSO

Summary: Testimony of Kevin Zacharyasz on behalf of The Ohio Hospital
Association electronically filed by Teresa Orahood on behalf of Devin D. Parram.