

STATE OF MICHIGAN
BEFORE THE MICHIGAN PUBLIC SERVICE COMMISSION

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In the matter, on the Commission's own motion, to)	
review the medical certification form under)	
the Consumer Standards and Billing Practices)	Case No. U-21618
for Electric and Natural Gas Service.)	
_____)	

At the June 6, 2024 meeting of the Michigan Public Service Commission in Lansing,
Michigan.

PRESENT: Hon. Daniel C. Scripps, Chair
Hon. Katherine L. Peretick, Commissioner
Hon. Alessandra R. Carreon, Commissioner

ORDER

Background

In response to the unprecedented situation that faced Michigan resulting from the novel coronavirus (COVID-19) pandemic, the Commission issued a number of orders assessing its response to the pandemic and emphasizing the need for special protections for customers to ensure access to utility services and to assist those struggling with utility bills in Case No. U-20757. In the July 23, 2020 order in Case No. U-20757 (July 23 order), the Commission Staff (Staff) was directed to produce a report summarizing the discussions involving affordable payment plans and other assistance, including any recommendations to improve these programs, no later than December 15, 2020. *See*, July 23 order, p. 56.

On February 18, 2021, the Commission issued an additional order in Case No. U-20757 (February 18 order), which summarized the Staff's December 15, 2020 report filed in the case

(December 15 report), including details of the discussions with interested persons and recommendations for the Commission's next steps. *See*, February 18 order, pp. 9-13. In that order, the Commission adopted several of the recommendations and provided directives moving forward. *See*, February 18 order, pp. 15-20.

As directed by the Commission in the February 18 order, the Staff filed an interim report on December 17, 2021, in that docket (December 17 report), detailing the progress made by the Energy Affordability and Accessibility Collaborative (EAAC). On February 10, 2022, the Commission issued another order in Case No. U-20757 (February 10 order), addressing the specific recommendations made by the Staff in the December 17 report. *See*, February 10 order, pp. 13-15.

On March 16, 2023, the Staff filed its second interim report in Case No. U-20757 (March 16 report), providing an update on the Commission's collaborations and communications in response to COVID-19. The March 16 report summarized the activities of the EAAC, discussed collaboration with the Energy Waste Reduction (EWR) Low-Income Workgroup, and addressed revision of the collaborative structure including the formation of the Low-Income Energy Policy Board. It also detailed the work performed by the EWR Low-Income Workgroup and the EAAC in response to the Commission's directives. For each workgroup or subcommittee, the March 16 report identified outcomes and outlined recommendations. The March 16 report included a compilation of recommendations at pages 70-74. Subsequently, on May 18, 2023, the Commission issued an order in Case No. U-20757 (May 18 order) which summarized the recommendations from the March 16 report and set forth deadlines for comments and reply comments on those recommendations.

On December 21, 2023, the Commission issued an order in Case No. U-20757 (December 21 order), addressing the recommendations, comments, and reply comments regarding the March 16 report. Specifically, the Commission noted the Staff’s Recommendation 2.8 to open a new docket to review the Medical Certification Form approved under Case No. U-18479 and adopt the new protection. The Commission found the recommendation was reasonable and that “a new docket should be opened to review the previously approved Medical Certification Form.” December 21 order, p. 30.

Discussion

The Commission’s Consumer Standards and Billing Practices for Electric and Natural Gas Service Mich Admin Code, R 460.101-R 460.169 (Billing Rules) include protections for customers experiencing a medical emergency and for critical care customers. *See*, Mich Admin Code, R 460.130 (Rule 130) and R 460.130a (Rule 130a). Specifically, Rule 130 states that “[a] utility shall restore service or postpone shut off of service for not more than 21 days if the customer or a member of the customer’s household has a medical emergency.” Rule 130a provides similar protections for critical care customers. Customers can demonstrate that they qualify for these protections through the use of a Commission-approved medical certification form, as provided for in the Billing Rules.

As noted in the Staff’s Recommendation 2.8, the Commission issued an order on November 21, 2017, in Case No. U-18479 (November 21 order), approving the original Medical Certification Form. The original form requested information identifying for whom the protection is ordered, the type of medical equipment or life support system a customer needs, and the specific time period during which the shutoff of service will aggravate the medical emergency.

Throughout the activities conducted by the EAAC, utilities provided the collaborative with data focusing on the number of customers who participated with a medical protection, denials of a medical hold, and arrearages. The data demonstrated that a large percentage of customers seeking the protection were denied. Therefore, the EAAC facilitated a discussion seeking the reason for these types of denials. While it was discovered that utilities do not track this specific type of information, utility representatives shared that many of the denials were due either to fraud or the medical certification form being incomplete. After reviewing the current medical certification form, medical industry forms, other legal contracts, and the information shared by utilities, the Data Analysis and Regulatory Review EAAC subcommittee recommended the patient's name and date of birth (DOB) be added to the page of the existing form that needs to be signed by a physician or public health official to confirm that the patient meets the criteria of a "Medical Emergency Patient" or "Critical Care Patient." The recommendation noted that the added information would identify who the protection is for, especially if only that page was provided to the medical professional. In addition, the inclusion of this information is consistent with other existing medical forms where the patient's name and DOB are required on each page of a medical document and would help prevent fraud and miscommunication.

Consistent with the recommendation, a revised form was created. The Staff has reviewed the form and is satisfied that it will adequately serve the purpose of verifying the medical condition for use in obtaining shutoff protection under the rules referenced above. Having reviewed the proposed form and based on the EAAC's efforts and thorough vetting of this necessary revision, the Commission finds that approval of the form is reasonable and in the public interest. Therefore, the Commission finds that the revised Medical Certification Form, attached as Exhibit A, should be approved. The Commission further directs the Staff to publish the revised form on the

dedicated Medical Certification Form webpage and to include translated versions of the revised form as they become available.

THEREFORE, IT IS ORDERED that:

- A. The revised medical certification form, attached as Exhibit A, is approved.
- B. The Commission Staff shall publish the revised medical certification form on the dedicated Medical Certification Form webpage and shall add translated versions of the revised medical certification form to the webpage as they become available.

The Commission reserves jurisdiction and may issue further orders as necessary.

Any party desiring to appeal this order must do so in the appropriate court within 30 days after issuance and notice of this order, pursuant to MCL 462.26. To comply with the Michigan Rules of Court's requirement to notify the Commission of an appeal, appellants shall send required notices to both the Commission's Executive Secretary and to the Commission's Legal Counsel.

Electronic notifications should be sent to the Executive Secretary at LARA-MPSC-Edockets@michigan.gov and to the Michigan Department of Attorney General - Public Service Division at pungpl@michigan.gov. In lieu of electronic submissions, paper copies of such notifications may be sent to the Executive Secretary and the Attorney General - Public Service Division at 7109 W. Saginaw Hwy., Lansing, MI 48917.

MICHIGAN PUBLIC SERVICE COMMISSION

Daniel C. Scripps, Chair

Katherine L. Peretick, Commissioner

Alessandra R. Carreon, Commissioner

By its action of June 6, 2024.

Lisa Felice, Executive Secretary

Company
Logo

Medical Certification Form

To Physicians and Public Health Officials: This form has been approved by the Michigan Public Service Commission for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service.

Instructions

A customer may provide a signed medical emergency hold request to postpone the discontinuance of utility service or restore service. For power to remain on, this certificate needs to be completed and returned to your utility within 3 business days. If utility service is a necessity, you must make other arrangements for on-site back-up capabilities or other alternatives in the event of loss of service.

If a customer submits a medical emergency hold request signed by a physician or public health official, along with the additional required information listed below, **Utility Company** will suspend shutoff action for at least 21 days, and services will be restored, where applicable. The customer may be charged a deposit to the account for service restoration due to disconnection for non-payment.

Approval of this form does not prevent shut offs indefinitely. You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit [*Utility URL Location*](#) to find available programs to assist with paying energy bills. You may also contact the United Way at 211 for free confidential service that links people with local community-based organizations across the state that can help with utility assistance and other needs.

These definitions apply in using this form:

Medical Emergency - an existing medical condition of the customer or a member of the customer's household, as defined and certified by a physician or public health official on this medical certification form, that will be aggravated by the lack of utility service. A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days.

Critical Care Customer - means any customer who requires, or has a household member who requires, home medical equipment or a life support system, and who, on an annual basis, provides this medical certification form from a physician or medical facility, to the utility, identifying the medical equipment or life support system and certifying that an interruption of service would be immediately life-threatening. Disconnection of utility service for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted).

To make a request for a medical hold:

- Section 1** of the Medical Certification Form to be completed by resident of household requiring Medical Emergency Hold or by legal parent or guardian if patient is under the age of 18.
- Section 2** of the Medical Certification Form to be completed by **Utility Company** customer of record.
- Section 3** of the Medical Certification Form to be completed by Physician or Public Health Official.
- Return the completed form** and valid identification to **Utility Company**:

Secure website:	<i>*Utility URL location*</i>
Secure email:	<i>*Utility email location*</i>
Fax number:	(000) 000 -000

This form must be complete and legible to be processed. All information is required unless otherwise indicated. Completed forms will be processed within one business day. If you have any questions, please contact **Utility Company** at **Phone Number**.

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Company Logo	<h1>Medical Certification Form</h1> <p>To Physicians and Public Health Officials: This form has been approved by the Michigan Public Service Commission for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service.</p>
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FOR SERVICE TO REMAIN ON, ALL SECTIONS OF THIS FORM MUST BE COMPLETED, LEGIBLE AND RETURNED TO THE UTILITY WITHIN 3 BUSINESS DAYS. INCOMPLETE FORMS WILL NOT BE CONSIDERED.

I understand that (Utility) cannot guarantee continuous utility service and it is my responsibility to maintain a backup system or have an alternate plan in the event of such loss. Use of this certificate form does not provide any rights to the customer regarding service restoration in the event of an unexpected outage.

Section 1: the following information is to be completed by the Patient

Patient's Name:		Birthdate: / /	
Relationship to Customer (Account holder):	<input type="checkbox"/> Self	<input type="checkbox"/> Other:	
Home/Cell:		Work:	
<p><i>I hereby authorize my health care provider(s) to release the medical information included on this medical certification FORM to my utility, or third parties authorized by the utility, to assist with the review, approval, and processing of this request. I understand that continuous utility service is not guaranteed and it is my responsibility to maintain a backup system or have an alternate plan in the event of a loss of utility service. I certify that the patient lives at the address listed below and that all information provided is accurate. If I meet the conditions for a Critical Care hold, I also agree to notify the company when this medical hold is no longer necessary.</i></p>			
Signature:		Date:	
Patient/Legal Guardian/Power of Attorney			

Section 2: the following information is to be completed by the customer (Account Holder)

Customer Name (Printed):			
Customer Address:		City:	State:
			Zip:
Home/Cell:		Work:	Home Email:
Account Number:		Type of Service	<input type="checkbox"/> Electric <input type="checkbox"/> Gas
<p><i>I certify the information above is accurate AND the patient is the customer of record or a household member of the customer of record residing at this address.</i></p>			
Customer Signature:		Date:	
<p>Approval of this form does not prevent shut offs indefinitely. You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit our website or contact United Way at 211 to find available programs to assist with paying utility bills.</p>			

Section 3: the following information is to be completed by a Physician or Public Health Official

Patient's name: (same as Section 1)

Birthdate:

/ /

Please select one of the following conditions by checking one of the boxes below:☐**Medical Emergency Patient**

*Patient suffers from an existing medical condition that will be **aggravated by the lack of utility service**. A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days.*

I certify that the patient has the following medical emergency condition(s) that will be aggravated by the loss of electricity and/or natural gas service.

Condition(s):

Equipment:

Time Period:

☐**Critical Care Patient**

*Patient uses life-supporting medical equipment at home and termination of the utility service would be **immediately life threatening**. Disconnection of utility service for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted annually to be renewed.)*

The following life-support system(s) or medical equipment is/are used by the patient:

Equipment:

Additional comments (if any):**Please check one:**☐

Physician

Name:

License #:

☐Public Health
Official

Name:

License #:

Business Address:

City:

State:

Zip:

Business Phone:

Fax:

I certify that the patient identified on this form has been examined by me and to the best of my knowledge, information provided is true, and that, in checking the selected box and signing this form, the patient meets the criteria of a "Medical Emergency Patient" or a "Critical Care Patient."

Signature:

Date:


PROOF OF SERVICE

STATE OF MICHIGAN)

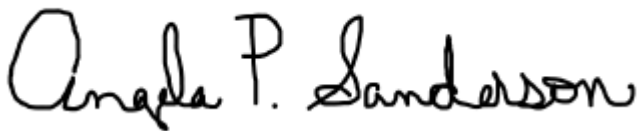
Case No. U-21618

County of Ingham)

Brianna Brown being duly sworn, deposes and says that on June 6, 2024 A.D. she electronically notified the attached list of this **Commission Order via e-mail transmission**, to the persons as shown on the attached service list (Listserv Distribution List).


Brianna Brown

Subscribed and sworn to before me
this 6th day of June 2024.



Angela P. Sanderson
Notary Public, Shiawassee County, Michigan
As acting in Eaton County
My Commission Expires: May 21, 2030

GEMOTION DISTRIBUTION SERVICE LIST

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Alpena Power
American Transmission Company
American Transmission Company
Bay City Electric Light & Power
Bishop Energy
Brauker, Linda
bp Energy Retail Company, LLC
Calpine Energy Solutions
Chappelle, Laura
Cherryland Electric Cooperative
Citizens Gas Fuel Company
City of Crystal Falls
City of Escanaba
City of Gladstone
City of Marshall
City of Portland
Cloverland
Cloverland
CMS Energy
Consumers Energy Company
Consumers Energy Company
Consumers Energy Company
Consumers Energy Company
Consumers Energy Company
Constellation Energy
Constellation Energy
Constellation New Energy
Dickinson Wright
Dillon Power, LLC
Direct Energy
Direct Energy
Direct Energy
DTE Energy
DTE Energy
DTE Energy
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Energy Harbor
Energy International Power Marketing d/b/a PowerOne
Energy Michigan
ENGIE Gas & Power f/k/a Plymouth Energy

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Presque Isle Electric & Gas Cooperative, INC

Presque Isle Electric & Gas Cooperative, INC

Realgy Corp.

Realgy Energy Services

Santana Energy

Santana Energy

Spartan Renewable Energy, Inc. (Wolverine Power Marketing Corp)

Stephenson Utilities Department

Superior Energy Company

Texas Retail Energy, LLC

Thumb Electric Cooperative

Upper Michigan Energy Resources Corporation

Upper Michigan Energy Resources Corporation

Upper Peninsula Power Company

Upper Peninsula Power Company

Village of Baraga

Village of Clinton

Volunteer Energy Services

Wabash Valley Power

Wolverine Power

Wood, Amanda

Xcel Energy

Xcel Energy