Report: What States Can Do to Save Lives and Protect Seriously Ill Residents from Utility Shut-Offs

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Download the report and appendices, including each state’s rules and recommendations for crafting a strong rule at: http://bit.ly/ill-consumer-utility

Boston – In each of the 50 states and in D.C., utility commissions set the rules regarding when and how the companies they regulate can terminate vital electric and gas service for non-payment. A new 50-state review from the National Consumer Law Center analyzes the protections against termination of households where someone is seriously ill and finds that most states can improve. Doing so can mean the difference between life and death. “Too many low-income, medically-vulnerable customers have become more ill or died when their utility service was thoughtlessly terminated,” said National Consumer Law Center attorney Charlie Harak, a co-author of the report. “Even one death is tragic. States must do more to protect the health and well-being of their citizens. One important step they can take is to adopt the report’s recommendations and strictly limit when utility service for seriously ill customers can be terminated.”

Millions of utility customers have their service terminated for non-payment each year. Many of those are low-income households in which someone is seriously ill. In extreme cases, termination of service to those households has led to death. More frequently, loss of electric or gas service makes existing illnesses or conditions worse. Utility service is often essential, for example, for refrigerating medications, powering needed medical equipment, or simply maintaining adequate temperature in the home. Disconnection from utility service is especially dangerous for vulnerable populations: the very ill and the very young and old, in particular.

Most states—except Alabama, Alaska, Louisiana, and North Carolina—have some sort of serious illness protection in their statutes or public utility rules. However, most existing state laws and regulations are overly narrow, create protections that are difficult to access and not widely known, or provide for an overly short period of protection.

“NCLC’s groundbreaking report provides valuable guidance on how state public utility commissions can design regulations to help protect seriously ill consumers from utility disconnections,” said Mark Wolfe, director of the National Energy Assistance Directors’ Association which represents Low-Income Housing Energy Assistance Programs across the nation. “This is especially important now as an increasing number of frail elderly people leave hospitals and return home with life-saving equipment that require access to reliable and affordable electricity.”

Recommendations
A strong and effective rule to protect vulnerable individuals would include the following:

1. **Broad Scope**: Eligibility for the protection should be broad and should include anyone with a serious illness whose health and safety would be at risk by involuntary disconnection of energy service.

2. **Diversity of Certifiers**: A wide range of entities should be allowed to certify serious illness,
and the utility company should be required to abide by their certification.

3. **Prompt Initiation and Adequate Duration of Protection**: Seriously ill customers must be able to obtain the protection against disconnection promptly, and the duration of the protection should correlate with the customer’s health needs.

4. **Adequate Notice and Easily-Accessible Process**: Utilities should be required to notify customers of the serious illness protection rules, with an explanation of a clear and simple application procedure, and in multiple languages as appropriate to that utility’s service territory.

5. **Affirmative Outreach**: Utilities should act affirmatively to identify medically fragile customers and avoid terminating their service.

6. **Monitoring and Enforcement**: Utilities should be required to collect, report, and analyze data, at a granular level (e.g., by zip code), to monitor the administration of the protections.

The report includes summaries of the serious illness criteria of each state and Washington, D.C., gives examples of states that have effective criteria (such as sample prompt reconnection rules) and includes sample state forms for documenting serious illness (see appendices A – F). Also included are a description of a model partnership in Maryland and tables of states with in-language notices, jurisdictions with a special process to identify medically fragile customers, and states with requirements to notify the public utility commission before disconnection of seriously ill customers.