



Application: A.20-10-
(U 39 M)
Exhibit No.: (PG&E-1)
Date: October 9, 2020
Witness(es): Brian Bishop
Dennis M. Keane
Justin Starks

FILED

10/09/20
04:59 PM

A2010006

PACIFIC GAS AND ELECTRIC COMPANY
MEDICAL BASELINE TIME OF USE RATE
PREPARED TESTIMONY
EXHIBIT (PG&E-1)



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PACIFIC GAS AND ELECTRIC COMPANY
CHAPTER 1
PG&E'S PROPOSED MEDICAL LINE-ITEM DISCOUNT

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1 **PACIFIC GAS AND ELECTRIC COMPANY**
2 **CHAPTER 1**
3 **PG&E'S PROPOSED MEDICAL LINE-ITEM DISCOUNT**

4 **A. Introduction**

5 Pacific Gas and Electric Company (PG&E) is filing this Application and
6 supporting testimony as directed by the California Public Utilities Commission
7 (CPUC or Commission) in Decision (D.) 20-05-041, to provide a means for its
8 Medical customers¹ to receive Self-Generation Incentive Program (SGIP)
9 energy storage rebates by enrolling in a SGIP-approved non-tiered residential
10 time-of-use (TOU) rate, without having to forgo benefits to which they are eligible
11 under tiered rates. The benefits received by Medical customers today are
12 inextricably tied to taking service on tiered rates. As a result, non-tiered TOU
13 rate options do not include a Medical Baseline option today. PG&E's proposal
14 would change that by offering an option for customers who wish to take service
15 on non-tiered rates like EV2-A and E-TOU-D that would retain the approximate
16 value of the benefits they receive on tiered rates, on average, via a 12 percent
17 line-item discount. This in turn makes it more attractive for Medical customers to
18 participate in the SGIP energy storage program by enrolling in the only PG&E
19 SGIP-approved TOU rate, the non-tiered Schedule EV2.²

1 Medical customers are those who have enrolled in PG&E's Medical Program, including those who, while eligible for receiving an additional Medical Baseline amount, are not currently taking service on a tiered rate. Currently, Medical customers receive electric benefits only on rate schedules with Baseline Allowances, and qualify by submitting Form 62-3481, Medical Baseline Allowance Application. As the purpose of this testimony is to extend Medical Baseline benefits to customers not taking service on rates with Baseline Allowances, PG&E will refer to these more generally as "Medical" customers, rather than "Medical Baseline" customers.

2 PG&E's proposal for a line-item Medical discount option would also be available to Medical customers desiring to take service on other open non-tiered TOU rates like Schedule E-TOU-D or, in the future if it is approved in PG&E's 2020 General Rate Case (GRC) Phase II, PG&E's proposed new Schedule E-ELEC (see PG&E's July 16, 2020 testimony, Exhibit PG&E-5, in A. 19-11-019).

1 **B. Background**

2 In August 2019, in the SGIP Order Instituting Rulemaking (OIR),³ the CPUC
 3 issued D.19-08-001 which, among other things, specified that all new residential
 4 SGIP systems must enroll in a TOU rate with a peak period that starts at 4 p.m.
 5 or later, and which has a summer peak to off-peak price ratio of at least 1.69, if
 6 such a rate is available.⁴ Residential TOU rates meeting these two criteria are
 7 designated as “SGIP-approved” TOU rates.⁵ The decision noted that, for
 8 customers on the California Alternate Rates for Energy (CARE) Program, a
 9 SGIP-approved TOU rate may not be available at the time the customer submits
 10 its incentive reservation request. In such instances, D.19-08-001 permitted
 11 CARE customers to enroll in any residential TOU rate.⁶

12 On November 27, 2019, PG&E and the other SGIP Program Administrators
 13 submitted a Joint SGIP Advice Letter 4186-G/5701-E to implement D.19-08-001,
 14 adding language to the SGIP Handbook describing the requirement for new
 15 residential SGIP systems to enroll in TOU rate with a peak period starting at
 16 4 p.m. or later and with a summer peak to off-peak price ratio of at least 1.69, if
 17 such a rate is available. But the new language also noted that, if such a
 18 SGIP-approved TOU rate is not available for CARE customers, those customers
 19 may enroll in any TOU rate.⁷ The Energy Division, after reviewing the Advice
 20 Letter, determined it was in compliance with Ordering Paragraph (OP) 2 of
 21 D.19-08-001, and the new language became effective February 24, 2020. It was
 22 not recognized at the time, however, that although PG&E did have a
 23 SGIP-approved TOU rate for CARE customers (Schedule EV2-A, together with
 24 the rider rate Schedule D-CARE, which provides a line-item discount), there was
 25 no SGIP-approved TOU rate with a tier structure that provides Medical
 26 customers benefits via augmented baseline quantities.

27 To remedy this, on March 11, 2020, PG&E filed a Petition for Modification
 28 (PFM) of D.19-08-001. The purpose of PG&E’s PFM was to request similar

3 Rulemaking (R.) 12-11-015, OIR Regarding Policies, Procedures and Rules for the California Solar Initiative, the SGIP and Other Distributed Generation Issues.

4 D.19-08-001, Conclusion of Law (COL) 23.

5 D.19-08-001, COL 26 (referencing Finding of Fact (FOF) 34).

6 D.19-08-001, COL 25.

7 In either event, though, bill protection would not be available.

1 treatment for Medical customers as the decision provided for CARE customers.
2 Specifically, PG&E requested in its PFM that the Commission modify the
3 decision to specify that, if a SGIP-approved Medical TOU rate is not available,
4 that Medical customers be allowed to enroll in any available TOU rate. On
5 June 5, 2020, the Commission issued D.20-05-041 granting PG&E's PFM,
6 stating, "Medical Baseline customers should not have to forgo the cost savings
7 of a Medical Baseline rate to participate in the SGIP," and concluding, "It is
8 important that the Commission provide a pathway for participation in SGIP to
9 Medical Baseline customers lacking access to a Medical Baseline
10 SGIP-approved TOU rate until such time as such rates are more universally
11 available."⁸

12 However, OP 3 of the decision also directed PG&E to work with Energy
13 Division to develop a SGIP-approved rate for Medical Baseline customers:

14 Pacific Gas and Electric Company (PG&E) shall as expeditiously as possible
15 develop a time-of-use rate with a summer peak to off-peak or super off-peak
16 price differential of at least 1.69, with a peak period that starts no earlier
17 than 4:00 p.m., that permits Medical Baseline customer enrollment, and that
18 appropriately balances customer impacts. PG&E shall confer with Energy
19 Division staff within 60 days to determine the timing and procedure for
20 seeking approval of this proposed rate.

21 Within that 60 day timeframe, on June 22, 2020, PG&E held a conference
22 call meeting with Energy Division to discuss ideas for complying with OP 3.
23 PG&E noted that it would prefer to avoid the time, resources and cost to design
24 and litigate, and then program and build, an entirely new rate that would only be
25 available to a very small number of Medical customers. PG&E offered an
26 alternative that would achieve the same result as a new rate for Medical SGIP
27 customers, and also provide other Medical customers the ability to select
28 non-tiered TOU rate options without having to forgo the cost savings they could
29 achieve on a tiered rate with augmented Medical Baseline quantities.
30 Specifically, PG&E's alternative proposal is to analyze the annual monetary
31 value that Medical customers, on average, receive under tiered rates (both
32 non-TOU and TOU) and convert that into a line-item percentage discount that
33 could be applied if a Medical customer were to enroll in a non-tiered TOU rate
34 (where augmented baseline quantities have no value).

⁸ D.20-05-041, FOF 7 and 8.

1 This approach of providing a line-item discount is similar to the changes the
 2 Commission has made in recent years to how PG&E provides discounts to its
 3 CARE and Family Electric Rate Assistance (FERA) customers, both of which are
 4 now provided as line-item discounts via rate rider schedules that work in
 5 conjunction with whichever rate the CARE or FERA customer chooses.⁹
 6 PG&E's CARE rate schedules were eliminated on March 1, 2020 and CARE
 7 customers' bills are now calculated by applying the discounts in the rate rider,
 8 Schedule D-CARE (which provides a constant percentage discount of slightly
 9 less than 35 percent to all volumetric rates) to whichever non-CARE rate
 10 schedule (e.g., Schedule E-1, E-TOU-C, etc.) they choose. Similarly, PG&E's
 11 FERA customers' bills are calculated by applying the 18 percent line-item
 12 discount to whichever non-CARE rate schedule they select.

13 Under PG&E's proposal, an analogous rate rider would be developed,
 14 Schedule D-MEDICAL, which provides a 12 percent line-item discount on
 15 whichever non-tiered rate a Medical customer elects.

16 Medical SGIP customers could then enroll in PG&E's SGIP-approved
 17 Schedule EV2 and, even though EV2 is un-tiered, still receive a discount via
 18 Schedule D-MEDICAL. Essentially, the combination of the EV2 rates and the
 19 D-MEDICAL rate rider creates a new rate for Medical SGIP customers that
 20 allows them not to have to forgo the value they could receive on tiered rates.
 21 PG&E's proposal also is not limited just to Medical SGIP customers, but would
 22 apply to any Medical customer selecting an open non-tiered rate like PG&E's
 23 current Schedule E-TOU-D.¹⁰

⁹ A 12 percent FERA line-item discount was implemented in the Residential Rate Reform Rulemaking (R.12-06-013). See D.15-07-001, p. 280 and COL 27. This discount was subsequently increased to 18 percent by the Legislature in Senate Bill 1135, (Bradford, 2018). The CARE line-item discount was implemented in Phase IIA of the three investor-owned utilities' consolidated 2018 Rate Design Window Proceedings, (A.17-12-011/A.17-12-012/A.17-12-013). See D.18-12-004, OP 11.

¹⁰ PG&E's current open non-tiered TOU rates are Schedules E-TOU-D and EV2. In addition, if it is approved in PG&E's 2020 GRC Phase II proceeding, PG&E's proposed electrification rate, Schedule E-ELEC, will be an open non-tiered TOU rate to which the D-MEDICAL rate rider could be applied. Under PG&E's proposal, Medical customers on closed non-tiered TOU rates Schedules EV-A and E-TOU-B would not be eligible to receive the D-MEDICAL line-item discount. However, those customers could switch to an open non-tiered rate schedule and become eligible.

1 After considering PG&E's proposal, on July 7, 2020, Energy Division sent an
2 e-mail to PG&E recommending that PG&E file a separate application with its
3 proposal in the hope that an expedited decision on this separate application
4 would provide a more timely decision than either amending its currently pending
5 2020 GRC Phase II application or waiting for its next Rate Design Window
6 (RDW) application to make the proposal. This Application represents PG&E's
7 proposal.

8 **C. Current Menu of Residential TOU Rate Options**

9 In addition to its traditional longtime tiered rate, Schedule E-1, PG&E also
10 offers customers a menu of TOU rate options. Specifically, customers may
11 choose PG&E's default TOU rate, Schedule E-TOU-C, which is a tiered TOU
12 rate with two tiers and two TOU periods in each season.¹¹ Alternatively,
13 customers may voluntarily select a non-tiered TOU rate, Schedule E-TOU-D,
14 which also has two TOU periods and a narrower peak period with more
15 pronounced rate differentials between peak and off-peak usage. Finally, if
16 customers have a qualifying technology (electric vehicles or storage), customers
17 may select optional TOU Schedule EV2.¹² Table 1-1 presents the current
18 summer peak and off-peak prices, and the peak vs. off-peak price (POPP)
19 ratios, for each of these three open TOU rates. As the table shows, only
20 Schedule EV2 is SGIP-approved, with its 2.88 POPP ratio exceeding the
21 1.69 threshold.¹³ However, a Medical SGIP customer taking service on
22 Schedule EV2 today would forgo the benefit of receiving an augmented baseline
23 allowance, since EV2 has no tiers.

11 Unlike PG&E's standard tiered (non-TOU) rate, Schedule E-TOU-C does not have a High Usage Surcharge (HUS) tier for usage above 400 percent of Baseline (where much higher rates apply).

12 PG&E also has other TOU rates, Schedules E-6 (tiered), E-TOU-A (tiered), E-TOU-B (non-tiered), and EV-A (non-tiered), that serve legacy customers, but these rate options are not available to new customers. In addition, PG&E offers Schedule EV-B, which is still open, but requires that the customer separately meter its electric vehicle charging load, the cost of which makes it unattractive to most customers. Finally, PG&E offers Schedule EM-TOU (tiered, with identical rates as Schedule E-6) for master-metered customers only.

13 Note that since E-TOU-C has two tiers, it has two different POPP ratios, neither of which equals or exceeds the 1.69 figure required for it to be designated as "SGIP-approved."

TABLE 1-1
PG&E'S OPEN RESIDENTIAL TOU RATE SCHEDULES AND POPP RATIOS

Line No.		
1	<u>E-TOU-C</u>	
2	Tier 1	
3	Summer Peak (\$/kWh)	\$0.32700
4	Summer Off-Peak (\$/kWh)	\$0.26356
5	POPP Ratio	1.24
6	Tier 2	
7	Summer Peak (\$/kWh)	\$0.41333
8	Summer Off-Peak (\$/kWh)	\$0.34989
9	POPP Ratio	1.18
10	<u>E-TOU-D</u>	
11	Summer Peak (\$/kWh)	\$0.36476
12	Summer Off-Peak (\$/kWh)	\$0.26980
13	POPP Ratio	1.35
14	<u>EV2</u>	
15	Summer Peak (\$/kWh)	\$0.47861
16	Summer Off-Peak (\$/kWh)	\$0.16611
17	POPP Ratio	2.88

1 **D. Current Approved Medical Discounts**

2 The primary benefit that Medical customers receive is in the form of having
3 their baseline quantity (BQ) of kilowatt-hours (kWh) augmented each month. As
4 described in PG&E's Electric Rule 19,¹⁴ each Medical customer typically
5 receives a standard allotment of 500 kWh per month (16.438 kWh per day) that
6 is added as a rider on top of the standard BQ it would otherwise receive on
7 tiered rates based on its climate zone, type of service (basic vs. all-electric), and
8 season (summer vs. winter).¹⁵ These augmented BQs allow each Medical
9 customer to consume additional kWh in Tier 1 that otherwise would have been
10 priced at a higher Tier 2 rate. If the Medical customer is taking service on

14 Electric Rule 19 can be found at the following link:
https://www.pge.com/tariffs/assets/pdf/tariffbook/ELEC_RULES_19.pdf.

15 If this amount is insufficient to meet a customer's medical needs, the customer may apply for one or more additional 500 kWh per month allotments. See Electric Rule 19, Part F. However, the overwhelming majority of Medical customers (99 percent) have their baseline quantities augmented by just 500 kWh, so for ease of exposition that is the figure assumed here.

1 Schedule E-1, which has a third HUS tier, the augmented BQs also allow the
2 customer to consume kWh in Tier 2 that otherwise would have been priced at
3 the higher HUS rate.

4 In PG&E's 2017 GRC Phase II proceeding, A.16-06-013, PG&E proposed
5 several reforms to its Medical Program, and later reached a Settlement with
6 residential parties to the proceeding which was adopted by the Commission in
7 D.18-08-013.¹⁶ Based on that Settlement, the tier boundaries for Medical
8 customers are shown in Table 1-2, expressed algebraically relative to the
9 customer's BQ. For comparison purposes, the table also shows the boundary
10 formulas for a non-Medical customer. As the table shows, while the boundary
11 between Tier 1 and 2 for a non-Medical customer is simply the customer's BQ,
12 for a Medical customer this boundary is augmented by an additional 500 kWh.
13 Similarly, while the boundary between Tier 2 and the HUS tier for a non-Medical
14 customer is four times the customer's BQ, for a Medical customer this boundary,
15 too, is augmented by an additional 500 kWh.

**TABLE 1-2
TIER BOUNDARY DEFINITIONS BASED ON BQ
FOR NON-MEDICAL AND MEDICAL CUSTOMERS**

Line No.	Tier Boundaries (kWh/mo)	Non-Medical Customer	Medical Customer
1	Tier 1/Tier 2 Boundary	BQ	BQ+500
2	Tier 2/HUS Tier Boundary	4*BQ	(4*BQ)+500

16 Table 1-3 shows an example of the value of receiving an augmented BQ. In
17 this example, the standard baseline is 300 kWh and the non-Medical and
18 Medical customers are both assumed to have 1,800 kWh of usage in the month.
19 For the non-Medical customer, 300 kWh gets allocated to Tier 1, 900 kWh to
20 Tier 2, and 600 kWh to the HUS tier. With the augmented BQ, however, the
21 distribution of the Medical customer's usage is quite different: 800 kWh gets
22 allocated to Tier 1, 900 kWh to Tier 2, and 100 kWh to the HUS tier. The

16 PG&E plans to implement these previously approved changes to Medical Baseline by the end of 2021, subject to the constraints discussed in Chapter 2, Section D. In estimating the equivalent line-item percentage discount described in Section E, PG&E assumes as a base case that these previously-approved changes are already in effect, since they have already been approved by the Commission and are scheduled to be in effect by the time this proposal can be implemented.

1 augmented BQ effectively allows the Medical customer to move 500 kWh of
 2 usage from the HUS tier to Tier 1. Given the extremely large difference between
 3 the HUS and Tier 1 rates,¹⁷ this represents a substantial discount for Medical
 4 customers with usage that exceeds the HUS threshold of 400 percent of
 5 baseline.

**TABLE 1-3
 EXAMPLE OF USAGE ALLOCATION BY TIER
 FOR NON-MEDICAL AND MEDICAL CUSTOMERS**

Line No.	Usage (kWh)	Non-Medical Customer	Medical Customer
1	Tier 1	300	800
2	Tier 2	900	900
3	HUS Tier	600	100
4	Total	1,800	1,800

6 The Settlement approved by D.18-08-013 also includes a rate reduction in
 7 all rate tiers (relative to non-Medical, non-CARE rates) for the Department of
 8 Water Resources (DWR) bond charge,¹⁸ and elimination of the credit for usage
 9 above 200 percent of baseline that is applied to bills for Medical non-CARE
 10 customers. The DWR bond charge for PG&E's residential customers is
 11 currently about 0.6 cents per kWh. This 0.6 cent per kWh credit applies to all
 12 kWh consumed by a Medical customer, regardless of tier or TOU period.
 13 Finally, customers that take medical baseline service currently receive a fifty
 14 percent discount on the delivery minimum bill amount.

17 Prior to the June 1, 2020 temporary reduction in the HUS rate, the Tier 1 rate on PG&E's Schedule E-1 was 24.37 cents per kWh and the HUS rate was 53.74 cents per kWh—a differential of 29.37 cents per kWh. So, the customer would save 29.37 cents per kWh on 500 kWh of usage, or almost \$147 on its monthly bill. Even with the temporary reduction to the HUS rate to 38.34 cents per kWh that occurred on June 1, 2020, the differential remains quite substantial at 13.97 cents per kWh, for a savings of almost \$70 on its monthly bill.

18 The Commission adopted an exemption to the DWR Bond charge for Medical customers in D.02-10-063, and the DWR bond charge is not funded by Medical customers today. The method adopted by D.18-08-013 makes that exemption explicit through a reduction to rates in all tiers. On October 1, 2020, pursuant to D.20-09-005 and D.20-09-023, the Wildfire Fund Charge (WFC) displaced the DWR bond charge. Pursuant to D.19-10-056, customers that were exempt from the DWR bond charge are also exempt from the WFC (OPs 9 and 13). Accordingly, while PG&E's proposal for the medical baseline credit is specific to the DWR Bond charge, the billing proposed herein for the Medical line item credit will apply equally to the WFC.

1 E. Estimating Average Medical Discount Percentage

2 In developing its proposed line-item discount for Medical customers, PG&E's
3 objective is to set the percentage discount at a level where it is equivalent, on
4 average, to the discounts that Medical customers would receive if they were to
5 remain on tiered rates under the terms for the Medical Baseline Program
6 adopted by D.18-08-013.

7 To develop the line-item discount, PG&E performed an analysis of its
8 existing Medical customers on tiered rates (including tiered TOU rates) to
9 quantify the value those customers would receive based on the Medical
10 Baseline Program adopted by D.18-08-013, in terms of annual bill savings,
11 compared to what they would have paid absent the Medical Program. Billing
12 data for Medical customers over the twelve-month period from March 2019
13 through February 2020 were used,¹⁹ and the analysis steps were as follows:

- 14 1) In Step 1, PG&E calculated the hypothetical situation where there was no
15 Medical Program and PG&E's Medical customers thus had to pay full
16 undiscounted rates. For Step 1, PG&E calculated hypothetical monthly and
17 annual bills for each Medical customer, under the assumption that each one
18 paid the same non-discounted rates that PG&E's Non-Medical customers
19 pay. PG&E then calculated annual revenue for Step 1 by summing each
20 customer's annual bill over all customers. This represents the revenue that
21 PG&E would have received from Medical customers had there been no
22 Medical Program.
- 23 2) Next, in Step 2, PG&E calculated revenue from Medical baseline customers
24 based on the program adopted in D.18-08-013 (i.e., the augmented BQs
25 and DWR bond charge exemption described in the previous section). For
26 Step 2, PG&E calculated monthly and annual bills for each Medical

¹⁹ This period was chosen, as it represents the most recent twelve-month period that also excludes the COVID-19 pandemic period when residential usage patterns were drastically altered. Master-metered and net energy metering (NEM) customers were excluded from the data set. Direct Access (DA) and Community Choice Aggregation (CCA) customers were included but treated as if they were PG&E bundled service customers (i.e., billed for generation using PG&E's generation rates). To be included in the analysis data set, a customer must have had billing data for every month during the March 2019-February 2020 period. The result was a data set of individually-metered, non-NEM, Medical customers with complete twelve months of billing data on one of PG&E's tiered rate schedules (Schedule E-1, E-6, E-TOU-A, or E-TOU-C).

1 customer assuming they received these discounts. PG&E then calculated
2 annual revenue for Step 2 by summing each customer's annual bill over all
3 customers. This represents the revenue PG&E would actually receive from
4 Medical customers under the Medical Program, which is less than the
5 revenue received from Step 1 where no discounts are provided.

6 3) Finally, PG&E calculated the average discount in percentage terms, by first
7 subtracting Step 2 revenue from Step 1 revenue, then dividing this amount
8 by the Step 1 revenue.

9 The results are shown in Table 1-4. Row 1 shows that almost
10 150,000 Medical customers' bills were analyzed. Row 2 shows that PG&E
11 would have received \$306.3 million in revenue from these customers absent a
12 Medical Program, while Row 3 shows that this figure declines to \$270.6 million
13 with the program. The difference in these two revenue figures, \$35.7 million
14 shown in Row 4, represents the aggregate value of the Medical baseline
15 discounts. Row 5 converts this aggregate value figure into a percentage,
16 showing that the value of the Medical baseline discounts represents an
17 11.7 percent discount on what their aggregate bills would be absent the Medical
18 Program. Rows 6 through 8 show the same 11.7 percent discount
19 calculation based on Medical customers' average monthly bills with and without
20 the program. PG&E proposes to round this 11.7 percent discount to 12 percent
21 for billing and tariff purposes, and for ease of presentation, outreach, and
22 customer understanding. Thus, PG&E is herein proposing that the line-item
23 discount on Schedule D-MEDICAL be set at 12 percent.

**TABLE 1-4
ESTIMATED VALUE OF MEDICAL DISCOUNTS**

Line No.		
1	Number of Customers	149,067
2	Revenue if no Medical Program (\$/yr)	\$306,325,786
3	Revenue With Medical Program (\$/yr)	\$270,597,598
4	Value of Medical Discount (\$/yr)	\$35,728,189
5	Value of Medical Discount (%)	11.7%
6	Average Bill if No Medical Program (\$/cust-mo)	\$171.25
7	Average Bill With Medical Program (\$/cust-mo)	\$151.27
8	Average Bill Discount (\$/cust-mo)	\$19.97
9	Average Bill Discount (%)	11.7%

1 F. Specifics of PG&E's Proposal

2 As previously described, PG&E's Medical customers currently derive most
3 of the value of the program through the ability to receive augmented BQs
4 (usually equal to an additional 500 kWh per month),²⁰ on tiered rate schedules.
5 Based on the results described in the previous section, PG&E is herein
6 proposing to offer Medical customers a new option: to take service on an open
7 non-tiered TOU rate, thus forgoing the benefit of an augmented BQ, but instead
8 receive a line-item discount of 12 percent as provided in PG&E's proposed rider
9 rate, Schedule D-MEDICAL.

10 To implement PG&E's proposed line item discount for Medical customers,
11 PG&E will determine the amount of the discount for bundled, DA and CCA
12 customers based on total bundled charges. In this way, the amount of the
13 discount is the same for similarly situated customers regardless of their energy
14 supplier. The amount of the discount will then be unbundled to reflect the
15 amount of the discount allocated to the DWR bond charge (or its successor
16 WFC) with the residual assigned to the distribution component of rates.

17 Proposed D-MEDICAL tariff sheets are presented in Appendix A to this
18 chapter. Medical customers would have a choice of how to receive their

20 Medical customers are able to request additional baselines if needed. Only about 1 percent of PG&E's Medical customers have more than one augmented baseline amount.

1 benefits, either by: (a) remaining on a tiered rate and receiving an
2 augmented BQ, along with the DWR bond charge exemption; or (b) moving to a
3 non-tiered TOU rate and receiving their discount via the 12 percent line-item
4 discount on rate rider Schedule D-MEDICAL.²¹ In this way, Medical SGIP
5 customers could enroll in SGIP-approved (but non-tiered) Schedule EV2,
6 receive price signals with a POPP ratio in excess of 1.69, and still not forgo their
7 Medical discounts.²² In addition, non-SGIP Medical customers would have a
8 wider range of rate choices, as the selection of a non-tiered TOU rate like
9 E-TOU-D or EV2 would no longer preclude them from receiving a Medical
10 discount.

11 A subset of customers on PG&E's Medical Program may also qualify for
12 another PG&E discount program. For example, a Medical Program customer
13 might also qualify for CARE or FERA (but not both, since they are mutually
14 exclusive), both of which have line-item discounts of their own. In such an
15 instance, PG&E proposes that the discounts be applied in a multiplicative
16 fashion. For example, suppose a household qualifies for, and is participating in,
17 both the FERA and Medical Programs and wishes to take service on a
18 non-tiered TOU rate like Schedule E-TOU-D. This customer's bill would first be
19 calculated based on the undiscounted E-TOU-D rates. Then the 18% Schedule
20 E-FERA discount would be applied to obtain the bill the customer would pay if it
21 were just a FERA customer. If, however, this customer also qualifies for PG&E's
22 Medical Program, it would, under PG&E's proposal, also qualify for the 12
23 percent Schedule D-MEDICAL discount, which would further discount its bill. If,

21 Medical customers with very low usage who select the 12 percent line-item discount would first have their monthly bill calculated based on the standard non-CARE/Medical rate with a delivery minimum bill amount of \$10, and then have that bill reduced by 12 percent. PG&E anticipates there will be few, if any, Medical customers with usage low enough to trigger the delivery minimum bill amount (since the whole rationale for augmented Medical baseline quantities is that Medical customers require appliances and/or equipment that increase their monthly electricity consumption). Those who continue to be served on tiered rates would continue to be billed using the current, discounted, \$5 delivery minimum bill amount.

22 PG&E is not proposing, however, to force Medical customers who have already received SGIP incentives and taken service on a non-SGIP-approved TOU rate like Schedule E-TOU-C (as they were permitted to do by D.19-08-013 and D.20-05-041 on an interim basis) to migrate to Schedule EV2.

1 say, the E-TOU-D bill in a month were \$100, the bill for a combination
2 FERA/Medical customer would be calculated as follows:

3
$$\text{Bill} = \$100 * (1-.18) * (1-.12) = \$100 * .72160 = \$72.16$$

4 So, this customer would pay a \$72.16 bill, which represents a
5 \$27.84 discount, which is a 27.84 percent discount on the \$100 bill it would have
6 paid if it did not qualify for either of the programs.

7 **G. Conclusion**

8 If approved, PG&E's proposal presented herein would accomplish two
9 objectives. First, it would provide a means for Medical customers to take
10 advantage of the SGIP Program incentives to install storage, take service on a
11 SGIP-compliant TOU rate (Schedule EV2-A), and not have to forego the value of
12 the augmented baseline amount that only provides value on tiered rate
13 schedules. Second, even for Medical customers who do not participate in the
14 SGIP Program, PG&E's proposal would provide a means for them to take
15 service on non-tiered TOU rates like Schedule EV2-A or, if it is approved in
16 PG&E's 2020 GRC Phase II proceeding, proposed Schedule E-ELEC—both of
17 which, since they are non-tiered, mitigate the disincentive to purchase and
18 operate cleaner electric appliances and equipment.

PACIFIC GAS AND ELECTRIC COMPANY
CHAPTER 1
ATTACHMENT A
PROPOSED SCHEDULE D-MEDICAL TARIFF LANGUAGE



ELECTRIC SCHEDULE D-MEDICAL
LINE-ITEM DISCOUNT FOR MEDICAL CUSTOMERS

Sheet 2

APPLICABILITY: This schedule is applicable to single-phase and polyphase residential service in single-family dwellings and in flats and apartments separately metered by PG&E, where the applicant qualifies for PG&E's Medical program under the eligibility and certification criteria set forth in Electric Rule 19, Sections B through E. Schedule D-MEDICAL is available, on an optional basis, to customers taking service on either of PG&E's open non-tiered time-of-use (TOU) rates, Schedule E-TOU-D or Schedule EV2 Option A.

TERRITORY: This rate schedule applies everywhere PG&E provides electric service.

(T)

RATES: Customers taking service on this rate schedule will receive an 11.7 percent discount on their total bundled charges on their otherwise applicable rate schedule (except for the California Climate Credit, which will not be discounted). The MEDICAL discount will be calculated for direct access and community choice aggregation customers based on the total charges as if they were subject to bundled service rates. Discounts will be applied as a residual reduction to distribution charges, after D-MEDICAL customers are exempted from the DWR bond charge.

SPECIAL CONDITIONS: 1. **OTHERWISE APPLICABLE SCHEDULE:** The Special Conditions of the Customer's otherwise applicable rate schedule will apply to this schedule.

(N)

2. **ELIGIBILITY:** To be eligible to receive D-MEDICAL the applicant must qualify under the criteria set forth in PG&E's Electric Rules 19, Sections B through E, and meet the certification requirements thereof to the satisfaction of PG&E. Qualifying Direct Access, Community Choice Aggregation Service, and Transitional Bundled Service customers are also eligible to take service on Schedule D-MEDICAL. Applicants may qualify for D-MEDICAL at their primary residence only.

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(N)

*Advice
Decision*

*Issued by
Robert S. Kenney
Vice President, Regulatory Affairs*

*Submitted
Effective
Resolution*

PACIFIC GAS AND ELECTRIC COMPANY
CHAPTER 2
IMPLEMENTATION

PACIFIC GAS AND ELECTRIC COMPANY
CHAPTER 2
IMPLEMENTATION

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PACIFIC GAS AND ELECTRIC COMPANY
CHAPTER 2
IMPLEMENTATION

A. Introduction

As discussed in Chapter 1, non-tiered Time-of-Use (TOU) rate options currently do not provide an opportunity for a Medical discount.¹ Pacific Gas and Electric Company’s (PG&E) proposal described in Chapter 1 would offer a Medical discount option for customers who wish to take service on the non-tiered rates EV2-A and E-TOU-D that would provide an approximated value of a Medical discount on tiered rates via an averaged, line-item discount. This section describes PG&E’s proposed approach for implementing a line-item Medical discount on the EV2-A and E-TOU-D rates, and clarifies the Self-Generation Incentive Program (SGIP) customer experience both prior to and after the implementation of the line-item Medical discount on EV2-A.

B. Eligible Rate Requirements for Medical Baseline Customers on SGIP

As described in Chapter 1, Medical customers can currently participate in the SGIP program by enrolling on any available TOU rate that has a Medical discount until a SGIP-eligible rate is available that provides a Medical discount. Therefore, in the interim period until PG&E implements its Medical discount for EV2-A as proposed in Chapter 1, Medical customers can participate in SGIP and receive a Medical discount while enrolled in E-TOU-C and E-6.² SGIP Medical customers can voluntarily enroll on EV2-A in this interim period, forgoing their Medical discount, if they so choose.

Table 1 below lists PG&E’s residential TOU rates³ and SGIP eligibility, indicating only EV2-A currently qualifies as a SGIP-approved rate for everyone

1 PG&E's available non-tiered TOU rates include EV2-A and E-TOU-D. The E-TOU-B and EV-A non-tiered TOU rates are closed to new enrollments and will be eliminated in 2025.

2 D.20-05-041 allows Medical customers to enroll in any available TOU rate that has a medical discount, which is E-TOU-A, E-TOU-C, and E-6. However, since E-TOU-A will be eliminated in late 2020 (with customers being transitioned off the rate entirely in October 2020), it will not to be available as a SGIP-approved rate for Medical customers.

3 Residential Master-Meter TOU rates have been excluded.

1 other than Medical customers. Once the Medical discount is available via
2 Schedule D-MEDICAL, all new residential projects seeking SGIP incentives will
3 be required to be enrolled on EV2-A.⁴

4 Given that some Medical customers would have been on either E-TOU-C or E-6 (with a few potentially choosing to enroll into the current EV2-A rate) when they enrolled in SGIP prior to the implementation of Schedule D-MEDICAL, PG&E requests that these customers be allowed to remain on those rates until they would otherwise be transitioned off the rate (i.e., E-6 transition to E-TOU-C in 2023) or opt-in to another TOU rate. Once Schedule D-MEDICAL is implemented, PG&E proposes that all Medical customers applying for new SGIP incentives be required to be enrolled on EV2-A, in compliance with revised Attachment A, Section IV: Upfront Requirements-2 described in D.20-05-041.

**TABLE 2-1
PG&E RESIDENTIAL TOU RATES**

Line No	PG&E May 1, 2020 Rates	Rate Status	Medical Discount	SGIP Approved ^a	Peak Period	Tiers	Summer			
							Peak (\$/kWh)	Part-Peak (\$/kWh)	Off-Peak (\$/kWh)	Peak/Off-Peak Ratio
1										
2	EV2-A	Open	No	Yes	4-9 pm	n/a	0.47861	0.36812	0.16611	2.88
3	E-TOU-C	Open	Yes	Only for Medical Baseline Customers ^b	4-9 pm	Tier 1/ Baseline Tier 2	0.32700 0.41333	n/a n/a	0.26356 0.34989	1.24 1.18
4	E-TOU-D	Open	No	No	5-8 pm, M-F	n/a	0.36476	n/a	0.26980	1.35
5	EV-B	Open	No	No	2-9 pm, M-F, 3-7 pm, Sat, Sun and Holidays	n/a	0.53711	0.29601	0.14605	3.68
6	EV-A	Closed, to be eliminated in 2025	No	No	2-9 pm, M-F, 3-7 pm, Sat, Sun and Holidays	n/a	0.54314	0.29903	0.14648	3.71
7	E-TOU-B	Closed, to be eliminated in 2025	No	No	4-9 pm	n/a	0.40249	n/a	0.29943	1.34
8	E-6	Closed, to be eliminated in 2023	Yes	Only for Medical Baseline Customers ^b	1-7 pm, M-F	Tier 1/ Baseline Tier 2	0.40489 0.23239	0.28645 0.37278	0.21122 0.29755	1.92 0.78
9	E-TOU-A	Closed, to be eliminated in 2020	Yes	No	3-8 pm	Tier 1/ Baseline Tier 2	0.34660 0.43293	n/a n/a	0.27103 0.35736	1.28 1.21

Notes:

- (a) "SGIP Approved": D.19-08-001, page 44, defines a SGIP-Eligible rate as a rate with a peak period starting at 4 p.m. or later and with a summer peak to off-peak or peak to super off-peak price differential of 1.69 or more, which was to be submitted in an advice letter and becomes a SGIP-Approved rate once approved by the Commission. D.19-08-001, page 44 also defines a SGIP-Approved rate restricted to CARE-eligible customers as a "SGIP-Approved CARE rate." D.20 05 041 extended this concept of a restricted SGIP-Approved rate to Medical customers which PG&E is defining as a "SGIP-Approved Medical Baseline Rate". Except for EV2-A, all other PG&E residential TOU rates are not SGIP-Approved due either to not having a peak period starting at 4 p.m. or not having a peak to off-peak ratio of 1.69 or greater.
- (b) "Only for Medical Baseline Customers": E-TOU-C and E-6 qualify as "SGIP-Approved Medical Baseline Rates" until there is a SGIP-Approved rate that has a peak period starting at 4 p.m., a peak to off-peak ratio of 1.69 or greater and a Medical discount (such as a line-item via Schedule D-MEDICAL, as proposed in this application). Although the E-6 rate is closed to new enrollment, new SGIP customers already on E-6 will be allowed to continue on the rate and qualify for SGIP until a SGIP-Approved rate with a Medical discount is implemented. Once Schedule D-MEDICAL is implemented, E-TOU-C and E-6 will no longer qualify as SGIP-Approved rates for Medical customers submitting new applications. As described previously, E-TOU-A is not being considered a SGIP-eligible rate for Medical customers because all existing customers will be transitioned off the rate in October 2020. Additionally, in the interim, EV2-A is also available to Medical customers if they voluntarily choose to enroll in it, even without a Medical discount.

1 **C. SGIP Budget Subscription**

2 The full 2020-2024 Equity Resiliency SGIP budget (\$270 million, which
3 specifically targets Medical and other customers for a “no-cost” battery storage
4 system), has been fully subscribed as of September 17, 2020. PG&E has
5 started a waitlist and future applications will be processed in the order received.
6 Hence, all Medical customers enrolling in SGIP under the 2020-2024 Equity
7 Resiliency budget will be able to participate while enrolled in E-TOU-C, E-6 or
8 EV2-A, as described above. However, PG&E believes that providing a Medical
9 discount on non-tiered TOU rates will give Medical customers better TOU rate
10 options and ultimately increase overall enrollment on residential TOU rates. In
11 addition, under PG&E’s proposal, EV2-A will become the SGIP-approved rate
12 for Medical customers for future tranches of SGIP funding should the Legislature
13 extend SGIP funding.

14 SGIP is a dynamic program in exceptionally high demand. While PG&E’s
15 Equity Resiliency budget is now fully allocated, the General Market SGIP budget
16 category is currently targeted to become available to customers at the end of
17 September/early October. PG&E does expect some Medical customers to
18 participate in the General Market program. General Market residential
19 customers will receive \$0.20/W incentive versus the Equity Resiliency Budget
20 \$1.00/W. Nevertheless, this lower incentive rate will still allow many
21 customers—including Medical customers—to participate, even if they live
22 outside the High Fire Threat District or have experienced fewer than two Public
23 Safety Power Shutoff events—both Equity Resiliency eligibility requirements.
24 These customers will also be able to participate in SGIP while enrolled in
25 E-TOU-C, E-6 or EV2-A, as described above, in the interim period, until PG&E
26 implements Schedule D-MEDICAL as proposed in Chapter 1. Once Schedule
27 D-MEDICAL is implemented, all new residential projects seeking SGIP
28 incentives will be required to be enrolled on EV2-A.

1 **D. Billing System Modifications and Timeline**

2 As described in Chapter 1, PG&E plans to implement⁵ Schedule D-
3 MEDICAL to meet the requirements established in Decision (D.) 20-05-041, and
4 to E-TOU-D as expeditiously as possible.

5 PG&E is currently working through an unprecedented backlog of billing
6 system and billing statement changes resulting from multiple rate design
7 proceedings over the past several years. In addition, PG&E plans to undertake
8 a lifecycle upgrade of the main billing system (Customer Care and Billing or
9 CC&B) in 2021. PG&E also plans to replace its ancillary billing system (also
10 called the Advanced Billing System or ABS), which is the system for complex
11 rates such as Net Energy Metering (NEM) for Multifamily, Virtual NEM, NEM
12 plus paired storage, Standby Service, etc. The ABS replacement and CC&B
13 upgrade would require freeze and stabilization periods which, combined with the
14 backlog of rate changes, may limit PG&E's ability to complete the work required
15 for implementing this and other rate change projects by the end of 2021.

16 PG&E is not requesting any additional funding to implement this
17 rate proposal.

5 PG&E will not be applying the line-item discount to E-TOU-B or EV-A which are closed to new enrollments and will be eliminated in 2025.

PACIFIC GAS AND ELECTRIC COMPANY
APPENDIX A
STATEMENTS OF QUALIFICATIONS

1 **PACIFIC GAS AND ELECTRIC COMPANY**
2 **STATEMENT OF QUALIFICATIONS OF BRIAN BISHOP**

3 Q 1 Please state your name and business address.

4 A 1 My name is Brian Bishop, and my business address is Pacific Gas & Electric
5 Company, 245 Market Street, San Francisco, California.

6 Q 2 Briefly describe your responsibilities at Pacific Gas and Electric Company
7 (PG&E).

8 A 2 I am the Principal Program Manager of the PG&E Self-Generation Incentive
9 Program (SGIP), which is part of PG&E's Customer Resiliency Team. I
10 report to the Senior Manager of the Customer Resiliency Team. My
11 responsibilities involve the overall program management of SGIP, including
12 internal leadership of PG&E's team of SGIP program managers and
13 application processors, as well as external leadership on behalf of PG&E
14 with the statewide SGIP Working Group, including working with the
15 California Public Utilities Commission's (CPUC) Energy Division. I am
16 responsible for ensuring CPUC Decisions on SGIP are implemented
17 accurately and appropriately by PG&E. I liaise with industry, including
18 developers and manufacturers and outreach to customers and other entities
19 to educate and help promote the program.

20 Q 3 Please summarize your educational and professional background.

21 A 3 I received a Bachelor of Arts degree with High Honors from University of
22 California at Berkeley in Sociology in 1988. In 2001, I received a Master's
23 degree in Geography and Environmental Science from California State
24 University East Bay. I received a Master of Business Administration from
25 Presidio Graduate School in 2009, with a focus on sustainable business
26 management and renewable energy. Prior to joining PG&E, I was engaged
27 in small and medium-sized business management, provided professional
28 sustainability consulting and developed solar projects for a large solar
29 integrator operating in multiple states. I was hired by PG&E in 2013 to lead
30 its California Solar Initiative Solar-Thermal Program. In 2015, I took over the
31 SGIP, was promoted to Expert, and managed the program until August
32 2019. I was then promoted to Principal on PG&E's Public Safety Power
33 Shutoff (PSPS) Project Management Office team where I worked for 6 to 7

1 months, during which time I worked in PG&E's Emergency Operations
2 Center for many PSPS events. In March of 2020, I returned to manage
3 PG&E's SGIP program, joining the new Customer Resiliency Team in
4 Customer Energy Solutions.

5 Q 4 What is the purpose of your testimony?

6 A 4 I am sponsoring the following testimony in the Application of Pacific Gas and
7 Electric Company (U39) for Approval to Provide Eligible Residential Medical
8 Customers on Non-Tiered Rates a Medical Baseline Benefit Through a
9 Line-Item Discount:

- 10 • Exhibit (PG&E-1), "Medical Baseline Time of Use Rate Prepared
11 Testimony":
 - 12 – Chapter 2, "Implementation";
 - 13 • Section C.

14 Q 5 Does this conclude your statement of qualifications?

15 A 5 Yes, it does.

1 **PACIFIC GAS AND ELECTRIC COMPANY**
2 **STATEMENT OF QUALIFICATIONS OF DENNIS M. KEANE**

3 Q 1 Please state your name and business address.

4 A 1 My name is Dennis M. Keane, and my business address is Pacific Gas and
5 Electric Company, 77 Beale Street, San Francisco, California.

6 Q 2 Briefly describe your responsibilities at Pacific Gas and Electric Company
7 (PG&E).

8 A 2 I am a Chief in the Analysis and Rates Department, responsible for
9 preparing and managing the preparation of retail electric rate design
10 proposals for presentation before the California Public Utilities Commission
11 (Commission).

12 Q 3 Please summarize your educational and professional background.

13 A 3 I received a Bachelor of Arts degree in Economics, with honors, in 1974
14 from the University of California, Berkeley; and a Ph.D. degree in Economics
15 in 1980 from the University of Wisconsin, Madison.

16 From 1978 to 1980, I taught in the Economics Department at the
17 University of Southern California. In 1980, I joined PG&E as a Load
18 Research Analyst, responsible for preparing PG&E's class load research
19 reports and designing samples for load profile metering projects. In 1982, I
20 was promoted to Coordinator of Load Research Projects, where I managed
21 a number of large scale load profile metering projects. In 1984, I was
22 promoted to Supervisor of Load Management Analysis and Operations,
23 responsible for scheduling experimental operations of PG&E's dispatchable
24 load management programs, as well as estimating their load impacts. In
25 1988, I became the Supervisor of Commercial/Industrial Electric Rate
26 Design. In 1991, I accepted a position in the Market Planning and Research
27 Department, where I managed a number of projects designed to evaluate
28 the effectiveness and economics of distributed generation and targeted
29 demand side management programs designed to alleviate peaking
30 problems on the local distribution system. I left PG&E in 1993 for a position
31 at the consulting firm Freeman, Sullivan & Company, where I directed the
32 firm's electric utility practice. I returned to PG&E in 1996 as a Senior
33 Analyst in the Service Analysis Department, and, in 2000, was promoted to

1 a Manager position in that department. From July 2008 through February
2 2009, I worked as a Principal in the Market Design and Analysis
3 Department, responsible for estimating avoided costs and evaluating
4 demand response cost effectiveness. In March 2009, I took the position of
5 Manager of Electric Rates in the Analysis and Rates Department. I was
6 promoted Senior Manager in April 2011 and to Chief in March 2014.

7 I have previously appeared before the Commission, sponsoring
8 testimony on electric rate design, revenue forecasting, flexible rate options,
9 customer retention and economic development, the applicability of
10 non-bypassable charges to direct access and departing load customers, and
11 the cost effectiveness of PG&E's demand response programs.

12 Q 4 What is the purpose of your testimony?

13 A 4 I am sponsoring the following testimony in the Application of Pacific Gas and
14 Electric Company (U39) for Approval to Provide Eligible Residential Medical
15 Customers on Non-Tiered Rates a Medical Baseline Benefit Through a Line
16 Item Discount:

- 17 • Exhibit (PG&E-1), "Medical Baseline Time of Use Rate Prepared
18 Testimony":
 - 19 – Chapter 1, "PG&E's Proposed Medical Line-Item Discount"; and
 - 20 – Attachment A, "Proposed Schedule D-MEDICAL Tariff Language."

21 Q 5 Does this conclude your statement of qualifications?

22 A 5 Yes, it does.

1 **PACIFIC GAS AND ELECTRIC COMPANY**
2 **STATEMENT OF QUALIFICATIONS OF JUSTIN STARKS**

3 Q 1 Please state your name and business address.

4 A 1 My name is Justin Starks, and my business address is Pacific Gas and
5 Electric Company, 245 Market Street, San Francisco California.

6 Q 2 Briefly describe your responsibilities at Pacific Gas and Electric Company
7 (PG&E).

8 A 2 I am a Manager in the Pricing Products Department. My responsibilities
9 include developing strategy and implementing residential rate transitions,
10 including the residential time-of-use (TOU) transition of E-1 customers to
11 E-TOU-C. Apart from the transition, I ensure that residential customers are
12 appropriately informed regarding regulatory changes to their rate plans
13 along with overseeing products that assist customers in managing their
14 usage, such as the Bill Forecast Alert Program and the High Usage Alert
15 program. Additionally, I am the Customer Lead for the Medical Baseline
16 program.

17 Q 3 Please summarize your educational and professional background.

18 A 3 I received a Bachelor of Arts degree in Music from the University of
19 California at Berkeley in 2009. I have worked at PG&E since 2014, first as a
20 contractor supporting application processing of residential customers
21 applying for the Net Energy Metering (NEM) 1.0 program in the Electric
22 Generation Interconnection Department. In 2015, I was hired full-time to
23 lead process improvement efforts that reduced total interconnection
24 approval times and handled any customer escalations. In this role, I also
25 assisted in implementing the closure of the NEM 1.0 program and the
26 launch of the NEM 2.0 program. In 2017, I was promoted to Senior Program
27 Manager of NEM in the Distributed Generations Department, where I
28 continued to lead strategy and implementation efforts that improved the
29 experience of customers on complex NEM programs such as NEM
30 Aggregation and Virtual NEM, and supported regulatory filings surrounding
31 customers eligible to stay on legacy rates. In early 2019, I was promoted to
32 Expert Program Manager of NEM and remained in that role until I took my
33 current role in the Pricing Products Department in Q4 of 2019.

1 Q 4 What is the purpose of your testimony?

2 A 4 I am sponsoring the following testimony in PG&E's Application of Pacific
3 Gas and Electric Company (U39) for Approval to Provide Eligible Residential
4 Medical Customers on Non-Tiered Rates a Medical Baseline Benefit
5 Through a Line-Item Discount.

6 • Exhibit (PG&E-1), "Medical Baseline Time of Use Rate Prepared
7 Testimony":

8 – Chapter 2, "Implementation":

9 • Sections A, B, and D.

10 Q 5 Does this conclude your statement of qualifications?

11 A 5 Yes, it does.