PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

ENERGY DIVISION **RESOLUTION E-5169**
September 23, 2021

R E S O L U T I O N

Resolution E-5169. Implementing Improvements to Medical Baseline Programs and Affirming Compliance with SB 1338.

PROPOSED OUTCOME:

- Approves with modifications Tier 3 Advice Letters filed by Pacific Gas and Electric Company, Southern California Edison, San Diego Gas & Electric, and Southern California Gas Company reporting Medical Baseline outreach activities and establishing enrollment goals pursuant to Decision 20-06-003.

SAFETY CONSIDERATIONS:

- Customers who are eligible for Medical Baseline but not enrolled may not receive appropriate notification of Public Safety Power Shutoffs or wildfire threats requiring evacuation. These customers may also have difficulty affording sufficient electricity or gas to meet their basic medical needs.

ESTIMATED COST:

- Minor costs anticipated due to more customers receiving Medical Baseline allotment and outreach activities, which will be borne by ratepayers during each utility's next GRC.

By Advice Letters:

PG&E 4293-G/5916-E, Filed on August 17, 2020.
SCE 4276-E, Filed on August 17, 2020.
SDG&E 3589-E/2890-G, Filed on August 17, 2020.
SoCalGas 5676-G, Filed on August 17, 2020.

SUMMARY

This resolution approves with modifications Tier 3 Advice Letters (ALs) submitted by Pacific Gas and Electric (PG&E), Southern California Edison (SCE), San Diego Gas & Electric (SDG&E), and Southern California Gas Company (SoCalGas), collectively "IOUs," pursuant to Decision (D.) 20-06-003. These ALs establish numerical enrollment goals for the Medical Baseline program and describe plans for increased outreach activities to inform eligible customers of the program's benefits and how to enroll in the program.

BACKGROUND

California Public Utilities Code requires energy utilities to provide customers with specified medical conditions or who rely on life-support equipment an additional quantity of electricity and gas at the lowest, or "baseline," rate to meet their medical needs.[1] Pursuant to this requirement, each utility offers a standard Medical Baseline rate, providing a higher quantity of energy or gas priced at the lowest, baseline rate for customers with verified medical needs. Customers enrolled in Medical Baseline also receive targeted assistance and notifications related to emergency events that may result in disruption of energy service, such as Public Safety Power Shutoffs and wildfires.

In 2018, the California Public Utilities Commission (CPUC) opened Rulemaking (R.)18-07-005 investigating new approaches to customer disconnections for nonpayment. On September 18, 2018, Governor Brown signed Senate Bill (SB) 1338 (Hueso, 2018), which required the IOUs to implement changes and address under-enrollment in their Medical Baseline programs. On June 16, 2020, the CPUC issued D.20-06-003, which ordered the IOUs to file Tier 3 ALs, establishing numerical enrollment goals for the Medical Baseline program and describing plans for increased outreach activities to inform eligible customers of the program's benefits and how to enroll in the program. Specifically, D.20-06-003 required IOUs to include the following items in their ALs:

[1] See California Public Utilities Code § 739 (c) (1)

- Plans to implement SB 1338's direction allowing Physician's Assistants (PAs) and Nurse Practitioners (NPs) to certify a customer's eligibility for Medical Baseline.[2]

- Plans to allow qualified medical professionals to e-sign applications for Medical Baseline.[3]

- Enrollment goals and other metrics, including the number of customers reached and ultimately enrolled in Medical Baseline.[4]

- Detailed and cohesive funding plans for outreach programs and grants to Community Based Organizations (CBOs) to promote outreach related to Medical Baseline.[5]

On August 17, 2020, the IOUs filed Tier 3 ALs, which include the following provisions:

- Clarification that previous ALs had already established that NPs and PAs were authorized to certify customer eligibility for Medical Baseline pursuant to SB 1338.

- Plans to enable qualified medical professionals to e-sign applications for Medical Baseline.

- Descriptions of planned customer outreach related to Medical Baseline programs and proposed goals and metrics for evaluating that outreach.

- SCE, SDG&E, and SoCalGas each proposed numerical goals for annual increases in Medical Baseline enrollment, as follows:
  - SoCalGas: 3 percent increase annually for 2021, 2022, and 2023
  - SDG&E: 7 percent increase in 2021 above 2018 enrollment, 8 percent increase in 2022 above 2018 enrollment, and 9 percent increase in

[2] See D.20-06-003, OP 39.
[3] *Id.*
[4] OP 40
[5] OP 41

2023 above 2018 enrollment for combined gas and electric customers.
    - SCE: 3 percent increase annually for 2021, 2022, and 2023.
- PG&E on the other hand provided a non-numerical goal to "increase enrollment above 2018 levels".

SDG&E's AL 3589-E/2890-G and SoCalGas's AL 5676-G were not protested, while PG&E's AL 4293-G/5916-E and SCE's AL 4276-E were timely protested by the Center for Accessible Technology (CforAT).

On December 22, 2020, SCE filed Supplemental AL 4276-E-A, correcting erroneous figures reported in Tables 1 and 3 of AL 4276-E. No parties protested the Supplemental.

On January 22, 2021, PG&E filed Supplemental AL 4293-G-A/5916-E-A, correcting an erroneous line in the original AL which indicated the utility would lift the suspension of qualified medical practitioner certification for Medical Baseline eligibility on March 4, 2021. The Supplemental indicated the suspension would be lifted on April 16, 2021, to align with the anticipated expiration of other COVID-19 Emergency Customer Protections and launch of a new online portal for qualified medical practitioners to certify customer eligibility.
The Supplemental was not protested by any party. PG&E subsequently filed AL 4414-G/6142-E, "PG&E's COVID-19 Emergency Customer Protections Transition Plan," on April 1, 2021, extending the suspension of this requirement through June 30, 2021, pursuant to Resolution M-4849, which extended the COVID-19 Emergency Customer Protections for IOUs through June 30, 2021.

NOTICE

Notice of PG&E AL 4293-G/5916-E, SCE AL 4276-E, SDG&E AL 3589-E/2890-G, and SoCalGas AL 5676-G was made by publication in the Commission's Daily Calendar. Each IOU states that a copy of their respective ALs was mailed and distributed in accordance with Section 4 of General Order 96-B.

PROTESTS

Protest of PG&E Advice Letter 4293-G/5916-E

PG&E's AL 4293-G/5916-E was timely protested by CforAT on September 8, 2020, which identified two objections:

- PG&E did not adequately address funding outreach programs for Medical Baseline.
- PG&E did not establish adequate enrollment goals for Medical Baseline.

CforAT argued that PG&E's AL 4293-G/5916-E only identified a limited scope of funded outreach activities, including a non-charitable contract with the California Foundation for Independent Living Centers (CFILC) to perform outreach targeting customers at risk for extended de-energization events and providing backup battery power. In addition, CforAT noted that AL 4293-G/5916-E described planned customer outreach activities related to Medical Baseline to be performed in partnership with CBOs, but that these activities appeared to be unfunded and therefore do not meet the requirement of D.20-06-003 for IOUs to report on funding for outreach activities.

CforAT also objected to AL 4293-G/5916-E on the grounds that PG&E failed to propose enrollment goals for Medical Baseline in compliance with D.20-06-003. CforAT asserted that PG&E's proposed goal to increase Medical Baseline enrollment above 2018 levels did not constitute an adequately specific or meaningful goal and urged the CPUC to require PG&E to set a specific numerical goal, as the other IOUs had done. CforAT specifically proposed a goal of increasing Medical Baseline enrollment by 10 percent annually, and also encouraged PG&E to establish a retention goal to limit customer loss once the temporary suspension of recertification requirements is lifted.

PG&E timely responded to the protest of CforAT on September 15, 2020. PG&E indicated it would explore opportunities for paid partnerships with CBOs for Medical Baseline outreach and awareness, including leveraging ongoing activities related to customer outreach concerning the transition to residential time-of-use (TOU) rates. However, PG&E argued that establishing numerical enrollment targets would be "premature" because there is insufficient information to determine the total population of eligible customers interested in enrolling in Medical Baseline. PG&E also claimed that establishing retention goals (i.e. to ensure a certain share of enrolled Medical Baseline customers remain enrolled once certification requirements are reimposed) was inappropriate since the number of ineligible customers who enrolled in Medical

Baseline while certification requirements were temporarily suspended is unknown.

To the extent that the CPUC would require PG&E to implement an enrollment goal and/or a retention goal, PG&E urged the CPUC to clarify that these goals are "aspirational," rather than establishing legal or other consequences for failing to meet one of the goals.

Protest of SCE Advice Letter 4276-E

SCE's Advice Letter 4276-E was timely protested by CforAT on September 8, 2020, which identified three objections:

- SCE did not adequately address plans to work with the medical community and county public health officials.
- SCE did not provide sufficient information about its funding of outreach activities by CBOs.
- SCE's proposed goal to increase Medical Baseline enrollment by 3 percent annually was insufficient due to substantial program under-enrollment.

To support its first concern, CforAT asserted that SCE's description of its plans to coordinate with the medical community and county public health officials was too vague to evaluate whether SCE's letter complied with the requirements of D.20-06-003. In addition, CforAT noted that SCE failed to identify a timeline for completing many of the actions in its AL, including simple actions such as creating a list of contacts in county public health offices.

Secondly, CforAT objected to SCE's plans for funding outreach by CBOs on the basis that the utility's description of these plans was too vague to satisfy the CPUC's direction that the plans provided be "detailed and cohesive."[6]

Lastly, CforAT argued that SCE's proposed goal of a 3 percent annual increase in Medical Baseline enrollment was insufficient. While CforAT noted that the proposal does constitute a goal for increased enrollment, it argued the goal is too low given broad agreement that the program is substantially under-enrolled.

[6] D.20-06-003, OP 41 at p. 153.

As in its protest of PG&E's AL 4293-G/5916-E, CforAT proposed that SCE establish a goal of increasing Medical Baseline enrollment by 10 percent annually.

SCE timely responded to the protest of CforAT on September 15, 2020, and argued that AL 4276-E provided adequate information on outreach activities and further clarified the timeline for implementation of proposed actions. Specifically, SCE asserted that actions described in AL 4276-E were being undertaken at a deliberate pace to ensure quality of work output (e.g. verifying that county public health staff contacts appearing on the list were appropriate and establishing an ongoing relationship with SCE). SCE provided additional information on its paid partnerships with CBOs, including a new "pay for performance" outreach campaign in which CBOs are compensated based on their demonstrated ability to meet specific targets for outreach to customers.

SCE responded to CforAT's proposal for a goal of ten percent annual increases in Medical Baseline enrollment, arguing that the feasibility of such a goal is unknown. SCE noted that the six percent increase in Medical Baseline enrollment among SCE customers in 2020 may be a result of the temporary suspension of certification requirements for the program. SCE also argued that CforAT has not proven how a six percent increase in Medical Baseline enrollment in 2020 would justify a goal of ten percent increases for future years. SCE reiterated its support for a comprehensive study of the total customer population eligible for Medical Baseline, including an estimate of the number currently not enrolled, to help establish and ultimately refine any enrollment goal.

DISCUSSION

The CPUC has reviewed the ALs and protests. With regard to the sufficiency of outreach activities, the CPUC finds that each IOU is compliant with the requirements of D.20-06-003. With regard to the establishment of annual enrollment goals, the CPUC agrees with CForAT's protests of PG&E's and SCE's ALs as being insufficient to satisfy the requirements of D.20-06-003, and adopts SDG&E's proposed enrollment goals for electric IOUs. These issues are discussed separately in the sections below.

Outreach Activities

In D.20-06-003, the CPUC established requirements for IOUs to report on their outreach activities related to Medical Baseline. OP 39 states that the IOUs must "demonstrate how they are working with the medical community and county public health offices to increase marketing and outreach to persons eligible for the medical baseline." OP 41 states that the IOUs must report "detailed and cohesive plans outlining…funding outreach programs and grants to Community Based Organizations who are promoting public outreach relating to the Medical Baseline program." The decision does not provide specific thresholds or metrics for how much outreach or what kind of activities would constitute sufficient action to educate eligible customers on enrollment in Medical Baseline, instead specifying only these basic requirements for "outlining" ongoing outreach activities and paid partnerships with CBOs. The CPUC finds the IOUs have satisfied these requirements.

Pursuant to OP 39 of D.20-06-003, PG&E's AL 4293-G/5916-E reported on its work with the medical community and county public health offices to increase marketing and outreach to persons eligible for Medical Baseline. PG&E's AL also asserted that it is developing an annual training program for county health workers and that it is providing outreach and educational materials in multiple languages for county health workers to take into the field. Pursuant to OP 41 of D.20-06-003, PG&E described its funding for outreach programs and grants to CBOs conducting outreach related to Medical Baseline in AL 4293-G/5916-E and in subsequent discussion via telephone with Energy Division staff. PG&E reported it is working to identify CBOs in its service territory with which to enter into paid partnerships conducting customer outreach, which will include informing customers about Medical Baseline. This outreach is focused upon educating customers about the upcoming transition to default residential time-of-use rates, but PG&E reported that it plans to leverage this opportunity to inform customers about Medical Baseline as well. Funding will be awarded to CBOs on a "pay for performance" basis contingent upon the selected CBOs meeting contractually specified metrics for outreach to targeted groups.

In addition to these planned paid partnerships with CBOs, PG&E also reported it has developed a "propensity model" to identify customers based on the likelihood that they are eligible for Medical Baseline despite not being enrolled using statistical analysis of customer characteristics. PG&E intends to utilize this

propensity model to target outreach related to Medical Baseline through multiple channels and refine the model over time to improve its predictive accuracy. PG&E also described ongoing outreach to customers related to cross-promotion of Medical Baseline in conjunction with bill assistance programs such as California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA). The CPUC finds these actions comply with the CPUC's direction to describe plans for funding outreach programs and grants to CBOs who are promoting public outreach relating to the Medical Baseline program. CforAT's protest concerning PG&E's outreach activities is therefore rejected.

Pursuant to OP 39 of D.20-06-003, SCE described its engagement with the medical community and county public health offices to conduct outreach to customers eligible for Medical Baseline in AL 4276-E and in subsequent follow-up discussions with Energy Division staff. SCE indicated it is working with health providers and county health departments in its service territory to establish appropriate partnerships with relevant staff to coordinate outreach and informational activities. SCE reported it, in coordination with the other IOUs, has collaborated with the medical community and county public health offices in its service territory to develop a training curriculum to conduct annual training for health workers, as required by OP 37 D.20-06-003. In a subsequent email to Energy Division staff on August 4th, 2021, SCE reported it had conducted the first annual training on March 29th and 30th of 2021 for approximately 324 county In-Home Supportive Services and Department of Social Services staff, which was co-sponsored and jointly conducted by all four IOUs.

Pursuant to OP 41 of D.20-06-003, SCE described funding for outreach programs and grants to CBOs conducting outreach related to Medical Baseline in AL 4276-E and in subsequent follow-up discussions with CPUC staff. SCE reported it has also contracted with local CBOs with established records of conducting community outreach using a "pay for performance" model to provide funding to these CBOs for customer outreach to targeted communities. Under the terms of the contract, selected CBOs will conduct outreach and will be eligible for funding based on the CBOs' achievement of contractually specified quarterly outreach goals. The CPUC finds these actions comply with the CPUC's direction to describe plans for funding outreach programs and grants to CBOs who are promoting public outreach relating to the Medical Baseline program. CforAT's protest concerning SCE's outreach activities is therefore rejected.

Enrollment Goals

In OP 40 of D.20-06-003, the CPUC directed IOUs to include in their ALs "enrollment goals and other metrics which includes how many customers were reached and ultimately enrolled in the medical baseline program." This language indicated that the "enrollment goals and other metrics" are intended to be numerical in nature, since IOUs are to be evaluated on "how many customers were…ultimately enrolled." The decision also clearly specified that the intent of establishing such goals was to "strive to increase enrollment in the Medical Baseline program above 2018 levels." Legislative analyses of SB 1338 prior to its enactment cited "Low Enrollment" as one of the problems the bill was intended to address, specifically indicating "Currently less than 3% of California IOU customers are enrolled in the medical baseline allowance program."[7] More recent data indicates that IOUs have increased enrollment for Medical Baseline, but that it remains the case that less than 3 percent of IOU customers are enrolled in Medical Baseline.[8] These provisions clearly indicate that IOU ALs must include quantitative and robust enrollment goals to comply with the requirements of D.20-06-003.

PG&E's proposed enrollment goals and metrics do not include a numerical target for new enrollments in Medical Baseline, and PG&E instead proposed a goal of maintaining Medical Baseline enrollments at 2018 levels. PG&E also identified various numerical goals for customer impressions across various forms of customer outreach, such as online advertisements and bill inserts. CforAT objected to AL 4293-G/5916-E on the grounds that PG&E failed to propose enrollment goals for Medical Baseline in compliance with D.20-06-003. CforAT asserted that PG&E's proposed goal to increase Medical Baseline enrollment above 2018 levels did not constitute an adequately specific or meaningful goal and urged the CPUC to require PG&E to set a specific numerical goal, as the

[7] See Assembly Committee on Utilities and Energy Analysis of SB 1338 (Hueso, 2018), June 20th, 2018, page 3; Senate Committee on Energy, Utilities, and Communications Analysis of SB 1338 (Hueso, 2018), April 25th, 2018, page 4, both citing low enrollment numbers as key justifications for the bill.

[8] See Monthly Disconnection Reports filed July 20th, 2021, showing 464,737 customers enrolled in Medical Baseline between the four IOUs out of 16,984,436 total customers, or 2.7 percent.

other IOUs had done. CforAT specifically proposed a goal of increasing Medical Baseline enrollment by 10 percent annually, and also encouraged PG&E to establish a retention goal to limit customer loss once the temporary suspension of recertification requirements is lifted.

The CPUC agrees with CForAT's protest that failing to establish any numerical goals whatsoever, as proposed by PG&E, is inconsistent with D.20-06-003's direction to establish enrollment goals and metrics to evaluate "how many customers were…ultimately enrolled in the medical baseline program."[9] D.20-06-003 also specified that IOUs should "strive to increase enrollment in the medical baseline program above 2018 levels." Failing to establish numerical goals would inhibit the Commission's ability to hold IOUs accountable for enrolling as many eligible customers in Medical Baseline as possible. Therefore, we reject PG&E's proposed enrollment goals and will establish numerical targets for all IOUs. However, we do not adopt CForAT's proposed 10 percent annual goal for all IOUs, as CForAT provides no evidence that such a goal is achievable or desirable.

SCE proposed in AL 4276-E to establish a goal of increasing Medical Baseline enrollment by 3 percent annually pursuant to OP 40 of D.20-06-003. CforAT protested the AL, arguing this goal is too low due to CForAT's expectation that Medical Baseline is substantially under-enrolled relative to the number of eligible customers and the importance of maximizing enrollment of eligible customers in Medical Baseline, which were key justifications for SB 1338's enactment. CForAT specifically cites a PG&E study cited in PG&E's AL 4293-G/5916-E finding 2/3 of "eligible customers did not know about [Medical Baseline],"[10] which CForAT argues is "consistent with information long asserted by consumer groups that the program is substantially under-enrolled and inadequately publicized" and "supports the understanding that the program is severely under-serving the population."

While SCE's proposed goal of a 3 percent annual increase in Medical Baseline enrollment meets the requirement of D.20-06-003 to establish a numerical target for Medical Baseline enrollment, we agree with CforAT that the urgent need to

[9] D.20-06-003, OP 40.

[10] PG&E AL 4293-G/5916-E, page 6.

increase enrollment of eligible electric Medical Baseline customers demands a more ambitious goal for electric utilities. In particular, given the higher number of customers in need of Medical Baseline due to higher electric demand for life support equipment and the acutely severe risk to customers' health and safety if they are not enrolled in electric Medical Baseline and cannot afford sufficient electricity to power medical equipment or receive notice of wildfires or Public Safety Power Shutoff events, it is especially important for electric IOUs like SCE to accelerate enrollment of eligible Medical Baseline customers.

Furthermore, a 3 percent increase in SCE's Medical Baseline enrollment would not indicate a substantial improvement in SCE's enrollment activities, as SCE reported its Medical Baseline enrollment increased by 9.5 percent from August 2020 (when AL 4276-E was filed) through March 2021.[11] While enrollment figures during this period may be affected by the suspension of verification and recertification requirements due to the COVID-19 Pandemic, SCE also reported a 3.8 percent increase in Medical Baseline enrollment from August 2018 through February 2019.[12] These numbers indicate that a 3 percent increase in SCE's medical baseline enrollment is too low to represent a genuine goal that would demonstrate the utility has improved its outreach to customers eligible for Medical Baseline. They also indicate that a higher goal would not be unreasonable, given that SCE has increased its Medical Baseline enrollment by more than 3 percent multiple times in recent years. Therefore, we reject SCE's proposed goal for 3 percent annual increases in Medical Baseline enrollment for 2021, 2022, and 2023.

The CPUC finds that SDG&E's goal of increasing combined gas and electric Medical Baseline enrollment by 7 percent in 2021, 8 percent in 2022, and 9 percent in 2023, which was not protested by any party, is reasonable, as it is both a quantitative metric evaluating "how many customers…were ultimately enrolled in the medical baseline program"[13] and would represent a substantial increase in program enrollment, reducing the number of eligible customers who are not enrolled in the program due to lack of information or high barriers to

[11] As reflected in Monthly Disconnection Reports filed in R.18-07-005.

[12] As reflected in Monthly Disconnection Reports filed in R.18-07-005.

[13] Pursuant to D.20-06-003, OP 40.

enrollment. We also find that establishing common goals for the electric utilities (PG&E, SCE, and SDG&E) is appropriate, as these utilities share similar responsibilities with respect to their Medical Baseline customers in Public Safety Power Shutoff events, wildfires, and extreme weather events (unlike SoCalGas). Therefore, we will require the electric utilities (PG&E, SCE, and SDG&E) to establish goals of increasing Medical Baseline enrollment among gas and electric customers by 7 percent in 2021, 8 percent in 2022, and 9 percent in 2023.

SoCalGas's proposed goal of increasing Medical Baseline enrollment by 3 percent annually was not protested by any party. We find that the gas utility does not share the same critical responsibilities with respect to its Medical Baseline customers as the electric utilities, and, accordingly, the possibility that SoCalGas customers may be eligible for Medical Baseline but unenrolled in the SoCalGas Medical Baseline program is less severe than the same possibility for a customer of an electric utility.[14] Furthermore, there is little evidence that SoCalGas has achieved a greater than 3 percent increase in Medical Baseline enrollment in recent years, unlike electric utilities. Monthly reports filed in this proceeding and R.10-02-005 indicate that SoCalGas's number of Medical Baseline customers has remained consistently low, likely reflecting a low number of eligible customers with qualifying (and rare) medical conditions. As enrollment has slightly declined in recent years, multiple subsequent years of increasing enrollment by 3 percent would represent a significant and appropriate reversal of the trend for SoCalGas, and it is more feasible than meeting the same targets as those set for the electric IOUs (who serve a larger population of customers likely eligible for Medical Baseline but not yet enrolled). Therefore, we find that a goal of increasing enrollment by 3 percent annually is reasonable for SoCalGas.
We expect the utilities to view these goals as a floor and hope that they will vastly exceed these goals given the urgency of ensuring that all Californians who

[14] As noted in SoCalGas's unprotested AL 5676-G: "There are two major differences between the higher numbers of customers dependent on electricity to power life-support equipment in their homes...and customers who require additional natural gas to provide sustained heating. The primary difference is virtually all life-support equipment is dependent on electricity alone. Secondly, electricity to fuel life-support equipment is not a seasonal commodity, but in most cases, a year-round necessity for customers in need. While some gas customers with extreme medical conditions may require additional natural gas heating year-round, most are dependent on sustained heating during the colder weather months only."

are eligible for the Medical Baseline program enroll to receive the rate discounts and advance outage notifications associated with participation.

Retention Goals

CforAT requested that the CPUC require IOUs to establish retention goals for newly enrolled Medical Baseline customers, meaning that IOUs would strive to ensure some minimum share of Medical Baseline customers who recently enrolled in Medical Baseline remain enrolled through the recertification process once recertification requirements are reimposed.[15] CforAT argued that suspension of verification and recertification requirements due to the COVID-19 pandemic has resulted in significant increases in Medical Baseline enrollment, but customers who have newly enrolled may have difficulty recertifying eligibility for the program once the temporary suspension of these requirements is lifted.

PG&E and SCE responded that suspension of the initial verification requirement created the possibility that customers may have enrolled in Medical Baseline without actually meeting the eligibility requirements. Without knowing the actual number of eligible customers who enrolled in Medical Baseline, SCE and PG&E argue, they cannot set an appropriate retention goal because an unknown number of customers may not meet the eligibility requirements and the IOUs could fail to achieve a retention goal because more customers than expected turned out to be ineligible.

The CPUC agrees with CforAT that IOUs should strive to retain as many legitimately eligible Medical Baseline customers once recertification requirements are reimposed, and the unusual circumstances under which new Medical Baseline customers enrolled in the program during 2020 may mean that some customers require additional assistance from the IOU to navigate the recertification process. However, PG&E and SCE raise a valid concern regarding the unknown number of eligible customers newly enrolled in Medical Baseline.

[15] IOUs suspended initial verification and recertification requirements for Medical Baseline customers due to the COVID-19 pandemic, meaning customers who would have been required to submit recertification documents were automatically re-enrolled and new enrollees were allowed to self-certify initial eligibility for the program. IOUs resumed verification and recertification activities on July 1, 2021.

In addition, D.20-06-003 is silent on the matter of retention goals, unlike the explicit direction to IOUs to establish numerical enrollment targets. While we do not rule out requiring IOUs to establish retention goals in the future once initial verification and recertification requirements are reimposed, we agree with PG&E and SCE's concern and decline to do so now.

PG&E requested that the CPUC clarify that any Medical Baseline enrollment goal would be "aspirational" in nature, meaning that IOUs who fail to achieve their enrollment goal would not face substantive consequences such as fines or other enforcement actions. We clarify that the enrollment targets we establish in this Resolution for the IOUs are intended to hold IOUs accountable for achieving meaningful progress toward full enrollment of all eligible Medical Baseline customers and evaluate the effectiveness of individual IOUs' enrollment efforts. Accordingly, IOUs should strive to achieve these goals and the CPUC will monitor each IOU's performance and progress toward achieving these goals in setting future policies as necessary.

COMMENTS

Public Utilities Code section 311(g)(1) provides that this Resolution must be served on all parties and subject to at least 30 days public review. Any comments are due within 20 days of the date of its mailing and publication on the Commission's website and in accordance with any instructions accompanying the notice.

The 30-day review and 20-day comment period for the draft of this resolution was neither waived nor reduced. Accordingly, this draft resolution was mailed to parties for comments on August 23, 2021.

The CPUC received comments from four parties: PG&E, SDG&E, SCE, and CForAT. Multiple parties commented on their support for a study of the population of customers eligible for Medical Baseline but not currently enrolled. This subject is addressed in detail below, followed by a discussion of each party's other comments.

Study of Eligible Medical Baseline Population
PG&E and SDG&E reiterated in their comments their support for a study into the population of customers eligible for Medical Baseline in each utility's territory.

This study could help utilities quantify the effectiveness of their Medical Baseline outreach strategies in reaching all eligible customers and help the CPUC refine the enrollment goals ordered in this Resolution. While this study was not authorized by D.20-06-003, PG&E, SDG&E, and SCE noted their support for such a study in their original Tier 3 ALs, and the Center for Accessible Technology also indicated its support for a similar study in its protest of SCE's AL 4276-E. No party has commented in opposition to considering such a study.

This proceeding lacks sufficient record at present to authorize funding for this study, so the CPUC rejects SDG&E's request for authorizing such a study in this Resolution. While multiple issues must be resolved, such as the study's scope and funding, before a study could be authorized, we find that consideration of such a study is a reasonable topic for consideration in R.18-07-005. Therefore, we invite the IOUs to file a motion in R.18-07-005 requesting the CPUC consider adding a study of the eligible Medical Baseline population in each IOU's service territory. The request should include details on the study's anticipated scope of inquiry, project timeline, and funding, as well as an estimated cost of the study, in addition to any other details necessary to evaluate the proposal.

SCE Comments

SCE requested that the draft Resolution be modified to clarify that enrollment metrics were based on individual patients and explicitly state the goal numbers. SCE argued that counting individual patients receiving Medical Baseline is a more accurate measure of the program's reach and the success of enrollment activities. In discussion with other IOUs, the CPUC determined that this request may not be feasible for other IOUs and could improperly affect the count of enrolled customers. Accordingly, we reject SCE's request to modify the Resolution and direct all IOUs to track progress toward enrollment goals based on households, rather than individuals receiving Medical Baseline.

The CPUC acknowledges SCE's request for a table providing the exact numerical values of the enrollment goals for Medical Baseline. This table is provided below, based on a 7% increase above 2018 values for 2021, an 8% increase above 2018 values for 2022, and a 9% increase above 2018 values for 2023 (or 3% annual growth for SoCalGas). If adjustments to these figures are necessary IOUs should provide updated figures to Energy Division as soon as possible and the updated table will be posted to the web page for R. 18-07-005.

Numerical Enrollment Goals by IOU

Utility	PG&E	SCE	SDG&E	SoCalGas
2018[16]	192,504	95,122	54,516	30,513
2021	205,979	101,781	58,332	31,428
2022	207,904	102,732	58,877	32,371
2023	209,829	103,683	59,422	33,342

SCE also requested modification of the Resolution to reflect approval of SCE's Supplemental AL 4276-E-A. The CPUC agrees with this request and the Final Resolution is modified accordingly.

PG&E Comments
In addition to indicating its support for a Medical Baseline study, PG&E commented to request clarification that the enrollment goals established in this Resolution are based on the baseline year 2018 rather than 2019. PG&E notes that D.20-06-003 directed IOUs to increase Medical Baseline enrollment above 2018 levels. We agree with PG&E's interpretation, and the table provided above reflects a baseline year of 2018.

SDG&E Comments
In addition to requesting authorization to fund a Medical Baseline study, SDG&E commented to request that the draft Resolution be modified to refer to the enrollment metrics as "targets" rather than "goals." SDG&E argued that the lack of a Medical Baseline study on which to base enrollment goals makes the use of "targets" more appropriate than "goals," as the numerical metrics established in this Resolution may turn out to be unachievable or too low depending on the actual population of eligible individuals not enrolled in Medical Baseline.

The CPUC appreciates SDG&E's statement concerning the vital importance of the Medical Baseline program to its customers and its commitment to strive to exceed the metrics established in the Resolution. However, it does not appear from SDG&E's comments that establishing "targets," rather than "goals," will help enroll as many eligible customers in Medical Baseline as possible. Therefore,

[16] Baseline amounts for 2018 represent the number of customers enrolled in Medical Baseline for each IOU in December 2018 as reported in the monthly disconnection reports filed in R.18-07-005.

we reject the request to modify the draft Resolution, although we appreciate SDG&E's comment that the study to be considered in R.18-07-005 could be used to refine these goals in the future.

SDG&E also requested that the draft Resolution be modified to acknowledge that the training for County Health Workers conducted in part by SCE was also co-sponsored and attended by PG&E, SDG&E, and SoCalGas. The CPUC acknowledges this and thanks the IOUs for conducting this first annual training.

Center for Accessible Technology Comments
The Center for Accessible Technology (CForAT) requested that the enrollment goals established in this Resolution be accompanied by additional requirements for the IOUs to report on their progress toward these goals and plans to improve progress as necessary. Specifically, CForAT requested the IOUs be required to file Tier 2 Advice Letters annually reporting progress toward the goals and any plans to improve enrollment in Medical Baseline.

The CPUC agrees with CForAT that additional reporting is necessary to track IOU progress in achieving these goals. However, Tier 2 Advice Letters filed once per year are not the appropriate venue for receiving this data. Instead, we will direct IOUs to report progress toward the annual goals in the monthly disconnection reports filed in R.18-07-005. Starting with the monthly disconnection reports due December 20, 2021, IOUs shall include in a new tab the following information:

- Total unique households enrolled in Medical Baseline
- New unique households enrolled in Medical Baseline
- Unique households removed from Medical Baseline due to failure to certify or recertify eligibility
- Unique households who certified or recertified eligibility
- IOUs should report each of these figures separately for Medical Baseline customers enrolled in CARE, FERA, or not enrolled in either program.

This additional reporting will enable the CPUC to track the effectiveness of IOU Medical Baseline outreach on a monthly cadence and consider changes as necessary to maximize enrollment of eligible customers.

FINDINGS

1. Decision (D.)20-06-003 directed Pacific Gas and Electric Company (PG&E), Southern California Edison (SCE), San Diego Gas & Electric Company (SDG&E), and Southern California Gas Company (SoCalGas), collectively "the IOUs" to file Tier 3 Advice Letters within 60 days of the decision describing customer outreach activities related to Medical Baseline and implementing program changes.
2. On August 17, 2020, IOUs filed Tier 3 Advice Letters that were mostly compliant with the direction of D.20-06-003, with certain exceptions.
3. All IOUs stated that their existing tariff already allowed Physician Assistants and Nurse Practitioners to act as Qualified Medical Professionals for the purpose of verifying customer eligibility for Medical Baseline.
4. All IOUs stated they anticipate launching an online portal for customers and Qualified Medical Professionals to complete the enrollment and recertification processes for Medical Baseline in 2021.
5. All IOUs reported they are developing an annual training program for county health workers, with the first training conducted before the second quarter of 2021.
6. All IOUs reported that they are developing or have already provided outreach and educational materials in multiple languages for county health workers to take into the field.
7. All IOUs reported on their actions working with the medical community and county public health offices to increase marketing and outreach to persons eligible for Medical Baseline.
8. The IOUs' proposed funding plans for outreach programs and grants to Community Based Organizations (CBOs) to promote outreach related to Medical Baseline are reasonable and comply with D.20-06-003.
9. Ordering Paragraph (OP) 40 of D.20-06-003 required IOUs to establish enrollment goals and other metrics including how many customers were ultimately enrolled in the Medical Baseline program.
10. PG&E AL 4293-G/5916-E did not provide an enrollment goal based on the number of customers ultimately enrolled in the Medical Baseline program.
11. SCE AL 4276-E did provide a numerical enrollment goal, but it did not provide justification for establishing a lower goal, 3 percent increases in enrollment annually, than the other IOUs.

12. SDG&E AL 3589-E/2890-G provided an appropriate numerical enrollment goal of a 7 percent increase in 2021, an 8 percent increase in 2022, and a 9 percent increase in 2023.
13. It is reasonable to set numerical goals for PG&E and SCE using SDG&E's numerical goals due to similarities in the Medical Baseline program goals and responsibilities for PG&E, SCE, and SDG&E.
14. SoCalGas AL 5676-G provided a lower numerical enrollment goal of 3 percent annual increases in Medical Baseline enrollment, which is justified due to the fundamental differences in the Medical Baseline program for gas customers relative to electric customers.
15. A retention goal for newly enrolled Medical Baseline customers is not appropriate at this time given the uncertainty in the number of eligible customers newly enrolled in Medical Baseline.
16. It is reasonable for PG&E, SCE, SDG&E, and SoCalGas to provide regular reports on progress toward the enrollment goals.
17. It is reasonable for PG&E, SCE, SDG&E, and/or SoCalGas to request formal consideration of a study of the total population in each utility's service territory eligible for Medical Baseline in order to inform enrollment goals.

THEREFORE IT IS ORDERED THAT:

1. PG&E AL 4293-G/5916-E and 4293-G-A/5916-E-A, SCE AL 4276-E and 4276-E-A, SDG&E AL 3589-E/2890-G, and SoCalGas AL 5676-G are approved as modified by this Resolution.
2. PG&E, SCE, and SDG&E shall establish a goal to increase Medical Baseline enrollment relative to 2018 levels by 7 percent in 2021, 8 percent above 2018 levels in 2022, and 9 percent above 2018 levels in 2023.
3. SoCalGas shall establish a goal to increase Medical Baseline enrollment relative to 2018 levels by 3 percent annually.
4. PG&E, SCE, SDG&E and/or SoCalGas may file a consolidated request for consideration of a study of the population in each utility's service territory eligible for Medical Baseline in R.18-07-005 within 90 days of the effective date of this Resolution.
5. PG&E, SCE, SDG&E, and SoCalGas shall report progress on enrollment goals as part of the required monthly disconnection reports filed in R.18-07-005, beginning with the reports filed on December 20, 2021. Beginning with the December 2021 reports, IOUs should report the number of total households

enrolled in Medical Baseline, new households enrolled in Medical Baseline, Households removed from Medical Baseline that month due to failure to certify or recertify eligibility, and households who certified or recertified eligibility that month. IOUs should report each of these figures separately for Medical Baseline customers enrolled in CARE, FERA, or not enrolled in either program.

This Resolution is effective today.

I certify that the foregoing resolution was duly introduced, passed and adopted at a conference of the Public Utilities Commission of the State of California held on September 23, 2021, the following Commissioners voting favorably thereon:

/s/ Rachel Peterson
Rachel Peterson
Executive Director

MARYBEL BATJER
President
MARTHA GUZMAN ACEVES
CLIFFORD RECHTSCHAFFEN
GENEVIEVE SHIROMA
DARCIE HOUCK
Commissioner