Utility Access and Health
A Medical-Legal Partnership Patients-to-Policy Case Study

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The Problem: Energy Crisis and Health

Consider a blackout on a steamy summer afternoon. In an instant, the lights go out, the air conditioner shuts off, and the milk in the refrigerator starts to spoil. It's an unpleasant surprise, but at least the utility company is working to get the power on as soon as they can.

Yet for a growing number of Americans, utility companies are actually doing the opposite — they're turning the power off. With energy prices rising amidst a deep recession, millions of people are falling behind on energy bills. When the lights go out for these families, it's not because of a downed power line; it's because they can't afford to keep them on.

When a household loses utility service, the potential health consequences are severe and wide-ranging. Cold weather can be a trigger to asthma, and low temperatures can cause intense pain crises for children with sickle cell disease. Even for low-income households that manage to pay their utility bills, high energy costs often force families to dig into their food budget, exposing them to other negative health outcomes. Households in poverty often sacrifice rent payments, medical and dental care, and food in order to pay their energy bills, which can consume 16 to 25 percent of their annual income.

"When families are forced to make this 'heat or eat' tradeoff, it's a no-win situation," says Dr. Lauren Smith, medical director of the Massachusetts Department of Public Health. "You can't give up a balanced diet or energy access and expect to stay healthy, but for more and more families, there's just not enough money to pay for both."

While federal and state governments provide small grants to individuals and families at or below poverty guidelines through the low-income home energy assistance program (LIHEAP), only about 7.5 million households, or one quarter of eligible households nationwide, received grants in 2009.

The threat of utility shut-off confronts virtually all of the 24 million low-income households in the U.S. Forty-seven states offer some form of utility *shut-off protection* – a guarantee of uninterrupted utility access – for vulnerable individuals and families. Shut-off protection requires a doctor's letter at specified intervals and varies drastically by state based on time of year, cold weather and illness. Shut-off protection ensures continued access to heat and electricity, but does not erase utility debt or reduce cost to the consumer.

A Solution: Medical-Legal Partnership's Three-Pronged Approach to Advocacy

Boston Medical Center, the largest safety-net hospital in New England, serves 24,000 patients annually in its pediatric clinic, with 70% of families earning under 250% of the federal poverty level. As energy prices climbed in 2006-2007, the pediatricians and lawyers at Medical-Legal Partnership | Boston launched an aggressive campaign to maximize patient utility access while minimizing the clinical hassle. What began with *training* and *direct service* evolved into a campaign for *institutional and regulatory change*, which ultimately helped thousands of low-income families across Massachusetts better meet their energy needs.

Need for Shut-off Protection

Despite 70% of BMC patient-families being at risk for utility shut-off, in 2006 pediatric staff filed only 193 shut-off protection letters with utility companies. Front-line staff knew that they were not reaching families who needed help.

Training Healthcare Providers

MLP | Boston staff implemented rigorous training initiatives in the clinic to raise awareness about utility access and solutions, with the goal of increasing identification of patients at risk for utility shut-off. By 2007, staff screening had increased dramatically and letter-writing increased 80%.

Increased Legal Assistance

Increased screening led to increased referrals by the health care team to the legal team. In response, MLP | Boston created an "energy clinic" specifically to field staff consultations and help patients prevent shut-off.

Need for Internal Change

Increased successful screening for utilities problems translated into an administrative burden for clinical staff to generate a growing number of shut-off protection letters for eligible patients. MLP | Boston helped the clinic make the shut-off protection process more efficient and effective, using templates in the electronic medical record, and implementing a department-wide policy regarding utility shut-off protection requests that is now widely used throughout the hospital.

Need for Regulatory Change

Increased awareness by health care providers of patient utility access problems led health care partners to seek opportunities to inform utility regulatory process with their clinical experiences.

Changes to Massachusetts Energy Regulations

In Massachusetts, prior to 2008, physicians who wanted to protect a low-income patient's access to utility service had to submit a letter every 30-90 days certifying their patient's eligibility for shut-off protection. Families of chronically ill patients had to return over and over again to their doctor's office to obtain new letters, losing time from work and school. Frequent recertification was an administrative burden for physicians, and a significant stressor for chronically ill patients faced with the constant threat of losing their utility protection.

In early 2008, the Massachusetts Department of Public Utilities (DPU) began re-evaluating its existing regulations related to shut-off protection. Drawing on MLP | Boston's multi-faceted shut-off protection interventions at Boston Medical Center, and working with community and national partners National Consumer Law Center and Action for Boston Community Development, MLP | Boston documented the negative health impact of current narrower regulatory protections and proposed specific strategies to streamline the system, citing the clinical experiences of BMC healthcare providers.

In late 2008, the Department announced revised regulations. Among other changes, the sweeping order:

- extended shut-off protection to households with infants, and households with children where all adult residents are over 65;
- relaxed the illness recertification requirements, giving families with a sick member more time before they needed another certification letter (six months for chronic serious illnesses); and,
- authorized nurse practitioners and physician assistants as well as doctors to sign the certification letters.

It was a substantial win for chronically ill, low-income individuals and families across the state. DPU cited MLP | Boston in its order:

> *… the Department heard testimony that loss of utility service is hazardous to the health of children ….. the Department heard testimony that allowing only a registered physician or local board of health official to certify and renew the certification of a serious illness, combined with the frequency that renewals are required, has created a significant backlog in medical offices.*

Conclusion

Health care provider voices and experience carry enormous weight in public policy debates about the needs of vulnerable populations. MLP | Boston's policy impact demonstrates that health care providers can improve their advocacy impact by linking with lawyers who care for their patients. Using a patient-to-policy model, medical-legal partnerships can work across disciplines to change systems, improve compliance, and increase access to basic needs – which is the key to shifting the health trajectory of vulnerable individuals and families.

References

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