

Maryland Office of People's Counsel

ALERT

Utility Shut-Offs: Serious Illness & Life Support – Things to Know

NEW: Certified Nurse Practitioners Can Sign Medical Certification Forms

If you have received a shut-off notice and someone in the home is seriously ill or needs life support equipment, contact the utility immediately. If you present a Public Service Commission **Medical Certification Form** stating that termination of electric, gas or both will aggravate an existing serious illness or prevent the use of life-support equipment, a utility must temporarily halt the termination. **The medical certification does not prevent shut-offs indefinitely.** The customer must take steps to resolve the unpaid bills to avoid service termination in the future. **If you are off-service already, the utility does not have to restore service unless the utility bills are paid.** However, we recommend that you contact the utility, inform them of the medical situation, take steps to get assistance with the bills, and try to work out a payment plan with the utility.

THINGS TO REMEMBER:

- Call the utility **immediately** to inform them of the situation
- Submit a Medical Certification form to the utility immediately
 - Use the **attached form** (temporary until revised by the PSC) and send the form by fax, email (with scanned copy) or hard copy
 - A medical professional must sign the certification form
 - **NEW: Certified Nurse Practitioners can now sign the form in addition to physicians**
- The customer must promptly (within 30 days) enter into an agreement with the utility for the payment of outstanding utility bills
 - If you are low-income or will have difficulty paying the bills, you should:
 - ✓ Apply immediately for MEAP or EUSP energy assistance if you meet the income guidelines
 - ✓ If in the hospital or receiving outpatient treatment for a serious illness, speak with the social worker or navigator for assistance
 - ✓ If over the age of 60, contact the Department on Aging
- Contact the utility to work out a reasonable payment arrangement with the utility
- If the utility will not work out a reasonable plan, file a complaint with the Commission

Maryland Office of People's Counsel

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PHYSICIAN CERTIFICATION OF SERIOUS ILLNESS OR LIFE SUPPORT

This is to certify that _____ is a resident of:

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Relationship to Customer _____

Account Number: _____

THIS SECTION IS TO BE COMPLETED BY A LICENSED PHYSICIAN ONLY

I hereby certify that termination of electric and/or gas service will either
(check applicable box or boxes):

aggravate an existing serious illness* or

prevent the use of life support equipment by the person named above.**

(Please print)

Physician's Name _____

License No. _____

Title _____

Address _____

Office Number _____ Fax Number _____

E-Mail Address (optional) _____

Physician's signature _____ Date _____

This medical certificate is only valid for a period not to exceed 30 days.

* "Serious illness" means an illness certifiable by a licensed physician to be such that termination of service during the period of time covered by the certificate would be especially dangerous to the health of the person certified to be seriously ill.

**"Life-support equipment" means any electric or gas energy-using device certified by a licensed physician as being essential to prevent, or to provide relief from, a serious illness or to sustain the life of the customer or an occupant of the premises.

OPC NOTE: Effective June 8, 2015, Certified Nurse Practitioners are permitted to sign the certification form. COMAR 20.31.03.01