



Date: September 30, 2015

Re: Improving Health Care Energy Efficiency in MA 2016-18 Energy Efficiency Plan

From: Health Care Without Harm and MASCO

Health Care Without Harm and MASCO thank the Council, PA's and all involved for the opportunity to comment.

We and our hospital colleagues think this Plan is a huge improvement. We complement all those involved on their incredible hard work and persistence in getting it to this stage.

Multiple staff from Eversource, National Grid, utilities from NH, VT and CT, and hospital facility leaders actively participated in three health care segment EE strategy meetings this spring and summer. Convened by HCWH and ACEEE, with help from the Massachusetts and New Hampshire Hospital Associations, DOER, vendors and others, the meetings produced a raft of useful ideas and robust discussions on overcoming barriers to more and deeper segment savings. Indicative of their deep commitments, and with our deep gratitude, National Grid was the generous main sponsor of a day-long event and subsequent report, "Thought Leaders Roundtable: Drilling Through the Barriers and Accelerating CHP Development in Massachusetts Hospitals," and Eversource hosted and supported another regional health care meeting.

While the new Plan understandably doesn't include the level of strategy and detail these meetings explored, we are hopeful that we can see their traces 'between the lines.' Because of our sector's size, energy intensity and potential savings, we look forward to their implementation as soon as practical, preferably in 2016.

We recognize the Plan lacks much of the Council's requested detail on "implementation strategies, budgets, and timelines," which makes it harder for Counselors, DOER, and the DPU to exercise oversight. Perhaps just as important, it makes it harder for all stakeholders to be of assistance in advancing the programs through our networks and efforts. That said, ultimately, we recognize that to deliver the necessary savings, the Programs will need to increase communication with, and input from stakeholders on these details.

It would be especially helpful for us all, perhaps informally outside of the Plan, to understand more about strategies, timelines and targets for:

- Co-funded Resource Conservation Managers; advancing Strategic Energy Management ; CHP; and C&I behavioral program development
- Two recommendations from the Health Care Best practice study that are applicable across much of C&I:
 - Working collaboratively with representatives from multiple segment facilities to create a shared set of goals and technical resources, and
 - Raising incentive amounts for small to medium sized facilities to achieve higher savings

and increased participation.

Finally, we assert the Commonwealth will be better served if it:

- Splits the C&I and Residential Performance Incentives, Larry Chretien's excellent idea to help carry the Commonwealth to its goals in a more balanced, strategic way.
- adopts the Consultants' well researched, higher savings goals to get closer to all cost effective savings as per statute. #1 ranking nationally is great, but statute compliance, based on sound climate science, is better.

Thank you, once again.

Respectfully,



Paul Lipke, for
Health Care Without Harm



Sarah Hamilton
MASCO