

**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

In the Matter of a Motion for an)
Emergency Order Establishing a)
Temporary Moratorium on Utility)
Discontinuances to Protect Public)
Health and Safety by Mitigating the)
Spread of the COVID-19 Pandemic.)
Case No. AO-2021-_____

**MOTION FOR AN EMERGENCY ORDER
AND REQUEST FOR EXPEDITED TREATMENT**

COMES NOW the Consumers Council of Missouri (“Consumers Council” or “CCM”), pursuant to Section 386.310.1 RSMo. and Rule 20 CSR 4240-2.080(16), and formally moves that the Missouri Public Service Commission (“Commission”) issue an extraordinary emergency order establishing a temporary moratorium on utility discontinuances¹ by investor-owned electric, natural gas, and water utilities until at least the date of March 31, 2021, in order to protect the health and safety of the general public during the ever-worsening COVID-19 pandemic in Missouri, by helping to mitigate the spread of this disease, and thus alleviate the burden on hospitals and other medical caregivers, and save lives.

Furthermore, due to the emergency nature of the need of a moratorium to protect lives, the Consumers Council requests that the Commission grant this requested relief with expedited treatment, as explained herein.

¹ Throughout this Motion, the words “discontinuance” and “disconnection” are used interchangeably, and both words are intended herein to refer to the “involuntary cessation of utility service not requested by a customer”, as defined in 20 CSR 4240-13.015(1)(M). However, as explained herein, it is not the intent of this Motion to prevent discontinuance for reasons that may be necessary to prevent a safety hazard, specifically discontinuance for illegal diversion of service [20 CSR 4240-13.050(1)(D)] or discontinuance for violation of rules affecting the safety of the customer [20 CSR 4240-13.050(1)(H)].

In support of this motion, Consumers Council states as follows:

1. Consumers Council is a non-governmental, nonpartisan, nonprofit corporation, registered and in good standing in this state, which is dedicated to educating and empowering consumers statewide and to advocating for their interests. The Consumers Council has participated in numerous regulatory proceedings at the Public Service Commission on behalf of residential utility consumers for over a period of nearly fifty years. The mission of the Consumers Council focuses particularly on protecting the public health and safety of Missouri's most vulnerable utility consumers.

2. Missouri law grants the Commission extraordinary authority to take action to protect utility customers and to protect the general public:

386.310.1. The commission shall have power, after a hearing had upon its own motion or upon complaint, by general or special orders, rules or regulations, or otherwise, to require every person, corporation, municipal gas system and public utility to maintain and operate its line, plant, system, equipment, apparatus, and premises in such manner as to promote and safeguard the health and safety of its employees, customers, and the public, and to this end to prescribe, among other things, the installation, use, maintenance and operation of appropriate safety and other devices or appliances, to establish uniform or other standards of equipment, and to require the performance of any other act which the health or safety of its employees, customers or the public may demand, including the power to minimize retail distribution electric line duplication for the sole purpose of providing for the safety of employees and the general public in those cases when, upon complaint, the commission finds that a proposed retail distribution electric line cannot be constructed in compliance with commission safety rules. The commission may waive the requirements for notice and hearing and provide for expeditious issuance of an order in any case in which the commission determines that the failure to do so would result in the likelihood of imminent threat of serious harm to life or property, provided that the commission shall include in such an order an opportunity for hearing as soon as practicable after the issuance of such order. [Emphasis added.]

State of Emergency and Need for a Moratorium

3. Missouri is currently under an official State of Emergency due to the COVID-19 pandemic, pursuant to multiple executive orders issued by Governor Mike Parson. Most recently, on November 19, 2020, the Governor noted that the number of COVID-19 cases and hospitalizations are continuing to rise in Missouri and across the Midwest and thus signed Executive Order 20-19², extending the state of COVID-19 emergency through the date of March 31, 2021. This executive order notes that, according to the Missouri Department of Health and Senior Services and the State Emergency Management Agency, COVID-19 continues to pose a serious health risk for the citizens of the State of Missouri, and that the incidence of cases of this deadly disease continues to escalate.³

4. On November 29, 2020, the federal White House COVID-19 Task Force issued a report for Missouri (Attachment A to this Motion), which states that Missouri is in the “red zone” for infectious COVID-19 cases, with the 22nd highest rate in the country, and that Missouri is in the red zone for test positivity, with the 5th highest rate in the country.

The report emphasized that “The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than

² <https://www.sos.mo.gov/library/reference/orders/2020/eo19>

³ Id. See also the accompanying press release -- <https://governor.mo.gov/press-releases/archive/governor-parson-signs-executive-order-20-19-extending-state-emergency#:~:text=COVID%2D19-,Governor%20Parson%20Signs%20Executive%20Order%2020%2D19,State%20of%20Emergency%20in%20Missouri&text=Jefferson%20City%20%E2%80%94%20As%20COVID%2D19,Missouri%20through%20March%2031%2C%202021>.

180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.”⁴ [Emphasis added.]

The report implores action, stating that “. . . [s]tate mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.”

5. Numerous press account throughout Missouri over the past month have painted a grim picture of hospitals running at near total capacity and of their stressed and overworked staff. The indication that the deadly COVID-19 pandemic is an immediate threat to public health, and that this threat is expected to escalate into the coming winter, is a sentiment echoed by the Missouri Hospital Association (“MHA”). A letter from MHA, which is Attachment B to this Motion, offers observations on the resurgence of the pandemic and the importance of controlling the spread of the virus.⁵

6. It should be noted that many regulated utilities in Missouri voluntarily agreed to halt disconnections of essential utility at the onset of the COVID-19 pandemic, including:

⁴ Id.

⁵ Id.

⁵ See Attachment B to this Motion.

- Ameren Missouri electric and natural gas—stopped all disconnections and waived late fees until August 3, 2020.
- Spire natural gas—stopped all disconnections and waived late fees until July 6, 2020.
- Missouri-American Water Company—stopped disconnections until August 1, 2020.

These voluntary moratoria were in place during an earlier time period that experienced a much lower incidence of cases and deaths related to the pandemic than Missouri is now experiencing. Consumers Council contends that if disconnection moratoria were justified for public health and safety at the onset of the pandemic, then a similar moratorium is certainly justified now, as the threat is spreading and the number of cases and of deaths are higher than before (and which are expected by public health officials to grow ever higher this winter).

7. A moratorium on utility discontinuances will help flatten the curve by reducing the dislocation and mobility caused by the loss of essential utility services during the winter in Missouri. The loss of essential utility services during the winter and forced mobility for individuals and families is well documented.⁶ The statistical connection between forced mobility and poor health outcomes is also well documented.⁷

⁶ Carley, S. & D. Konisky (2020) "Survey of Household Energy Insecurity in the Time of COVID-19," https://energyjustice.indiana.edu/doc/09232020_wave_2.pdf

Bhattachary, J. et al. (2003) Heat or Eat? Cold-Weather Shocks and Nutrition in Poor American Families. *American Journal of Public Health*. July

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<https://www.sciencedirect.com/science/article/pii/S0277953616304658?via%3Dihub>

⁷ Carley, S. et al (2020) Electric utility disconnection policy and vulnerable populations. *The Electricity Journal*. 33.

8. The economic impact of the pandemic is severely impacting the state of poverty in Missouri. 40.8 percent of Missouri households report losing income since March 2020. Families with children under 18 have been especially impacted, with 51.4 percent reporting income loss.⁸ Such stresses will almost certainly increase the stress of paying for essential utilities services this coming winter, which in turn will likely increase the pressures on families to move from one home to another, rather than face discontinuance of utility services for nonpayment. Such stresses may also increase the effort of some customers to leave their homes to seek other resources to survive, rather than sheltering in place this winter.⁹ These potential activities will increase the risk of greater exposure levels to COVID-19.¹⁰ Thus, putting a utility disconnection moratorium in place this winter will help to “flatten the curve” and will save lives.

9. A statistically significant study performed by Duke University this year proves the theory that moratoria on utility discontinuances during the COVID-19 pandemic can save lives.¹¹ The Duke Study shows that “. . . electricity and water utility moratoria have played an important role in containing

⁸ U.S. Census (2020) Week 18 household pulse survey: October 28- November 9. <https://www.census.gov/data/tables/2020/demo/hhp/hhp18.html#tables>

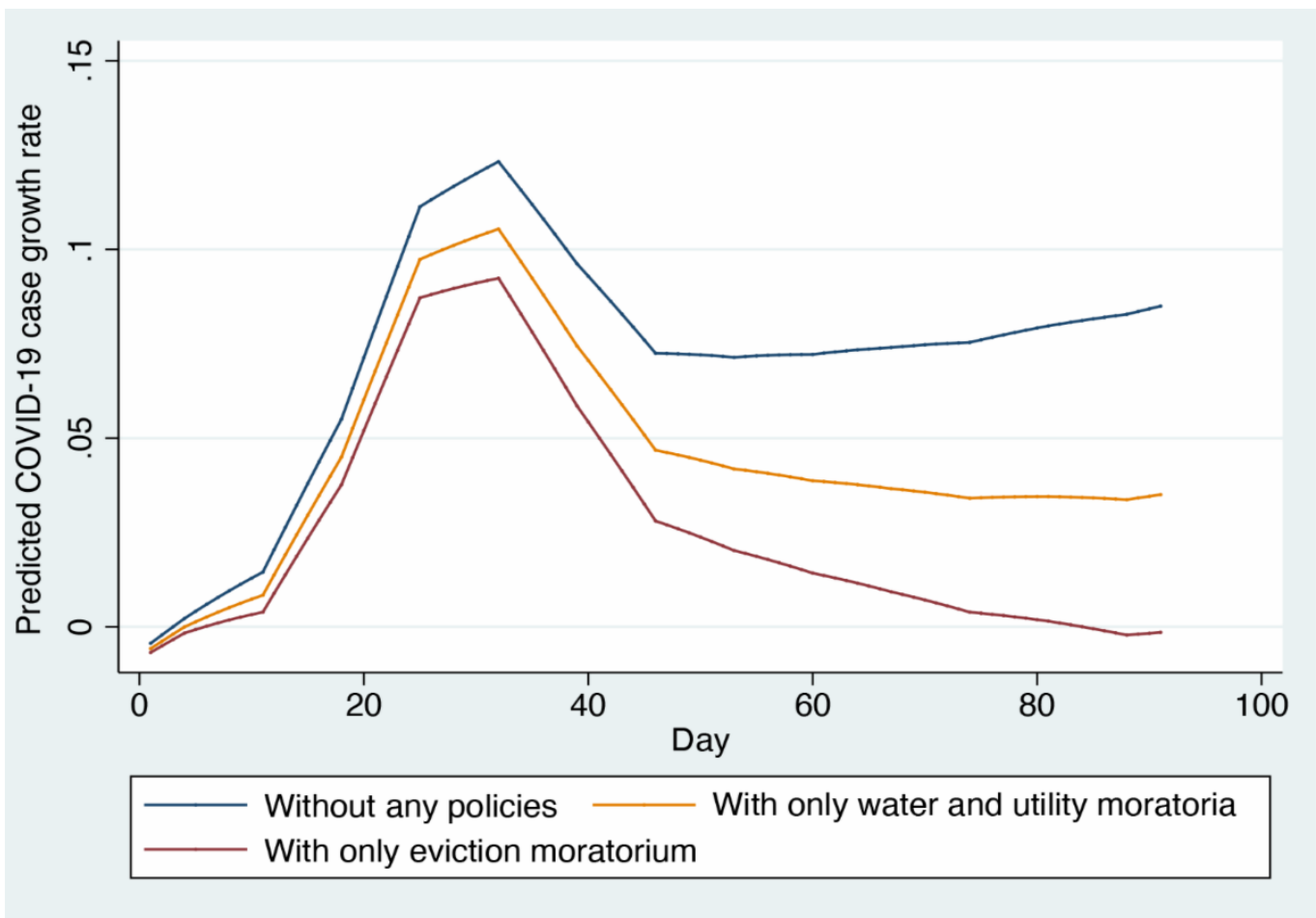
⁹ A recent report published by the nonprofit National Alliance to End Homelessness projects that the homeless population in the U.S. “will be twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die as the general population” as a result of the pandemic.

See also: Culhane, D. et al. (2020) Estimated Emergency and Observational/Quarantine Bed Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality. National Alliance to End Homelessness https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf

¹⁰ Weitz, J. & C. Andris (2020) COVID-19 Event Risk Assessment Planning Tool. <https://covid19risk.biosci.gatech.edu/>

¹¹ Jowers, Kay and Timmins, Christopher and Bhavsar, Nrupen. Policy in the Pandemic: Housing Security Policies Reduce U.S. COVID-19 Infection Rates. Duke University, Nicholas Institute. Available at <https://nicholasinstitute.duke.edu/articles/policy-pandemic-housing-security-policies-reduce-us-covid-19-infection-rates>

the COVID-19 pandemic and one that should be carefully considered . . .” When water and utility shutoff moratoria are in place, the average growth rate per day decreases 2.6% over the study period (based on data analyzed from 3/1/2020 – 5/31/2020).¹² Comparing the blue and yellow lines on the following graph shows how the curve of COVID-19 cases can be flattened significantly with a moratorium on essential utilities¹³:



¹² Id.

Further findings by Duke University researchers conclude:

- If no COVID-19 related policy interventions were adopted, the predicted average covid-19 log growth rate for the average US county would be 14.36%.
- If water and utility moratoria were adopted from day 1, that predicted average covid-19 log growth rate would decrease to 8.66%.
- This suggests that utility shutoff moratoria (water & electricity) can reducing the growth rate of the pandemic by 5.7%.

10. Several policy organizations in Missouri are also speaking out about the need for a utility disconnection moratorium this winter. See Attachment C to this Motion for letters in support from Empower Missouri, National Housing Trust (NHT), and the Missouri Energy Efficiency for All (MO-EEFA) coalition.

Scope of Emergency Action Requested

11. In order to mitigate the health and safety impacts of the ever-worsening COVID-19 pandemic, Consumers Council believes that the current emergency justifies an immediate moratorium prohibiting discontinuances of residential services by the following investor-owned utilities regulated by the Commission:

- a. Electrical Corporations, as defined by Section 386.020(15) RSMo.;
- b. Gas Corporations, as defined by Section 386.020(18) RSMo.; and
- c. Water Corporations, as defined by Section 386.020(59) RSMo.

Water corporations are a particularly significant utility during a pandemic. The importance of having access to water for washing is essential to the mitigation of this public health crisis.

¹³ Id.

12. The duration of the requested moratorium should be temporary, but extend at least through March 31, 2021. This date coincides with the current end date for the Governor's Executive Order declaring a state of emergency due to COVID-19. March 31 also coincides with the end of the Cold Weather Period, as defined in the Commission's Cold Weather Rule.¹⁴ For heat-related gas and electric services, a daily temperature-based moratorium is already in effect for the Cold Weather Period through March 31, which is a recognition that the coldest part of the year is normally a time of heightened risk to public health and safety in Missouri.¹⁵

13. The requested temporary moratorium on utility discontinuances should also include a prohibition on the assessment of late fees or related fees for non-payment during the period of the moratorium, as was usually the case during the previous voluntary utility COVID-19 moratoria in 2020. The goal of the requested moratorium is to encourage consumers to shelter in place safely, without the stress of the potential loss of utility services or the accumulation of extra fees for nonpayment.

Expedited Treatment

14. Pursuant to Section 386.310.1 RSMo. and Rule 20 CSR 4240-2.080(16), Consumers Council requests that this request be given expedited treatment, by issuing the requested Emergency Order by no later than December 16, 2021. The Commission has the ability to schedule an emergency agenda, if necessary. The sooner the requested moratorium is established the more lives

¹⁴ 20 CSR 4240-13.055(2).

that will be saved due to the resulting mitigation of pandemic cases, hospitalizations, and deaths. This motion was filed as soon as possible after it became apparent that the pandemic is escalating and that the relevant statistics show that the threat to public health and safety will likely grow ever worse in the upcoming days of winter in Missouri.

WHEREFORE, Consumers Council believes that the Commission has a unique opportunity to take action in this matter that will significantly bend the curve of the burgeoning COVID-19 pandemic and to save lives in Missouri. We respectfully request that the Commission issue an Emergency Order, as described herein, under the authority of its extraordinary powers as granted by Section 386.310.1 RSMo., that:

A. Establishes a Moratorium that temporarily prohibits regulated Missouri investor-owned electrical corporations, gas corporations, and water corporations, which provide monopoly services that are essential to public health and safety, from discontinuing residential utility services until at least March 31, 2021;

B. Further prohibits the affected utilities from charging late fees or similar fees related to nonpayment during such moratorium;

C. Provides such relief with expedited treatment, scheduling a subsequent opportunity for hearing as soon as possible after the Emergency Order is issued;

¹⁵ 20 CSR 4240-13.055(e.g., *Purpose Clause*).

D. Requires the affected utilities to provide transparent and clear communications to their customers about the date and terms of the emergency moratorium on discontinuances; and

E. Provides any other relief that is deemed necessary and proper to protect the health and safety of the general public.

Respectfully submitted,

Dated: December 7, 2020

/s/ John B. Coffman

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CERTIFICATE OF SERVICE

I hereby certify that copies of the foregoing have been emailed to the following persons on this 7th day of December, 2020. This list was derived from the Commission's EFIS contact query function. The intent was to reach as many potentially impacted utilities as possible with this courtesy service.

/s/ John B. Coffman

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Attachment A

White House COVID-19 Task Force State Report for Missouri

(Issue 24, November 29, 2020)



MISSOURI

STATE REPORT

11.29.2020

Issue 24

SUMMARY

- Missouri is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 22nd highest rate in the country. Missouri is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country.
- Missouri has seen a decrease in new cases and a decrease in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. St. Louis County, 2. Jackson County, and 3. St. Charles County. These counties represent 36.7% of new cases in Missouri.
- 100% of all counties in Missouri have moderate or high levels of community transmission (yellow, orange, or red zones), with 91% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 36% of nursing homes had at least one new resident COVID-19 case, 56% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Missouri had 468 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 85 to support operations activities from FEMA and 5 to support operations activities from ASPR.
- The federal government has supported surge testing in Columbia, Cape Girardeau, Branson, Lee's Summit, and St. Louis.
- Between Nov 21 - Nov 27, on average, 304 patients with confirmed COVID-19 and 213 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. This is a decrease of 12% in total COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing and is working on a staffing contract.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The depth of viral spread across Missouri remains significant and without public health orders in place compelling Missourians to act differently, the spread will remain unyielding with significant impact on the healthcare system.
- Mitigation and messaging need to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include requiring masks, limiting restaurant indoor capacity to <25%, and limiting bar hours until cases and test positivity decrease to the yellow zone. Strong mitigation efforts by neighboring states are showing early impact.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; nearly 60% of nursing homes have at least one COVID positive staff member and nearly 40% have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure compliance with public health orders, including wearing masks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.



COVID-19



MISSOURI

STATE REPORT | 11.29.2020

	STATE, % CHANGE FROM PREVIOUS WEEK			FEMA/HHS REGION	UNITED STATES
	STATE	WEEK			
NEW COVID-19 CASES (RATE PER 100,000)	28,707 (468)	-15%		79,932 (565)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.6%	-1.5%*		18.4%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	89,841** (1,464**)	-5%**		322,957** (2,284**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	274 (4.5)	+54%		713 (5.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	36%	+2%*		33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	56%	+0%*		59%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	+1%*		12%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,619 (25)	-12% (+4%)		7,921 (23)	135,904 (19)

* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

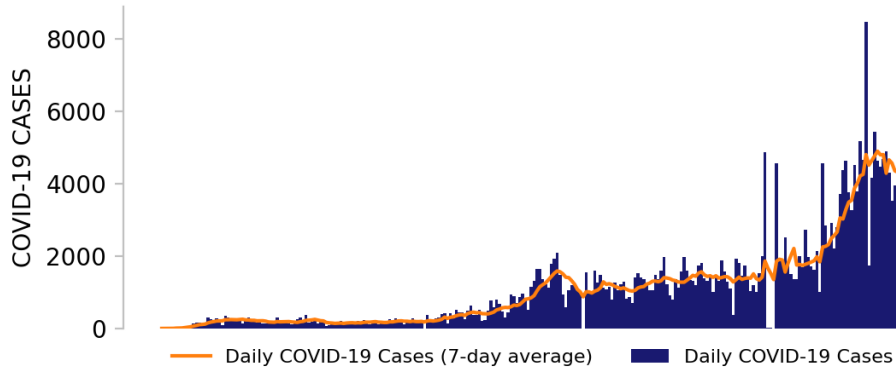
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.



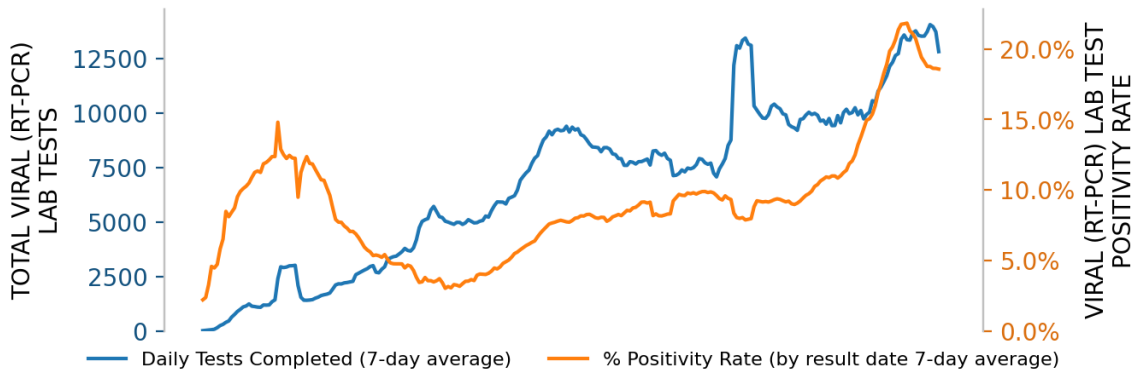
MISSOURI

STATE REPORT | 11.29.2020

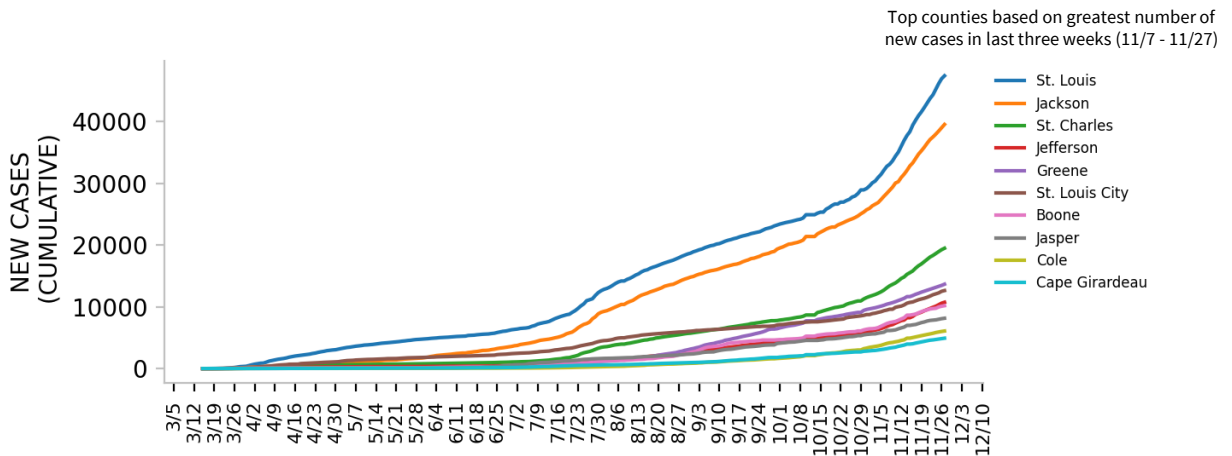
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020.

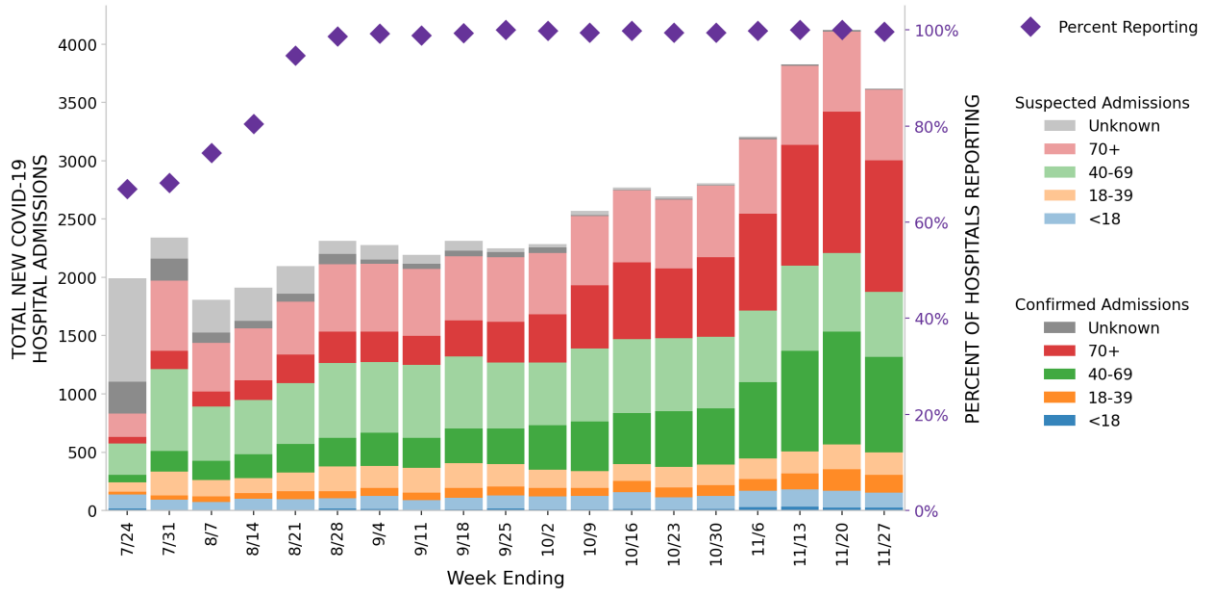


MISSOURI

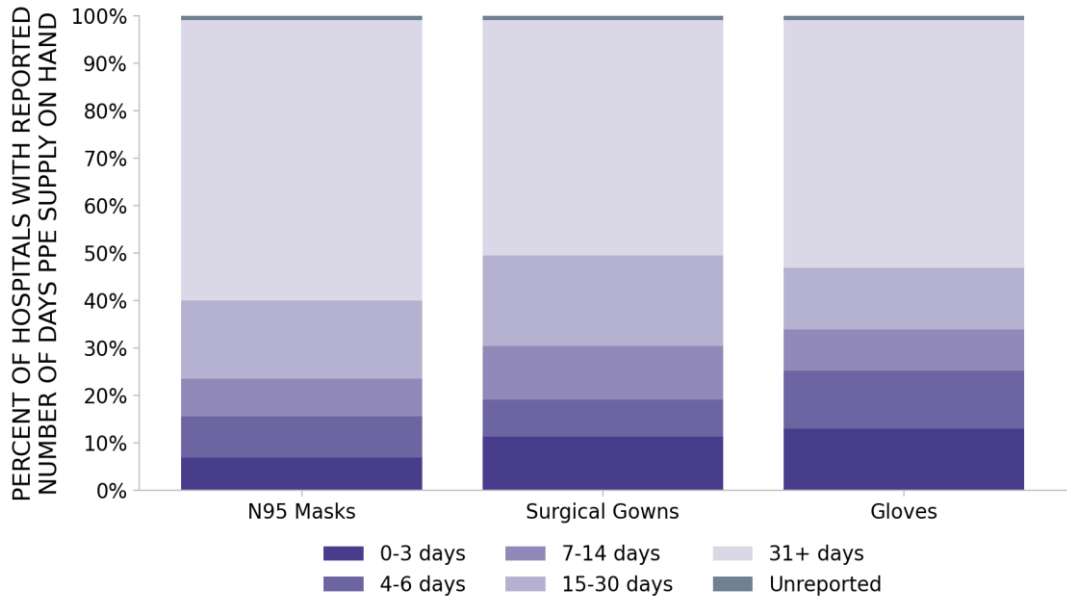
STATE REPORT | 11.29.2020

115 hospitals are expected to report in Missouri

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.



MISSOURI

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA)

COUNTIES

LOCALITIES IN RED ZONE	25 ▼ (-2)	St. Louis Kansas City Springfield Jefferson City Columbia Joplin Cape Girardeau St. Joseph Sikeston Hannibal Poplar Bluff Branson	105 ▼ (-6)	St. Louis Jackson St. Charles Jefferson Greene St. Louis City Boone Jasper Cole Cape Girardeau Franklin Clay
LOCALITIES IN ORANGE ZONE	1 ▲ (+1)	Farmington	7 ▲ (+5)	St. Francois Ray Polk Dallas Gasconade Atchison Carter
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Quincy	3 ▲ (+1)	Livingston Cedar Ozark
Change from previous week's alerts:		▲ Increase	■ Stable	▼ Decrease

All Red CBSAs: St. Louis, Kansas City, Springfield, Jefferson City, Columbia, Joplin, Cape Girardeau, St. Joseph, Sikeston, Hannibal, Poplar Bluff, Branson, Warrensburg, Rolla, Sedalia, Kirksville, Marshall, Maryville, Fort Leonard Wood, Moberly, Lebanon, Kennett, Mexico, West Plains, Fort Madison-Keokuk

All Red Counties: St. Louis, Jackson, St. Charles, Jefferson, Greene, St. Louis City, Boone, Jasper, Cole, Cape Girardeau, Franklin, Clay, Buchanan, Cass, Christian, Callaway, Lincoln, Scott, Taney, Johnson, Phelps, Newton, Butler, Camden, Marion, Pettis, Stoddard, Washington, Lawrence, Henry, Perry, Webster, Saline, Lafayette, Ste. Genevieve, Platte, Warren, Nodaway, Pike, Pulaski, Barry, Moniteau, Randolph, Laclede, New Madrid, Adair, Miller, Crawford, Dunklin, Cooper, Macon, Audrain, Mississippi, Stone, Osage, Madison, Andrew, Pemiscot, Clinton, Bates, Morgan, Vernon, Howell, Texas, Ralls, Benton, Bollinger, Dent, Howard, DeKalb, Ripley, Harrison, Grundy, Gentry, St. Clair, Lewis, Carroll, Caldwell, Monroe, Barton, Clark, Sullivan, Chariton, Wayne, McDonald, Montgomery, Wright, Maries, Linn, Dade, Holt, Douglas, Iron, Hickory, Scotland, Oregon, Daviess, Putnam, Shelby, Reynolds, Schuyler, Knox, Shannon, Mercer, Worth

* Localities with fewer than 10 cases last week have been excluded from these alerts.

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

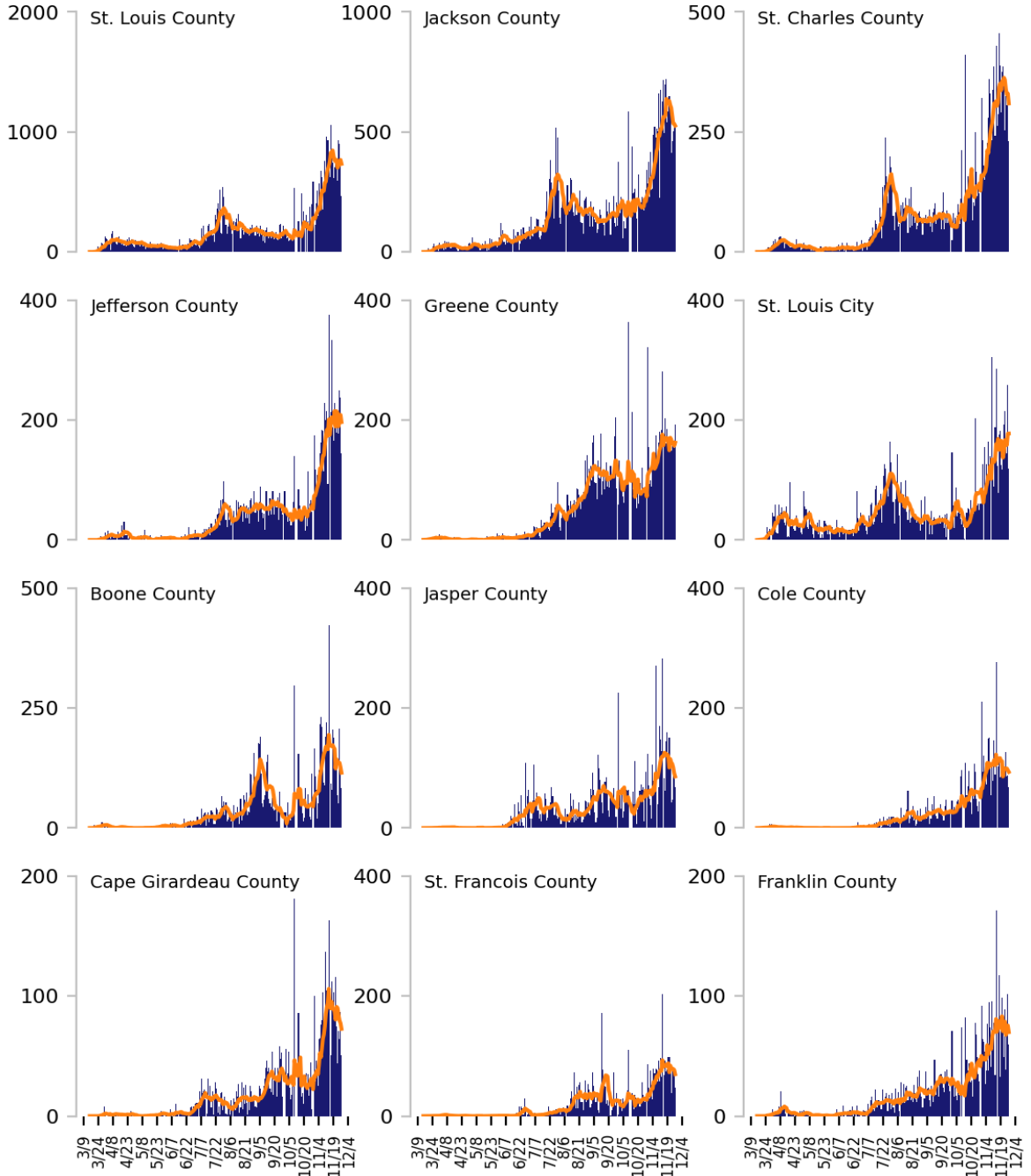
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020.



Top 12 counties based on number of new cases in the last 3 weeks

— Daily COVID-19 Cases (7-day average) ■ Daily COVID-19 Cases

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

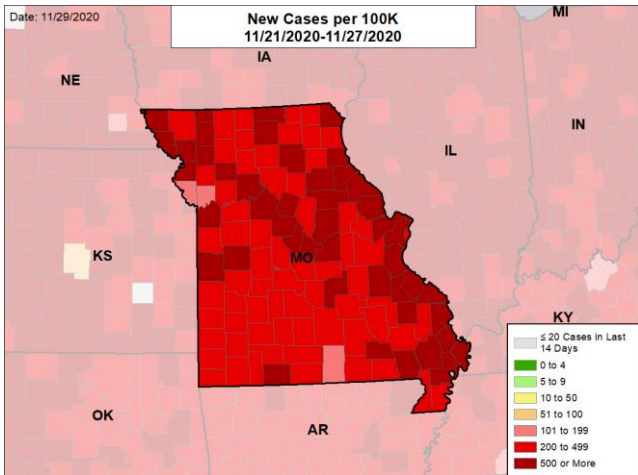


MISSOURI

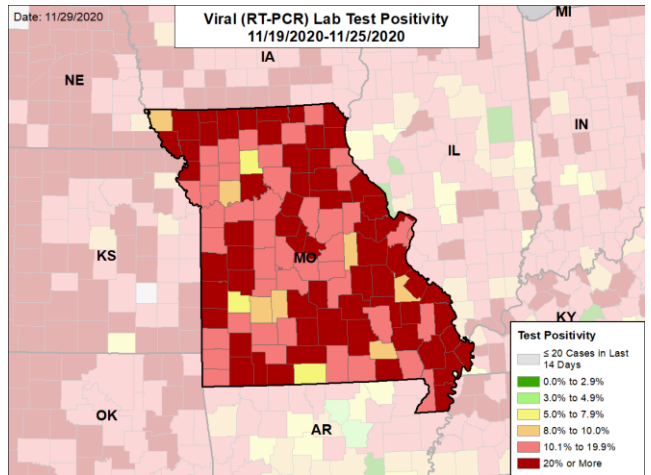
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

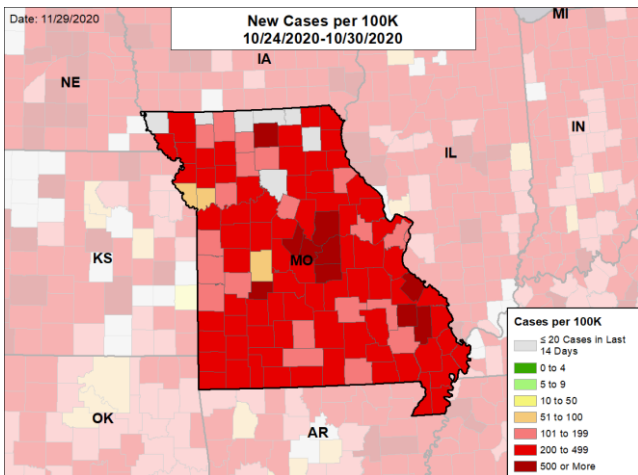
NEW CASES PER 100,000



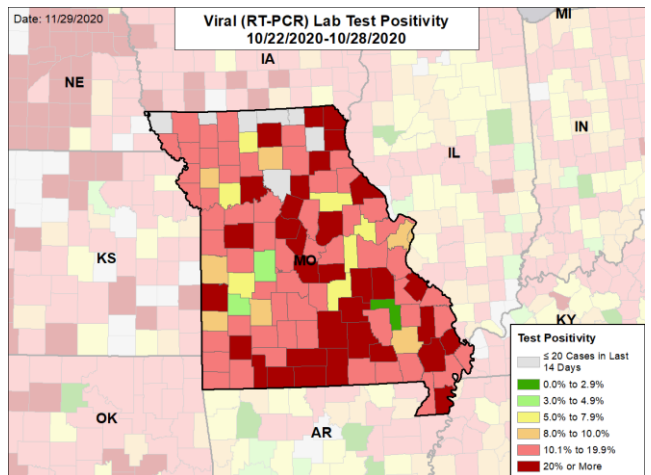
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.

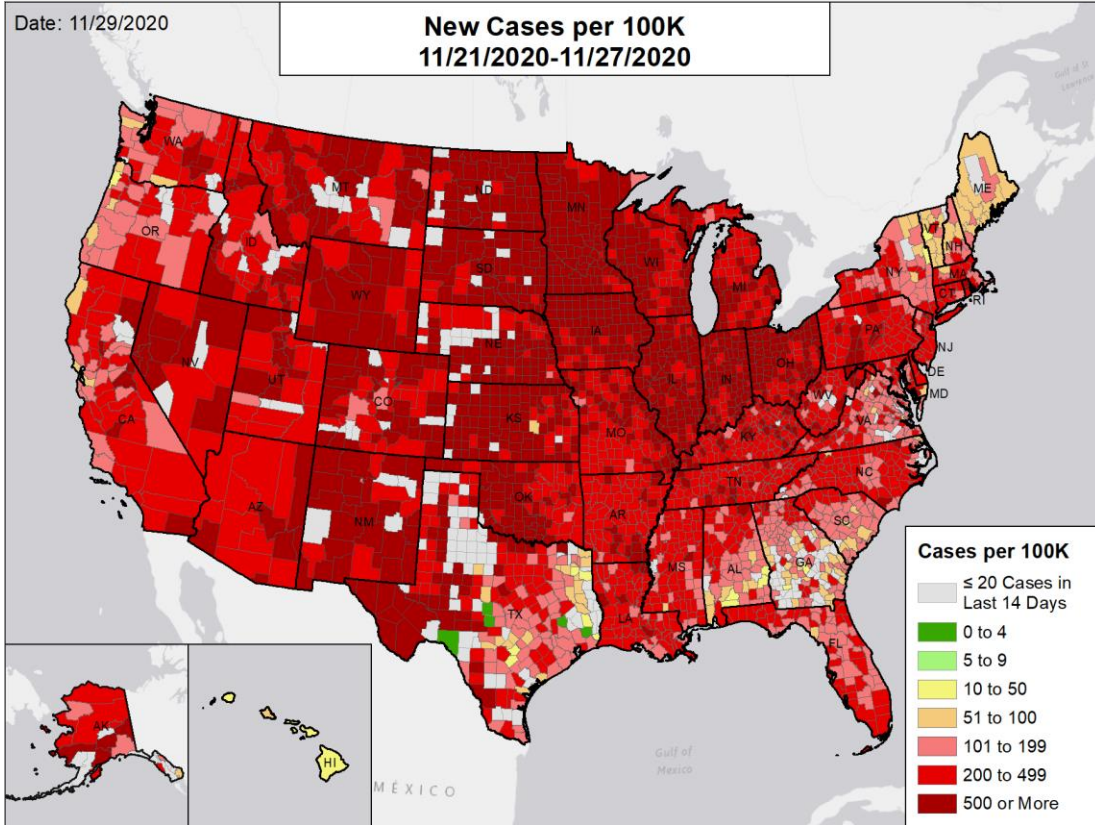
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. The week one month before is 10/22 - 10/28.



National Picture

NEW CASES PER 100,000

NATIONAL RANKING OF NEW CASES PER 100,000



National Rank	State
1	ND
2	SD
3	WY
4	NM
5	MN
6	IA
7	NE
8	IN
9	KS
10	MT
11	UT
12	WI
13	AK
14	CO
15	RI
16	IL
17	OH
18	NV
19	OK
20	MI
21	ID
22	MO
23	KY
24	AR
25	PA
26	AZ
27	TN
28	WV
29	DE
30	NJ
31	CT
32	LA
33	MS
34	MA
35	MD
36	FL
37	WA
38	TX
39	CA
40	NC
41	NY
42	AL
43	OR
44	VA
45	SC
46	NH
47	DC
48	GA
49	ME
50	VT
51	HI

Europe is experiencing a fall surge similar to the USA and is showing early signs of improvement through country-specific mitigation efforts.

- 80% (48/60 countries) require wearing masks in all public settings
 - Most countries have imposed fines for non-compliance
- 93% (56/60) have significant restrictions on gathering size
- 63% (38/60) have some form of nonessential business closures, initially focused on bars and reducing restaurant capacity
- 60% (37/60) have some form of entertainment or public space restriction
- 65% (39/60) have deployed a contact tracing app

DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 11/27/2020.

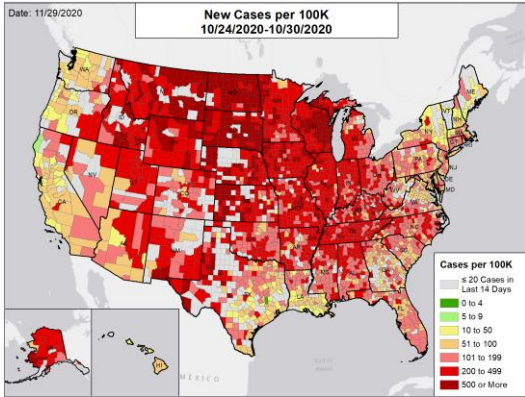
European community mitigation information sourced from European CDC — Situation Update Worldwide.



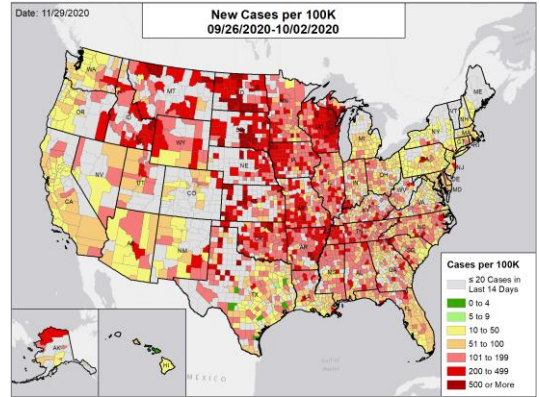
National Picture

NEW CASES PER 100,000 IN THE WEEK:

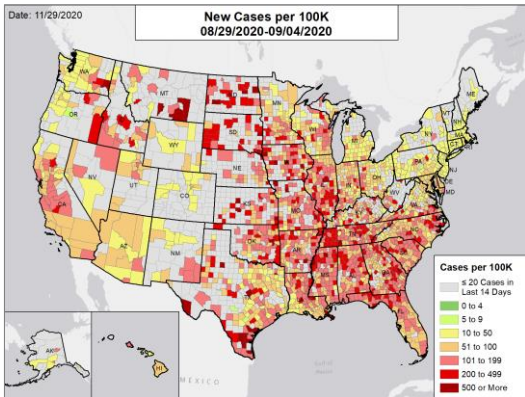
ONE MONTH BEFORE



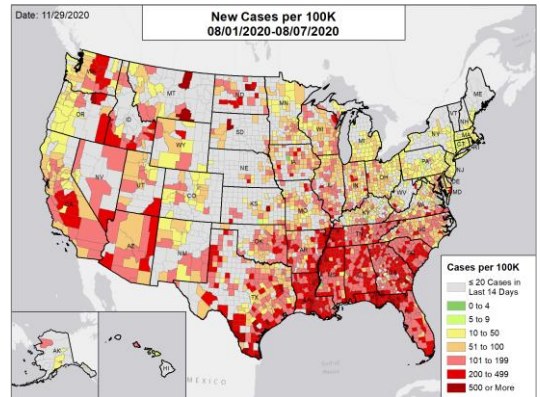
TWO MONTHS BEFORE



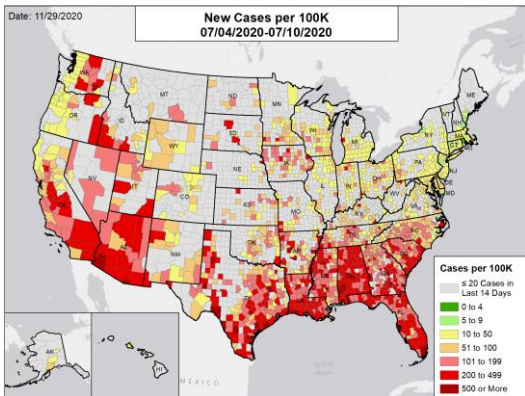
THREE MONTHS BEFORE



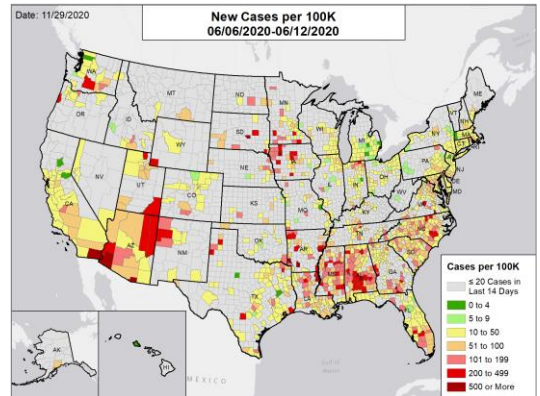
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

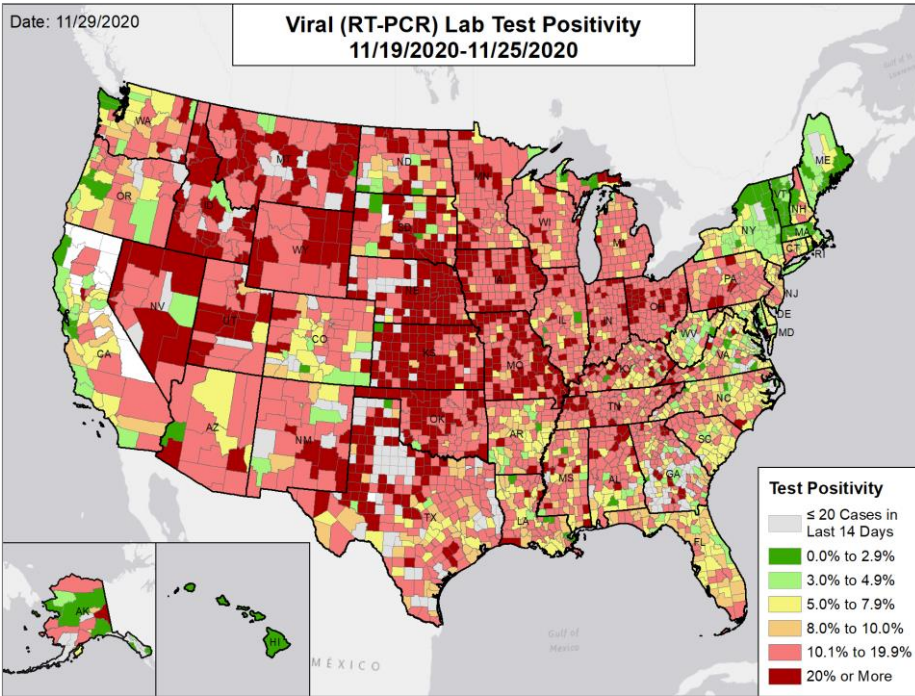
Cases: County-level data from USAFacts through 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4; the week four months before is 8/1 - 8/7; the week five months before is 7/4 - 7/10; the week six months before is 6/6 - 6/12.



National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY

NATIONAL RANKING OF TEST POSITIVITY



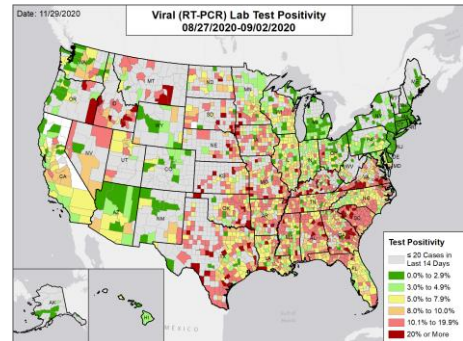
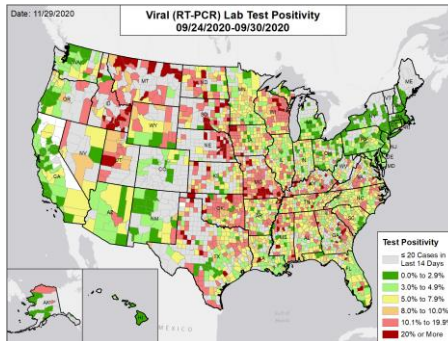
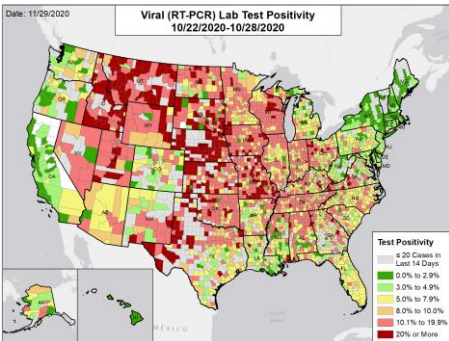
National Rank	State	National Rank	State
1	ID	27	TX
2	MT	28	OR
3	KS	29	NJ
4	OK	30	AR
5	MO	31	SC
6	UT	32	CT
7	IA	33	FL
8	NE	34	AK
9	NV	35	NH
10	IN	36	WA
11	NM	37	GA
12	SD	38	LA
13	OH	39	NC
14	WY	40	WV
15	MI	41	VA
16	KY	42	MD
17	TN	43	CA
18	ND	44	RI
19	AL	45	DE
20	MS	46	NY
21	IL	47	ME
22	MN	48	MA
23	WI	49	DC
24	PA	50	HI
25	AZ	51	VT
26	CO		

VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

ONE MONTH BEFORE

TWO MONTHS BEFORE

THREE MONTHS BEFORE



DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

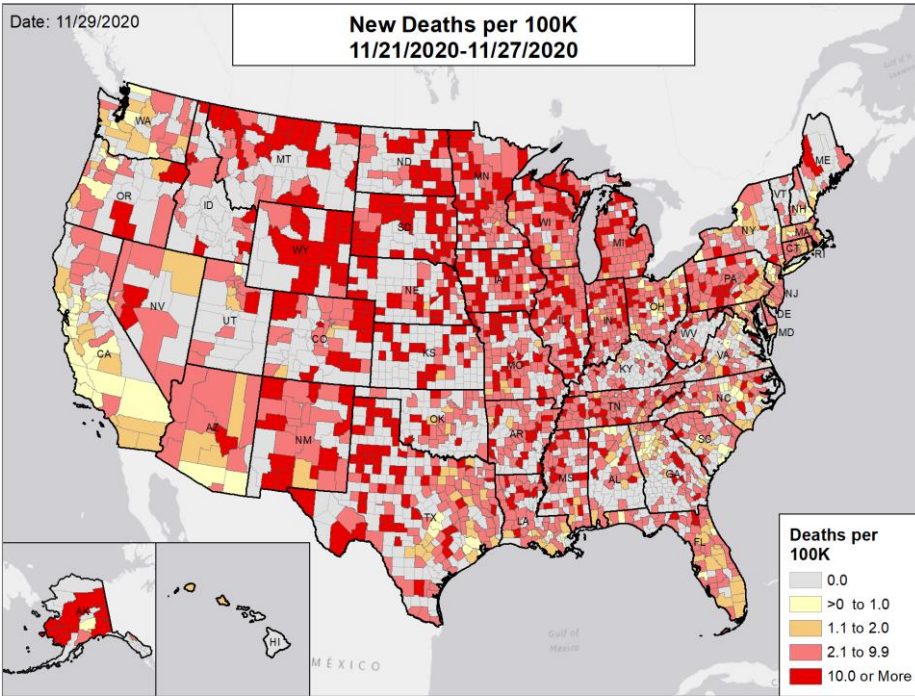
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. The week one month before is 10/22 - 10/28; the week two months before is 9/24 - 9/30; the week three months before is 8/27 - 9/2.



National Picture

NEW DEATHS PER 100,000

NATIONAL RANKING OF NEW DEATHS PER 100,000



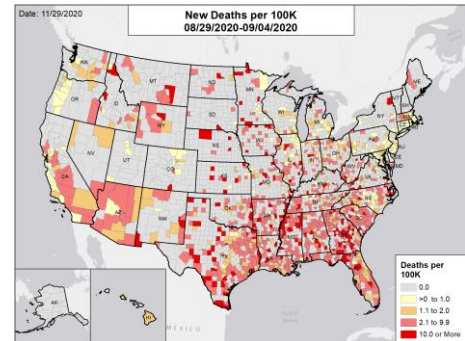
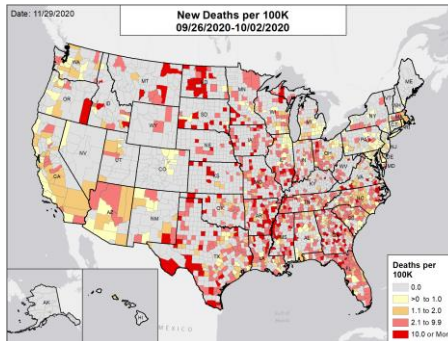
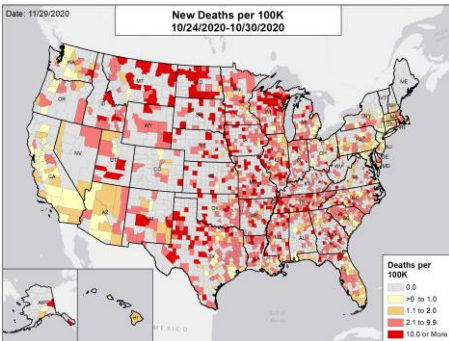
National Rank	State	National Rank	State
1	SD	27	TX
2	ND	28	MD
3	NM	29	NJ
4	MT	30	OK
5	WY	31	AL
6	IA	32	AK
7	MI	33	KY
8	MN	34	MA
9	IN	35	UT
10	IL	36	FL
11	WI	37	SC
12	NE	38	AZ
13	RI	39	NC
14	TN	40	NY
15	MO	41	OR
16	MS	42	DE
17	PA	43	VA
18	KS	44	GA
19	CO	45	ME
20	WV	46	CA
21	AR	47	WA
22	CT	48	DC
23	ID	49	HI
24	NV	50	VT
25	LA	51	NH
26	OH		

NEW DEATHS PER 100,000 IN THE WEEK:

ONE MONTH BEFORE

TWO MONTHS BEFORE

THREE MONTHS BEFORE



DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Deaths: County-level data from USAFacts through 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4.



METHODS

STATE REPORT | 11.29.2020

Metric	Dark Green	Light Green	Yellow	Orange	Light Red	Red	Dark Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	101 – 199	200 – 499	≥500
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 99%	100% – 999%	≥1000%
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	10.1% – 19.9%		≥20.0%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	0.6% – 2.0%		≥2.1%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 – 2000	750 – 1000	500 – 749	250 – 499		≤249
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	-25% – -11%		≤-26%
COVID-19 deaths per 100,000 population per week	0.0		0.1 – 1.0	1.1 – 2.0	2.1 – 3.0		≥3.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%		1% – 5%		≥6%		
Change in SNFs with at least one resident COVID-19 case, death	≤-2%		-1% – 1%		≥2%		
Total new COVID-19 hospital admissions per 100 beds	≤2	3 – 5	6 – 10	11 – 20	21 – 30		≥31
Change in total new COVID-19 hospital admissions per 100 beds	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%

- Some dates may have incomplete data due to delays and/or differences in state reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible. Figures and values may also differ from state reports due to differing methodologies.
- Color threshold values are rounded before color classification.
- **Cases and deaths:** County-level data from USAFacts as of 17:59 EST on 11/29/2020. State values are calculated by aggregating county-level data from USAFacts. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 RT-PCR result totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Because the data are deidentified, total RT-PCR tests are the number of tests performed, not the number of individuals tested. RT-PCR test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 11/19 to 11/25; previous week data are from 11/12 to 11/18; the week one month before data are from 10/22 to 10/28. HHS Protect data is recent as of 14:31 EST on 11/29/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/28/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 18:53 EST on 11/29/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 18:00 EST on 11/28/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 11/16-11/22, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
- **County and Metro Area Color Categorizations**
 - **Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
 - **Orange Zone:** Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”
 - **Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the “Orange Zone” or “Red Zone.”

Attachment B

Letter from the Missouri Hospital Association



Herb B. Kuhn
President and CEO
P.O. Box 60
Jefferson City, MO 65102

December 7, 2020

Morris L. Woodruff
Secretary
Missouri Public Service Commission
P.O. Box 360
Jefferson City, MO 65102-0360

Dear Mr. Woodruff:

The Missouri Hospital Association rarely weighs in on matters of utility regulatory policy. However, we have been informed of a pending proposal before the Public Service Commission to limit utility disconnections based on concerns about the health implications of terminations of service this winter. While the PSC is better able than MHA to assess the economic implications of the COVID-19 pandemic on utility consumers, our hospitals note that many of their low-income patients are more economically fragile than they were in 2019. This economic fragility will be exacerbated if federal unemployment assistance is reduced as of January 1, 2021, per current law. And, certainly our hospitals recognize the consequences of becoming displaced from permanent housing. Homelessness is one of those social determinants of health that often plays an important role in health status. Further, losing access to permanent and workable housing seems likely to promote the spread of the COVID-19 virus as residents become transients.

In recent weeks and months, there has been a strong resurgence of the COVID-19 virus, severely straining public health, hospital and medical capacity. Emerging vaccines certainly offer promise but immunizing the state's population will take significant time and effort, with current expectations extending well into the summer of 2021.

As the Public Service Commission considers this proposal, MHA offers these observations from the perspective of Missouri's hospitals. We hope they are useful.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Landon", with a long horizontal flourish extending to the right.

Daniel Landon
Senior Vice President of Governmental Relations

dl/djb

Attachment C

Letters of Support



December 7, 2020

Chairman Ryan Silvey and Commissioners
Missouri Public Service Commission
200 Madison Street, PO Box 360
Jefferson City, MO 65102-0360

Dear Chairman and Commissioners,

Empower Missouri was founded in 1901 as the Missouri Conference on Charities and Corrections and has been a reliable voice for more than a century regarding public policy that can reduce poverty. We work to secure basic human needs and equal justice for all our state's residents through advocacy and coalition building because we understand that food and shelter are fundamental to Missouri's success.

We write you at this time to support the request for an emergency order that is being filed this afternoon by the Consumers Council of Missouri. We are convinced that a winter moratorium on utility disconnections is vital if we are to reduce the transmission of COVID-19 in our state. Recent research, including [this study](#) from Duke University, show that "eviction, electricity, and water utility moratoria have played an important role in containing the COVID-19 pandemic and.....should be carefully considered." Missouri already has a severe shortage of affordable housing according to the annual ["The Gap"](#) report from the National Low Income Housing Coalition, and the challenges of utility costs are often the precipitating factor for homelessness to occur or families to "double up" into overcrowded spaces. Neither homelessness nor overcrowding promote sheltering in place, hand hygiene, and other practices that public health officials recommend during this time of near-capacity hospital occupancy and very high rates of coronavirus transmission. We believe the Public Service Commission must take action to protect public health and is authorized to do so under RSMo § 386.310

Our Affordable Housing Coalition includes many not-for-profits that are doing their best to increase housing stability and to serve those presently without a home in our state. We stand ready to work with public officials to promote the best possible outcomes as we navigate through the present public health challenge together.

Sincerely,

Jeanette Mott Oxford
Director of Policy & Organizing



December 7, 2020

To: Missouri Public Service Commission Chairman Ryan A. Silvey and Commissioners William P. Kenney, Scott T. Rupp, Maida J. Coleman, and Jason R. Holsman

Re: Emergency request to halt energy and water utility shut-offs through March 31, 2021

Dear Commissioners,

I am writing to you on behalf of the National Housing Trust to express strong support for the Consumers Council of Missouri's request for an emergency order to halt energy and water utility shut-offs through March 31, 2021.

The National Housing Trust is a nonprofit housing developer, lender, and advocacy organization that protects, improves, and maintains existing affordable housing so that low-income families can live in quality neighborhoods with access to opportunities. We have been working in Missouri since 2014, side-by-side with interested entities and individuals, in order to secure more energy-efficient homes, improved health, and affordable energy bills for Missouri households with low incomes.

With the COVID-19 pandemic, our nation finds itself in the grips of a public health crisis, the likes of which have not been seen in more than a century. As people increasingly seek refuge at home, this crisis has highlighted the essential role of stable, safe housing in safeguarding our population's health, as well as the critical role of reliable access to energy and clean water at home.

COVID-19 cases are surging across the country. We urge you to act immediately to ensure that Missourians are able to shelter safely at home with access to the public utilities that are necessary to safeguard their health during the long and uncertain winter ahead.

Sincerely,

A handwritten signature in black ink that reads "Annika Brindel". The signature is written in a cursive, flowing style.

Annika (Brink) Brindel
Midwest Director of Energy Efficiency Policy
National Housing Trust

Re: Moratorium on disconnections and late fees
December 7, 2020

To whom it may concern:

As members of the Missouri Energy Efficiency for All (MO-EEFA) coalition, we write to you today to urge strong leadership on customer protections for energy and water, as Missouri residents face hardships during the COVID-19 pandemic. Thousands of working families are now suffering widespread wage and job losses in growing numbers. These financial challenges are worsening such that residents who can no longer afford their regular payments are at risk of losing resources vital to their well-being. To make matters worse, many who would otherwise have access to these much-needed services, like running water for washing, are now unable to comply with the CDC's health standards for the containment of the virus. This is therefore no longer an issue involving the well-being of some individuals- this affects all of our communities and society as a whole.

The economic and health risks brought on by this pandemic should not be compounded by the threat of utility shut offs and additional fees for payment disruption. So, as families across Missouri are severely impacted, we urge that equally serious steps be taken to ensure access to the essential services provided by utilities. In response thus far, utilities in Missouri have instituted measures voluntarily and to varying degrees, but more must be done to protect all Missourians, especially those who are most vulnerable. To that end, we implore that you to implement the following recommendations:

Implement a moratorium on all electricity, gas, and water utility shut-offs and late payment fees until at least March 31st, 2021.

We must ensure water, electricity, and gas utility service for everyone. A statewide response that applies to all utilities - investor-owned, municipal, and cooperative is needed to protect all Missouri residents as the weather is colder and being displaced is even more dangerous. However, many Missouri residents who are not low-income qualified are seeing an erosion of their ability to afford utility bills due to lost wages and lost employment. Therefore, these shut off moratoriums should be extended to cover all residential customers during the emergency.

We thank you for your time and consideration, and we appreciate your response to this unprecedented health and economic emergency. We know there are hard times ahead for Missouri and the rest of the country, but nothing is insurmountable when we care about each other and work together. As you continue to work to address this crisis we urge you to focus heavily on those most vulnerable and ensure that all have access to the lifesaving utility services and shelter they need to protect themselves and their families.

Sincerely,

The Missouri Energy Efficiency for All Coalition (MO-EEFA)

