

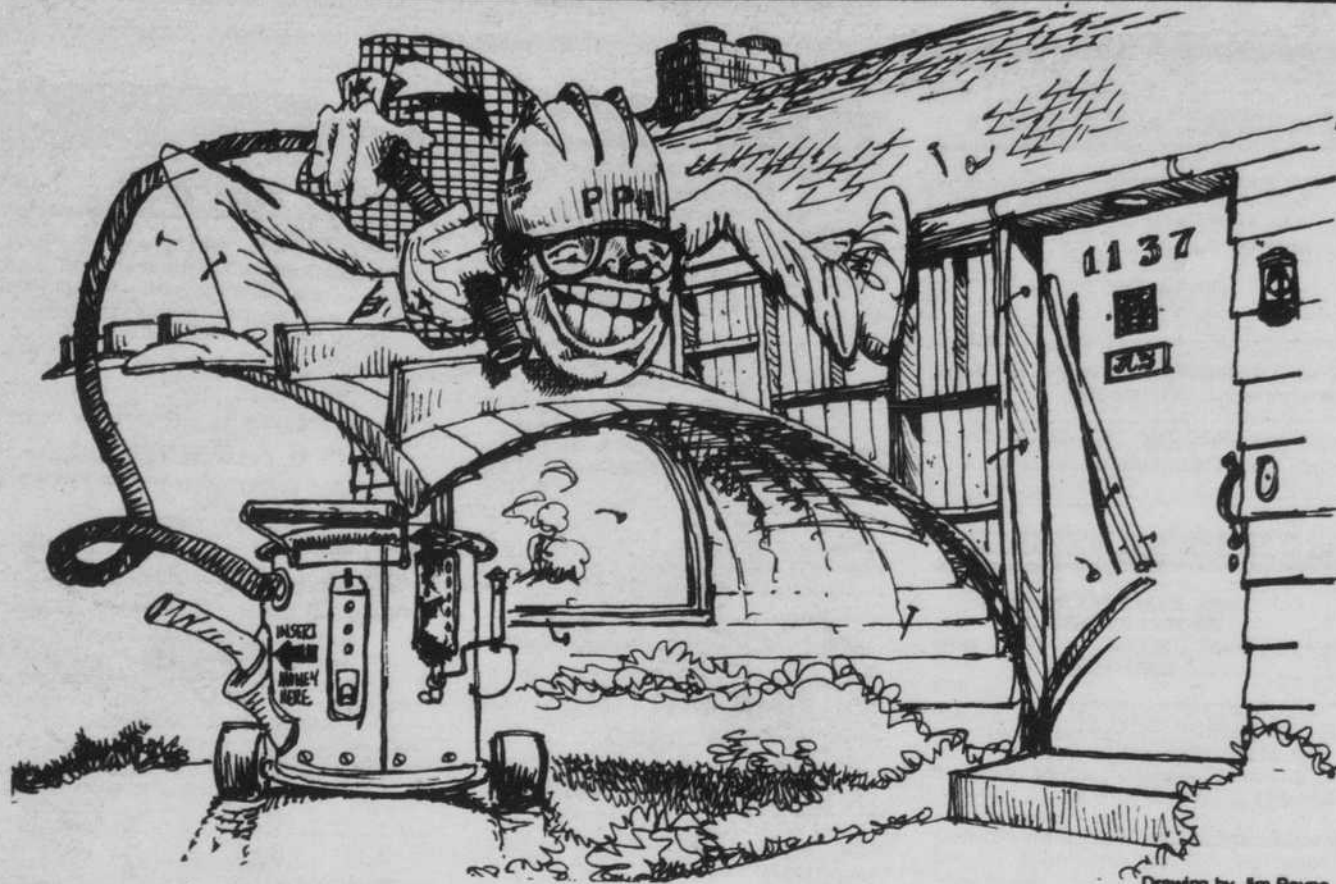
# Power company to finance insulation installation

By KATHLEEN MONJE  
Of the Emerald

Pacific Power and Light Co. (PP&L) hopes to pay for insulation improvements in 100,000 Oregon homes over the next five years, including some of the 19,000 Lane County houses to which it supplies electricity.

The utility plans — at the customers request — to send experts to single-family homes to do home energy analyses and identify currently wasted energy.

Then, if the home's "weatherization capabilities" are deficient, PP&L will hire a local contractor to



Drawing by Jim Payne

bring it up to "cost-effective" standards — a level of weatherization where the energy savings will make the improvements worthwhile.

Company inspectors would then check the work and pay for it, if approved. The homeowner will agree to pay the utility for its in-

vestment, without interest, when the home is sold.

The \$75 million insulation and weatherization program was announced by PP&L Pres. Don Frisbee in Portland Monday.

According to Bud Prince, the utility's director of public information, PP&L decided that the

energy conservation program would be cheaper than building new generating plants.

"The program should save 64,000 kilowatts over the next five years, which is twice our annual load growth of residential customers," Prince said.

Prince explained the insulation program will be paid for by consumers, but at a lower rate than the cost of building new generating plants to provide electricity.

"What we're doing is supplying kilowatt hours (by energy conservation) at a lower cost than building new plants."

The insulation and weatherization improvements the company thinks will save the most energy are the insulation of floors and ceil-

ings and the installation of double windows and storm doors.

"We estimate there are 70,000 homes in Oregon, space-heated with electricity and built prior to the 1974 building code, which can benefit from added insulation," Prince said.

Another 30,000 residences use electricity for heating their water, and could benefit from insulation of water pipes and areas where water heaters have been installed, Prince said.

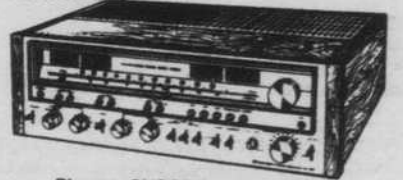
The insulation program must be approved by the state Public Utility Commission (PUC) before PP&L can put its plans into action. Prince said the company will submit the program to PUC later this week.

"We would need to investigate their figures to approve the plan," said PUC information director Jonne Hower. She expects the idea will be approved — "it's an innovative approach."

Hower said PUC would probably decide on the program's feasibility within a month after the utility submits its plan.

"We should be making announcements of public hearings by then," she said.

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# OSPIRG gives advice to state health planners

By CAROLYN BEAVER  
Of the Emerald

The Oregon Student Public Interest Research Group (OSPIRG) has given state health planners a two page list of criteria to aid them in determining what kind of new medical services should be offered.

The criteria were submitted to the State Health Planning and Development Agency (SHPDA) at a Portland hearing on Monday. Before certain health services and facilities can be implemented, the SHPDA must award the applicant a certificate of need.

Right now the planning group has a set of general criteria they use when awarding need certificates, but OSPIRG members feel more specific criteria should be adopted. SHPDA is taking suggestions until April 24 and will make a final list of criteria by May 1.

OSPIRG Director Bill Van Dyke presented several ideas to the group.

"Since escalating health care costs are an important concern of state legislation governing health planning in Oregon, projected cost changes and their impact should be clearly spelled out," before a certificate is granted, said Van Dyke.

According to government and private studies, hospitals should offer four beds for every 1,000 persons in the hospital's surrounding area. Also, the hospi-

tal should continually operate at 80 percent capacity.

Van Dyke asked these two things be projected for proposed facilities. The only exception might be for facilities that would have extreme emergency health care needs, said Van Dyke.

Not only did OSPIRG take existing health care users into consideration, it also considered the "medically underserved population" Van Dyke said.

One health planning criteria should be "to show how proposals for new facilities would serve their needs. We need to find out who doesn't get health care and how we might get it to them," he said.

Van Dyke told the group that any proposed service resulting in consumer cost increase must also bring an improvement in the health of the population being served.

"It makes no sense to expect health care consumers to pay higher health care costs if the

health service will not result in a corresponding improvement in the health of the population," said Van Dyke.

Van Dyke suggested existing facilities be used more efficiently to cut the need for new facilities.

"We found that many hospitals don't schedule operating rooms more than four hours a day. A new hospital may be built when there isn't a need for one" on that basis, he said.

"Individual hospitals oversee their own development," Van Dyke said. "They try to attract doctors, because they bring patients. They try to give them the best of everything you can give them."

Consequently, many hospitals have duplicated facilities unnecessarily. If facilities could be shared, hospitals would be more efficient and less costly, Van Dyke explained.

Van Dyke said OSPIRG plans to continue fighting for better health planning since health care costs have gotten "out of control."



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