AEMC

# Consultation paper:
# National Energy Retail Amendment (Improving life support processes) Rule 2025

## STAKEHOLDER FEEDBACK TEMPLATE

The template below has been developed to enable stakeholders to provide their feedback on the questions posed in the consultation paper and any other issues that they would like to provide feedback on. The AEMC encourages stakeholders to use this template to assist it to consider the views expressed by stakeholders on each issue. Stakeholders should not feel obliged to answer each question, but rather address those issues of particular interest or concern. Further context for the questions can be found in the consultation paper.

**To submit this form, follow this link, and select the project reference code RRC0064.**

### SUBMITTER DETAILS

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| **DATE** | 4 September 2025 |

### PROJECT DETAILS

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| **NAME OF RULE CHANGE:** | Improving life support processes |
| **PROJECT CODE:** | RRC0064 |
| **PROPONENT:** | SA Power Networks and Essential Energy |
| **SUBMISSION DUE DATE:** | 4 September 2025 |

### CHAPTER 2 – THE PROBLEM RAISED IN THE RULE CHANGE REQUEST

**Question 1: Theme 1. What is your view of the proposed definitions and whether they should be included in the NERR?**

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| • What do you see as the key issues for including the | • We agree with the proposed definitions and support their inclusion in the NERR, as they are likely to enhance the |

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| proposed definitions in the NERR, for example:<br>○ Would adding/amending these definitions improve outcomes for life support consumers?<br>○ Would they appropriately capture all needs of life support customers, including those that do not involve equipment, such as refrigeration for insulin pumps?<br>○ Is it appropriate to have the same list of equipment from which to draw the definitions of critical and assistive life support equipment? Are two different sets of lists needed, one for each type of equipment?<br>○ Are there any specific needs related to equipment that requires gas connection that we need to capture? | accuracy of life support registers. Our comments in response to the related questions are provided below:<br>• The proposed definitions for assistive vs. critical life support equipment introduces a useful prioritisation framework. Currently, all registered life support customers are treated as priority.<br>Should these definitions be adopted, the Rules need to clarify the obligations or actions required of licensees for example, in the event of an emergency, the need to prioritise response or recovery efforts to those registered as a life support equipment user - critical over life support equipment user - assistive.<br>• As a licensee, we are not positioned to offer guidance on the appropriateness of utilising the same list for defining both critical and assistive life support equipment.<br>We support the provision of comprehensive guidance materials which would facilitate well-informed decision-making when assigning critical over assistive.<br>• The development of a clear, comprehensive list that guides what equipment falls under "critical" or "assistive" would greatly enhance consistency and utility.<br>• Regarding whether it is necessary to capture specific needs related to equipment requiring a gas connection, our life support registration currently consists of approximately 3,500 registrations of which a vast majority of the equipment listed are not dependent on gas to operate.<br>We strongly recommend that the identification of equipment dependent on gas to function be included as a criterion. The clarification of whether the life support equipment is dependent on electricity over gas would significantly enhance the accuracy and usefulness of the life equipment register maintained by gas distributors. |

**"Question 2: Theme 1. What is your view of the proposed amendments to civil penalty provisions for breaches relating to notification and deregistration - based on proposed changes to definitions as outlined in section 2.1.1 above?**

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| Are there unintended risks from the proposed changes as suggested in the rule change request? | • We agree that the risk linked to not deregistering a supply address for a life support equipment user in a timely fashion is low and agree with the proposal to classify this as a tier 2 civil penalty provision.<br>• We also agree with the proposal to reduce penalties for breaches of planned outage notifications affecting assistive life support equipment users to a tier 2 civil penalty provision. |

**Question 3: Theme 2: Is there confusion around who may deregister a premise when there is a change in the customer's circumstances?**

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| • Should deregistering a premises be mandated as suggested?<br>• Are there any unintended consequences of the proposed changes?<br>• Are updates required to the AER Life support registration guide to clarify deregistration roles?<br>• Are changes to B2B processes required due to the proposed changes? | • We support mandating the requirement to deregister a supply address as having life support equipment as this will remove ambiguity.<br><br>The proposed change will continue to support meeting the objective of maintaining the accuracy and quality of a life support register.<br>• Any updates to the life support registration guide must continue to provide clarity of roles and responsibility, and inclusion of case examples will also be welcomed.<br>• The publication of new Guidance material by the AER may trigger the requirement for B2B process changes. By 'codifying' processes, the operationalisation of the NERR via Guidelines could warrant changes to B2B processes. |
| **Question 4: Theme 2: Do you have any views on requesting an updated medical certificate every four years?** | |
| • Is it appropriate to create a permanent medical confirmation for critical life support customers with ongoing needs?<br>  ○ Should this permanent confirmation also be extended to customers on assistive life support?<br>• Are the proposed roles for registered medical practitioners in the life support registration appropriate?<br>• Is it appropriate to compel deregistration for customers who do not provide a medical confirmation? | • We support the creation of a permanent medical confirmation protocol for critical life support equipment customers with ongoing needs.<br>• We do not support the creation of a permanent medical confirmation for customers on assistive life support equipment and therefore support the requirement for a four-year renewal cycle for medical confirmation is reasonable, this will contribute to the maintenance and accuracy of the life support.<br>• We support the requirement to compel the deregistration of customer who do not provide medical confirmation, in its absence inadvertent consequences such as allocation of limited resources may occur. For instance, a customer may contact a retailer or DNSP and identify themselves as a critical life support customer without fully understanding the designation or its implications. In an emergency, priority may be given to attending a supply address registered as supporting critical life support equipment, only to later discover that medical confirmation was never provided and the equipment relied upon by the life support equipment user was not for critical purposes.<br>• Further, the Responsible Party Owner (RPO) should be responsible for contacting the customer if they remain the Financially Responsible Organization (FRO) and reconfirm continued dependence on the gas life support equipment and to verify whether any details have changed.<br><br>Medical Confirmation Form<br>• The medical confirmation form is an essential mechanism for capturing and sharing of information relied upon by retailers and distributors. The medical conformation form should be designed in a way that promotes and enhances |

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| | life support protection. The medical confirmation form informs the licensees the details required to accurately register supply address, equipment, classification and shape support activities.<br><br>The requirement to clearly identify and report the type of energy used to power the life support equipment will significantly aid in determining whether life support equipment relies on electricity or gas.<br><br>We welcome an opportunity to further contribute to the design of the medical confirmation form, refer to question 7 for further comments. |

**Question 5: Theme 2: Do you have any views on introducing a cap on registration attempts without medical confirmation?**

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| • Are there any unintended consequences from introducing a limit on registering without medical confirmation?<br>• Are there other issues and approaches we should consider? | We are not averse to the introduction of a cap on registration attempts without medical confirmation. However, implementing such a cap may give rise to several challenges. The key issues we have identified are as follows:<br><br>• A cap on registration attempts could be difficult to enforce because life support registration is not limited to the account holder. Other family members can also register a customer for a premise. While the cap could apply if the registering party is identifiable, it should not be mandatory.<br><br>• Limiting customers to a maximum of two registration attempts without providing medical confirmation may help constrain uncontrolled growth of life support registrations. However, as a distributor, it is challenging to verify whether a retailer has made two attempts to obtain medical confirmation. Additional questions arise, such as whether a customer could make two registration attempts with one retailer and then two more with another, or attempt registrations directly with distributors. This is a new issue, as all life support registrations to date have been initiated via retailers. Responsibility for tracking the number of attempts is currently unclear.<br><br>• Introducing a cap is acceptable if the intent is to maintain an accurate register for customers who genuinely require life support. However, assumptions regarding the cap need clarification:<br><br>- Does the cap apply to attempts within a single retailer, and reset if the customer switches to another retailer?<br><br>- Does the cap reset if a customer returns to a previous retailer after having exhausted their prior attempts?<br><br>• To support register accuracy, retailers should follow up when medical confirmation has not been provided within |

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| | a specified period. A cap could also impose unnecessary onus on parties to adhere to and potentially does not allow coverage for customers who could otherwise be eligible. |

**Question 6: Theme 2: Is there currently an inconsistency in how life support is assessed between different retailers and DNSPs?**

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| • Is back-up planning lacking for life support customers?<br>• Who should hold the responsibility for backup planning?<br>• Do the proposed templates capture all relevant information to ensure accurate life support registration and effectively protect and prioritise customers during planned and unplanned outages? Is there any information that should be added or removed?<br>• Is it appropriate for the AER to develop the proposed Medical Confirmation and Back-up plan templates?<br>• Are there unintended consequences or risks mandating the use of the suggested templates in the rules? | • The Rules require consistent handling of life support registrations. Once notified by a retailer or customer, we register a supply address for life support without exception. We then rely on the Rule and processes in place for the ongoing management of the life support registration and obligations<br>• Relevant information may be improved through a collaborative process that includes medical practitioners, the medical confirmation form issued by the AER, and licensees (such as retailers or distributors). This collaboration highlights the need to establish a practical process for developing, maintaining, and, if necessary, testing contingency planning for users of life support equipment.<br>• The responsibility for backup planning should rest with the life support user, as they are most knowledgeable about their individual circumstances and specific reliance on life support equipment.<br>• The proposed medical confirmation template may be further improved with the following considerations:<br>o Under A1 consider detailing the requirement for a four yearly review. Through this addition, the life support user or the life support customer will be provided clarity of the ongoing requirement.<br>o Add to section A3, a further question requiring the identification of how the equipment is powered enabling it function or operate i.e. Electricity or Gas.<br>This will inform whether an electricity or gas distributor or both are required to register a supply address as having someone residing at that address requires life support equipment.<br>This addition will promote the accuracy life support register especially from the perspective of a gas distributor.<br>• Part B – The title should align with the proposed definition e.g. Life Support "Customer" be changed to Life Support "User". |

**Question 7: Theme 3: Would adding a nominated contact person improve the safety and experience of life support users?**

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| • Are there any privacy, safety, consent or implementation | • Rule 124 Draft requires further consideration: |

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| risks associated with this proposal?<br>• Should notifying the nominated contact person be mandated for both planned and unplanned outages?<br>• Are there any other issues we should consider in relation to this proposal? | i. Strengthening the condition around secondary contact by requiring verifiable consent to be captured within the medical confirmation form.<br>ii. Clarity relating to the definition of who is deemed a secondary contact<br>iii. Restrict provision of an interruption notice to secondary contact to electronic means only<br>• With the potential of codifying the introduction of a nominated secondary contact person, we recommend Rule 124 and associated Rules consider the following:<br>Medical Confirmation Form be amended to:<br>• Explicitly require the recording of verifiable consent from the nominated secondary contact person.<br>Verifiable consent means consent that is given to a medical practitioner<br>(a) expressly; and<br>(b) in writing or orally; and<br>(c) nominated person competent to give the consent; and<br>(d) after the medical practitioner, in plain language appropriate to the secondary contact, disclosed all matters materially relevant to the giving of the consent, including each specific purpose for which the consent will be used;<br>This will ensure the nominated person is aware of their nomination to be a secondary contact for or by the life support equipment user.<br>Obtaining verifiable consent will support notification being made to the secondary contact, the purpose for which the information is being collected and is to be used for.<br>This would promote conversation between the life support equipment user and secondary contact as to what to expect and/or what arrangement should be put in place circling back to the previous question of the responsibility of having a back-up plan.<br>There may be a need to further strengthen the Medical Confirmation Form with regards to adherence to the Australian Privacy Principles.<br>• Additionally, a mechanism should be available to allow the secondary contact to opt out if desired. When this occurs, a process should notify the life support user of the opt-out decision. Further consideration may be necessary, as both business-to-business and business-to-customer notifications could be involved.<br>Written Notice – Secondary Contact Person Rule 124 draft |

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| | • Electronic communication methods, such as SMS or email, may offer a more practical and effective alternative for providing written interruption notifications to secondary contact(s). For example, a secondary contact could be a care worker employed by an agency, the care worker lists agency business address for written notifications. This may then mean the written notice is sent to the agency address which could also be located out of state adversely impacting timely receipt of by the intended recipient.<br><br>We support the secondary contact be provided with interruption notices. We do not agree that the requirement for written notice be mandated or required.<br><br>Grammatical consideration – Rule 124<br><br>• Please check for consistency in written form of "back-up" in some paragraphs it is written as backup.<br><br>Secondary Contact – Identification clarification<br><br>To support the correct capture of contact details, there is no guidance on who is deemed a secondary contact and therefore seek clarity and provide the following discussion points:<br><br>(a) Is the customer considered the primary contact, and the life support equipment user the secondary contact? or<br><br>(b) Is the life support equipment user the primary contact and the account holder the secondary contact?<br><br>(c) Are the primary contacts both the life support equipment user and account holder and the secondary contact is a third party? |

**Question 8: Should customers' electronic contact details be captured in the medical registration form?**

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| • Are there any unintended consequences of such a change? | • Consideration does need to be given to whether any B2B processes may be required to be updated to support notice of change to electronic contact details and timeliness of such communications<br><br>• The accuracy of the contact details to remain the responsibility of the person providing those details (customer, life support user, secondary contact). |

**Question 9: Should the rules be updated to explicitly clarify that SMS/email notification of planned outages to life support customers is permitted?**

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| • Would this improve outcomes for these customers?<br><br>• How can the rules ensure communications are conducted according to the customers' preferences? | • The proposed update will provide clarity regarding the permissibility of using electronic means, thereby minimising potential confusion.<br><br>• The Rules can be explicit and supported via the Medical Confirmation Form wording to the effect of |

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| • Are there any unintended outcomes from the proposed change? | acknowledging written notification to a registered life support address is mandatory for electronic means:<br>○ "unless expressly requested not to do so by the customer or life support equipment user, provide interruption notices via the nominated preference(s)"<br>• Electronic means should be permitted as they provide faster communication. However, they will not be able to replace a letter for planned interruptions, as this would risk breaching the market rule that stipulates a letter be left at the premises for planned interruptions. |

**Question 10: Theme 3: Noting a central database for storing medical confirmations is outside the scope of this rule change process, are there recommendations that could be made to progress the issue?**

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| • Are there any immediate concerns with this proposal? | No immediate concerns. |

**Question 11: Assessment framework**

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| • Do you agree with the proposed assessment criteria? Are there additional criteria that the Commission should consider or criteria included here that are not relevant? | • Timeframes for adopting any changes to the current Life Support processes from a B2B perspective needs to consider the magnitude of the technical changes. If the proposed changes are adopted for just categorising life support as assistive or critical, B2B transaction changes will be required. These changes are very likely to be significant in nature, and we anticipate a lead time of approximately 2 years to be able to implement. All Distributors/Retailers/AEMO will need to align and agree when such technical changes can be made within each of the businesses.<br>Also, the cost of compliance to the new rules cannot be fully understood until a draft is published in which we seek the opportunity to respond. |