Australian Rehabilitation and Assistive Technology Association (ARATA) Submission

The National Energy Retail Amendment

(Improving life support processes) Rule

2025

04 September 2025

For further information, please contact president@arata.org.au or policy.strategy@arata.org.au.

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ARATA would like to acknowledge and thank the ARATA members who contributed their knowledge and expertise to inform this submission, in particular, we thank ARATA Board Member Allan Hunter for his exceptional contribution and leadership.

1. Introduction and Executive Summary

Australian Rehabilitation and Assistive Technology Association (**ARATA**) welcomes the opportunity to respond to the comment on the proposed changes to the life-support notification rule in the NERR and AER Life support registration guide. In particular, we acknowledge the outstanding research and background material provided by SA Power Networks, the Energy Charter and Life-Support Medical Advisory Group (**LMAG**) and a long list of contributors over the last 2 years.

ARATA is the national non- profit peak body representing a range of assistive technology (**AT**) stakeholders including users, providers, researchers, and educators. ARATA promotes, develops, and supports the national rehabilitation and assistive technology community of practice as well as contributing as a founding organisation to the Global Alliance of Assistive Technology Organizations (**GAATO**), and a member of the Coalition on Rehabilitation Engineering & Assistive Technology in Asia (**CREATE Asia**). ARATA also works with other AT stakeholder organisations including National Assistive Technology Alliance (**NATA**) and Assistive Technology Suppliers Australia (**ATSA**). For further information, see https://www.arata.org.au/.

ARATA has completed the stakeholder feedback template, and this is attached. This submission discusses an additional 4 key areas over and above the template questions that ARATA would like to address:

1. **Definitions** - ARATA has some concerns regarding the proposed approach - starting with the creation of 2 different categories[1] of "Life-Support Equipment": "Critical" and "Assistive". ARATA recommends a review of underlying assumptions, as well as research to identify Medical Equipment (**ME**) and AT in use by a wide range of participants and the wider community before compiling a list for the proposed "Medical Confirmation Form for Life-Support Equipment".

2. **Increased scope** - extending the scope of the "Life-Support Registration" rule to include the[2] "*41% who use life-support equipment to make their life more comfortable"* means the rule change needs to take into account a diverse range of non-life-support ME and AT, along with acknowledging the role played by allied

[1] ***Rule Change Request — #BetterTogether – Better Protections for Life Support Customers*** *dated 23 August 2024* filename: "*Support Customer Rule Change Request 23 August 2024.pdf*" on page 14 of 43

[2] ***Rule Change Request — #BetterTogether – Better Protections for Life Support Customers*** *dated 23 August 2024* filename: "*Support Customer Rule Change Request 23 August 2024.pdf*" on page 21 of 43

health professionals (**AHP**) including occupational therapists (**OT**) acting in a professional capacity.

3. **Emerging technologies -** . It's an oversight to run a *"National Life Support information and Awareness Campaign targeting life-support user, their care team and the medical profession"* in the absence of a comprehensive review of backup power solutions available – now, and in the near future. If only 7% have access to backup power then offering vague guidance such *as*[3] *"Consider alternative power options (e.g. larger generator, solar)"* is clearly inadequate. Need to have in place information and an appropriately trained advisor familiar with a variety of solutions including solar PV panels and solar batteries, inverter/charges, portable "power stations" and EV's for both new build and retrofit scenarios.

4. **Associated issues -** An early 2025 ARATA scoping study for a research proposal, identified a range of issues associated with backup power supplies for people who use ME and AT in the home residential and assisted-living environments.

If any further information or clarification is required, please don't hesitate to contact ARATA.

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[3] **Draft Power Outage Plan for Life-Support in the Home: saying safe in the power goes out.**: life-support.poweroutage plan.com.au retrieved 17 August 2025

2. Recommendations

Recommendation 1 – Life-Support Equipment Definitions
"Critical" and "Assistive" life-support definitions to be replaced with "life-support" and "essential" Medical Equipment (ME). Assistive technology such as lifters and electric wheelchair charging equipment should be identified as assistive technology (AT) in line with industry practice.

Recommendation 2 – Responsible Medical Authority Update
Current provision for "Responsible Medical Authority" should be retained. Any lists of life-support or essential equipment should be considered examples or indicative, with provision made for professional judgement. However, provision should also include allied health professionals as responsible professionals (with appropriate caveats if required), where appropriate.

Recommendation 3 – Duty of Care
Stakeholders should explicitly address conflicting requirements and advocate for formal acknowledgement at both state and territory, and federal levels, of responsibility for backup power supplies in a life-support situation.

Recommendation 4 – "Emergency Medical Essential Power in Your Area"
The AER should consult with relevant state and territory authorities to clarify what alternatives are available for emergency power supply in the event of evacuation required (or WALDO) for anyone dependent on Life-Support Equipment, prior to the proposed education campaign.

Recommendation 5 – WALDO Requirements
Backup power supply recommendations should acknowledge the need for longer duration backup power, taking into account modern renewable energy and DER/CER developments to improve housing resilience required by climate change.

Recommendation 6 – Resilient Housing & Innovative Solutions
AEMO should assess the full range of innovative solutions available for backup power and consult organisations such as the Clean Energy Council, Smart Energy Council, and user groups such as ARATA before developing a template.

Recommendation 7 – Review Technical Standards
A review and update of both AS/NZS 3000:2018 Appendix M and AS IEC 6060.1.11:2017 should be conducted to ensure education campaign content and backup power supply advice is consistent with applicable technical standards.

3. Definitions

ARATA believes that the definitions in the new rule be reconsidered. Having two types of "life-support equipment" - "Assistive" and "Critical" doesn't make sense. The following sentence illustrates the potential for confusion. [4]

> *". The use of Life Support Equipment ranges from life enhancing equipment (Assistive Life Support Equipment) to the more critical needs customers using life-sustaining equipment (Critical Life Support Equipment)."*

ARATA recommends that definitions along the lines of the following broad functional definitions be used:

1. **Life-Support equipment**- any ME and AT where the loss of power will result in the person dying in a matter of minutes or a few hours. An example is the use of a ventilator by a high-level quadriplegic dependent on assisted ventilation to breathe.

2. **Essential equipment** - ME and AT where there is a degree of tolerance by the user for power outage, but severe injury or permanent damage may occur if the situation is not rectified in minutes or hours. Examples include CPAP machines and pressure relief mattresses.

Note that the above 2 definitions are covered by the Proposed rule change. However, any discussion of backup power in disability housing needs to acknowledge a broader category - Important Equipment. This is included for information only:

3. **Important equipment** - ME and AT where the user would be inconvenienced or unreasonably restricted if the power goes out. Examples include electric bed, Internet connection and networking equipment, AT such as garage door opener, and environmental controls. A degree of flexibility is required for a range of scenarios and use cases. In some cases an electric bed can be a critical life support, where a person at high risk of aspiration could die lying flat in less than 1 to 3 hours without supervision or in-person assistance. This is why it is important the Medical Confirmation Form for Life Support Equipment includes the 'other medical equipment' category, and that this form can be completed by a GP, not required to be completed by a specialist medical practitioner.

Recommendation - Life-Support equipment definitions. "Critical " and "Assistive" life-support definitions to be replaced with "life-support" and "essential" Medical Equipment (ME).

[4] ***Rule Change Request — #BetterTogether – Better Protections for Life Support Customers*** *dated 23 August 2024* filename: "*Support Customer Rule Change Request 23 August 2024.pdf*" on page 4

And assistive technology such as lifters and electric wheelchair charging equipment be identified as assistive technology (AT) in line with industry practice.

Extending the scope of the "Life-Support Registration" rule to include the[5] "*41% who use life-support equipment to make their life more comfortable"* means the rule change covers a range of non-life-support ME and AT, along with a wider range of allied health professionals (**AHP**) including occupational therapists (**OT**) acting in a professional capacity.

Examples include CPAP machines and pressure relief air mattresses, ceiling hoists, and electric wheelchairs. Revised wording needs to involve more than just a "*Registered Medical Practitioner in developing a backup plan*".

Recommendation - Life-Support equipment definitions. Assistive technology such as lifters and electric wheelchair charging equipment be identified as assistive technology (AT) in line with existing industry practice.

Recommendation - Responsible Medical Authority update. Current provision for "Responsible Medical Authority" be retained . Any lists of life-support or essential equipment to be considered examples or indicative - and provision made for professional judgement. However provision to include as responsible professionals (with appropriate caveats if required) allied health professionals where appropriate.

4. Backup Power

ARATA welcomes the intention of widespread education campaign addressing backup power supplies. But there are some associated issues which need to be adequately researched and agreed amongst stakeholders. This section of the ARATA submission addresses those concerns.

4.1 Who is responsible?

Prior to the NDIS , responsibility for looking after the health of people with disabilities - was largely the responsibility of State and Territory Health ministers .

With the introduction of the NDIS, has responsibility been passed to the Commonwealth government to provide for backup power supplies?

[5] ***Rule Change Request — #BetterTogether – Better Protections for Life Support Customers*** *dated 23 August 2024* filename: "*Support Customer Rule Change Request 23 August 2024.pdf*" on page 21 of 43

A newspaper report covered the death of a man "*believed to have been suffering from muscular dystrophy" in December 2015 at Wayville*[6]:

> *" the man's breathing machine shut off between 2.09am and 4.48am after balloons and streamers tangled in power lines caused an 11,000 volt line to short, blacking out about 500 homes near the Showgrounds."*

There are conflicting reports about the deaths of two men with muscular dystrophy, Conor Murphy and Kyle Scolari, in Perth in 2014. The immediate cause was a power outage due to "*tornado downed power lines*".

One report stated that "*the machine doesn't have a backup supply*" and the failure of "*life preserving electronic breathing equipment*" could not be addressed because[7] "*Their beeper turned off and unfortunately, they couldn't rouse the carer*".

According to another account [8] "*It has been reported that a backup generator at the men's home failed*". If this is the case, then one possible cause is that the changeover switch failed to operate when the mains power failed.

All three fatalities may have been preventable. It's now 2025 - who is responsible for providing backup power?

This uncertainty is best illustrated by the NDIS. There are more than 1,200 High Physical Support (HPS) Specialist Disability Accommodation (SDA) registered properties[9] with one or more uninterruptible power supply (**UPS**) to provide backup power - it's a mandatory requirement in the 2019 SDA Design Standard[10].

This is contradicted by the 2024 NDIS legislation Section S10 Support resources[11] which states that[12]

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[6] https://indaily.com.au/news/2015/12/16/inquiry-call-as-sa-man-on-life-support-dies -during-power-outage/

[7] https://www.perthnow.com.au/news/wa/beaconsfield-housemates-and-muscular -dystrophy-sufferers-conor-murphy-and-kyle-scolari-die-after-storm-cuts-power-to-vital-medical-equipment-ng-757bf5048401ae0d63115258f4f1e571

[8] https://www.abc.net.au/news/2014-07-15/brother-pays-tribute-to-man-who-died-in-perth -storm-after-power/5597012

[9] National Disability Insurance Agency Quarterly Report Q1 2024 -25, page 72

[10] https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/specialist -disability-accommodation/sda-design-standard PDF retrieved 03 September 2025

[11] https://engage.dss.gov.au/ndis-supports-rule/ndis-supports-rules-resources/ retrieved 26 July 2025

[12] NDIS document "**Supports that are not "NDIS supports**" undated, unsigned from https://ourguidelines.ndis.gov.au/would-we-fund-it/what-does-ndis-fund retrieved 26 July 2025

"services, items, and equipment that can't be funded by the NDIS...
[Includes] … (h) electricity generators, solar panels, home batteries for power storage, ..."

NDIA clearly has a duty of care for a cohort of severely disabled NDIS participants hence the mandatory requirement for backup power supplies in high physical support (**HPS**) SDA. Given the legislation now rules out NDIA funding backup power supplies (via generator or batteries), responsibility needs to be clarified.

Recommendation - Duty of care. Stakeholders to explicitly address conflicting requirements and advocate for formal acknowledgement at both state and territory, and federal levels, responsibility for backup power supplies in a life-support situation .

4.2 Backup duration

Not included in the proposed consumer information such as the "My Power Outage Checklist" is suggested target or recommended backup durations for various use cases.

ARATA's experience when dealing with backup power supply for clients is that the most frequently asked questions are "how long backup time do I need" and "how much is it going to cost".

It's unreasonable to expect a diverse range of users, possibly dealing with an accident or medical event and having a range of critical decisions to make, to make informed judgements. The proposed education campaign will have to provide some guidelines.

As a starting point, consider that power outages are typically[13] :

"less than 12 hours in duration and typically relate to power damage caused by lightning, car accidents, and delivery such as falling branches, and animals".

This is broadly consistent with the[14] "*average minutes off supply experienced by a customer*" (raw) ranging from just under 2 hours to 17 hours depending on Distribution Network Service Provider (**DNSP**) and year.

Research and resources need to be funded to provide both peer advice and technical guidance on availability and cost of various options.

[13] Values of customer reliability. Final report on VCR values, December 2024, Australian Energy Regulator

[14] Ibid on page 10 of 43

4.3 Evacuation Destination

There is a similar problem regarding responsibility for the often repeated advice “move to a suitable site ” in the event of an evacuation requirement. The proposed checklist has a vague “think about evacuation including transportation” in the event of power going out as shown in Figure 1.

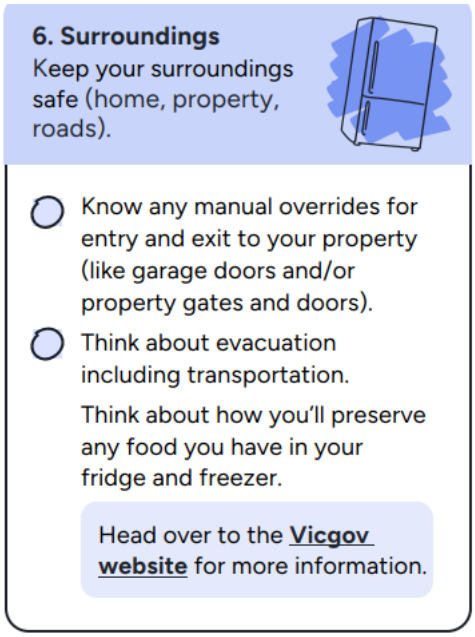

Figure 1 - From proposed Power Outage Plan for Life Support in the Home checklist

Similarly, advice provided by the NDIS[15] :

> It’s also a good idea to make sure any medical equipment back-up batteries are always fully charged and you have a list of emergency numbers. Like your GP, local hospital or someone nearby to assist you if the power goes out.
>
> For more information about emergency medical essential power in your area, please go to your state or territory government website:

[15] https://ourguidelines.ndis.gov.au/would-we-fund-it/assistive-technologies/generators retrieved 26 July 2025

followed by[16]:

> For more information about emergency medical essential power in your area, please go to your state or territory government website:
>
> - Life support equipment – be prepared and make a plan
> - Customers using life support equipment .

Checking with state government authorities and power authorities confirms that neither link contains useful information.

ARATA can't find any evidence of a state or federal health Department or Minister that has contingency plans in place to make possible "*medical evacuation to a suitable site which is able to provide a long-term alternative power supply*". In the event of a natural disaster or long-term power outage, designing in provision for, or easy connection of, PV, solar batteries, and EV's may be the most practical long-term option. In some situations though, it may be a generator which is automatically activated by the loss of grid power.

Recommendation - "emergency medical essential power in your area". AER to consult with relevant state and territory authorities to clarify what alternatives are available for emergency power supply in the event of evacuation required (or WALDO) for anyone dependent on Life-Support Equipment PRIOR to proposed education campaign.

4.4 WALDO - Wide and Long Duration (Power) Outage

Most recently, more, than 300,000 properties were without power over the weekend starting Saturday 8 March 2025 due to Cyclone Alfred. Monday morning 10 March 2025, almost 220,000 "remain without power across South East Queensland and northern New South Wales). Four days later on Tuesday, 11 March 2025, more than 120,000 properties were still without power.

Six days later, Thursday, 13 March 2025, there were still more than 33,000 properties without power.

Extreme weather events now need to be planned for . More examples:

1. On Saturday the 14th of November 2022, around 163,000 customers here in Adelaide were without power due to a violent storm. At 4 PM on the following day, more than

[16] ibid

65,000 customers were still without power. Some suburbs were still not reconnected to mains power the following Tuesday[17].

2. Floods and bushfires over the last few years in Lismore and Mallacoota respectively over the last few years, illustrate the increasing impact of climate change[18].

3. On Wednesday, 2 July 2025, a powerful coastal low-pressure system referred to as a "bomb cyclone" resulted in more than 40,000 customers being without power in New South Wales[19]

The discussion paper makes it clear that climate change will be making these weather events even more extreme.

Recommendation - WALDO requirements backup power supply recommendations to acknowledge need for longer duration backup power in taking into account modern renewable energy and DER/CER developments to improve housing resilience required by climate change.

5. Resilient housing & innovative solutions

Since 1 July 2025, the Commonwealth and some State and Territory governments are offering rebates to encourage use of solar batteries.

"[Solar Batteries] can offer both financial and nonfinancial benefits. For example:

- *saving money by reducing the amount of energy that needs to be purchased at times when energy is not being generated onsite*
- *less dependence on grid energy and more control over energy use*
- *providing back-up power when grid blackouts occur (if set up to do so)*
- *better environmental outcomes for the overall energy system (for example, by reducing the amount of energy purchased from the grid that may come from non-renewable sources)."*[20]

More than 30% of Australian households now have rooftop solar PV[21].

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[17] https://www.adelaidenow.com.au/news/south-australia/thunderstorm-refuses-to-break-no-rain-relief-in-sight/news-story/0da5a2123ccb4b1ff818b35f6a4a17fb

[18] https://iceds.anu.edu.au/research/research-stories/defending-australia-disasters

[19] https://wattclarity.com.au/articles/2025/07/more-than-40000-customers-without-power-in-nsw-after-wild-weather-overnight-on-wednesday-2nd-july-2025/

[20] https://www.yourhome.gov.au/energy/batteries

[21] https://arena.gov.au/renewable-energy/solar/

Using solar panels and "solar" batteries for power backup as well as to save money on energy bills, is well-established in mainstream housing - and capable of more than just keeping the lights on.

For example, in 2019 the federal Social Services Minister Paul Fletcher endorsed a project where[22,23]:

> *"Disability housing service, Inhousing, in partnership with Natural Solar, will install a solar panel system and battery to store energy, into homes in a Specialist Disability Accommodation (SDA) development in South Australia."*

And there is no requirement to use solar batteries with solar PV panels. It's certainly not DIY and it's essential is seek the advice of a SAA accredited expert[24].

There is a widespread mistaken belief that backup power solutions in a residential assisted living environment require an expensive special-purpose UPS capable of providing high quality 50 Hz 230 VAC to meet the needs of delicate medical equipment a.k.a. "*NDIS approved, medical grade UPS*".

In just about all cases, the "medical equipment" will be compliant with requirements imposed by the Therapeutic Goods Administration (TGA) and be certified to work when plugged into a standard domestic GPO as per AS IEC 6060.1.11: 2017 *Medical electrical equipment, Part 1.11: General requirements for basic safety and essential performance - Collateral Standard: Requirements for medical electrical equipment and medical electrical systems used in the home healthcare environment*.

In layman's terms, backup power supply only needs to satisfy AS IEC 6060.1.11: 2017 and be capable of a nominal 230 V AC +10%/-20% - a much cheaper and widely available solution.

But there are a variety of emerging technologies that could be used to improve the resilience of housing in an emergency situation for the loss of power.

Solar batteries, portable "power stations", community batteries, microgrids and Electric Vehicles (**EV's**) all need to be considered as possibilities in a variety of different situations and contexts.

Extensive research and testing needs to be conducted prior to any education campaign regarding backup power supply planning.

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[22] Ken Fullerton, **How solar + storage can be a game-changer for people with disabilities** republished February 19, 2020 and available https://onestepoffthegrid.com.au/how-solar-and-storage-could-be-a-game-changer-for-people-with-disabilities/

[23] https://probonoaustralia.com.au/news/2019/05/solar-batteries-to-light-up-disability-housing/

[24] https://www.solarquotes.com.au/101-guides/buying-batteries/

Figure 2 - 12.5 kW DC bidirectional (V2G) EV charger and 16kWh battery Not shown BYD Atto 3 EV with 50KWh battery[25]

Recommendation - Resilient Housing & Innovative Solutions . AEMO to assess the full range of innovative solutions available for backup power and consult organisations such as the Clean Energy Council , Smart Energy Council, and user groups such as ARATA before developing the template.

6. Applicable Standards

A starting point to consider is AS/NZS 3000:2018 Electrical installations. It's a mandatory requirement called up in State legislation (Appendix A). Unfortunately, Appendix M, first introduced in the 2018 addition, is already out of date. ARATA has submitted an update proposal to Standards Australia, and that is available here.

What is required in an updated AS/NZS 3000:2018 Appendix M is a sufficiently developed framework for electricians and designers when designing and installing a backup power supply to include appropriate consideration including consultation with appropriate allied health professionals. Key decisions regarding capability and backup duration needs to be documented and implications clearly explained and understood by stakeholders.

[25] https://thedriven.io/2025/08/07/load-shifting-just-got-real-how-v2g-has-changed-my-electric-world/ retrieved 17 August 2025

There is also a need to design either part or whole of house backup power solutions in a power grid increasingly designed to work with Distributed Energy Resources (DERs) and Consumer Energy Resources (CRs) such as PV, solar battery, and EV's.

OC standard AS IEC 6060.1.11: 2017: (Full title: *Medical electrical equipment, Part 1.11: General requirements for basic safety and essential performance - Collateral Standard: Requirements for medical electrical equipment and medical electrical systems used in the home healthcare environment"* (emphasis added) applies.

Recommendation - Review Technical Standards. A review and update of both AS/NZS 3000:2018 Appendix M and AS IEC 6060.1.11: 2017 be conducted to ensure education campaign content and backup power supply advice is consistent with applicable technical standards.

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

ORGANISATION:	ARATA
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DATE	03 September 2025

PROJECT DETAILS

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?

• What do you see as the key issues for including the proposed definitions in the NERR, for example: ○ Would adding/amending these definitions improve outcomes for life support consumers? ○ Would they appropriately capture all needs of life support customers, including those that do not involve equipment, such as refrigeration for insulin pumps? ○ 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? ○ Are there any specific needs related to equipment that requires gas connection that we need to capture?	• yes • Definitions as proposed do not capture all the needs of support customers. Diverse range of considerations outlined in the attached ARATA submission need to be taken into account and to some extent, there are judgement calls to be made depending on specific circumstances by the customer's allied health professional(s). For example, the definition of critical life support equipment does not include having the head end of bed elevated to prevent aspiration, where a speech pathologist and occupational therapist makes a risk assessment of a catastrophic consequence resulting in death if the person rested in bed without the head end of bed elevated. The process proposed by the rule change would require the customer to have this risk assessment documented by their allied health professional(s), then make a time with a medical specialist to complete the Medical Confirmation Form for Life Support Equipment form, completing the section 'Other medical equipment (provide details)'. There are a number of diagnostic groups affected by this area of risk, for example: ○ Persons with high level long duration spinal cord injury with respiratory complications ○ Persons with cerebral palsy and multiple other neurological conditions that reduce the effectiveness of cough reflex ○ Persons with severe asthma and other respiratory conditions that could be stable, could improve with treatment, or could progressively deteriorate. • In a critical life-support situation, a range of ME and AT will be involved. For example a critical life-support customer reliant on a ventilator may also rely on a pressure relief mattress. In an essential backup power situation, a CPAP machine and an identical pressure relief mattress may be needed for a C3 quadriplegic. But in both cases in an Adelaide heatwave the small split system air conditioner becomes critical life-support in the event of a long-term outage • rule change needs to make clear that any published list is indicative only. Responsibility for deciding whether individual items of ME or AT our critical an essential is up to the responsible AHP • Yes. In the backup plan, provision WALDO (wide and long duration outage) needs to be made for access to boiling water which may be essential to sterilisation purposes, and for bathing and hygiene.

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?

Are there unintended risks from the proposed changes as	No comment.

suggested in the rule change request?	

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

• Should deregistering a premises be mandated as suggested? • Are there any unintended consequences of the proposed changes? • Are updates required to the AER Life support registration guide to clarify deregistration roles? • Are changes to B2B processes required due to the proposed changes?	• Unsure. It is understood that some customers may be using the life support power registration to avoid payment for power as indicated on page 28 of the Rule Change Request • It's unclear where this responsibility would lie in NDIS registered Specialist Disability Accommodation with absentee landlord and asset manager where life support power is a condition of registration, and where different commissioning, testing and maintenance may be in place depending on the provider's systems. • In a critical life-support situation, a range of ME and AT may be required.

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? ○ Should this permanent confirmation also be extended to customers on assistive life support? • Are the proposed roles for registered medical practitioners in the life support registration appropriate? • Is it appropriate to compel deregistration for customers who do not provide a medical confirmation?	• Yes, it is appropriate the medical condition is indicated to be permanent by the medical practitioner, and this is clearly prompted on the Medical Confirmation Form for Life Support Equipment. • There is no capacity for the medical practitioner to indicate that Assistive Life Support Equipment is permanent on the proposed form. For example, a respiratory physician may treat a person with hypoxaemia in the early stages of COPD who desaturates only upon exercise, through to a person with the most severe forms of asthma who may desaturate to dangerous levels during sleep or post exertion. The person with COPD will have a permanent need for oxygen concentrator, while the person with severe asthma may respond to different treatments and improve to the extent they no longer need an oxygen concentrator. The form should allow for permanent and temporary needs for assistive life support. • The need to see a medical specialist may be cost prohibitive for some customers. With the proposed changes to the Support at Home program rolling out 1 November 2025, at this stage it would appear those with the highest need will pay the most toward the cost of their services, which together with the pressure on those in the private rental market, will further increase pressure on some of highest need aged pensioners. If people cannot afford confirmation from a private medical specialist they will need to present at a public hospital outpatient department, where they may be seen by a registrar after an extended wait time. The person may fail to complete this process, as some will say it exposes them to increased risk of contracting illnesses due to the extended wait time at outpatient clinics. However, if there was provision for their GP to the complete the form they would be much more likely to complete the process. The form could be expanded to allow completion by a GP after reviewing hospital discharge summaries or other medical records that demonstrate the seriousness of the person's condition.

	If the GP allowance above was an option, then compelling deregistration would be acceptable, since people can see a bulk billing GP by telehealth if they are unable to afford the cost of an in-person appointment with a private specialist, or cannot afford the risk of a bulk-billed appointment at a public hospital specialist outpatient clinic.

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

• Are there any unintended consequences from introducing a limit on registering without medical confirmation? • Are there other issues and approaches we should consider?	• With the record of 700 customers completing the reregistration process 5 times, it is understood this can be frustrating and result in reduced revenues for retailers. Is there clear data that all 700 did not pay their bills? If that was the case then limiting registration without medical confirmation to two times may appear warranted from a retailer's perspective. However, if the customer has made a payment or has a payment plan in place (e.g. Centrepay) then it would appear unreasonable to not allow registration. If the customer can present evidence of their intention to pay and provide medical confirmation, then the number of attempts at registration should not be limited to two.

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

• Is back-up planning lacking for life support customers? • Who should hold the responsibility for backup planning? • 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? • Is it appropriate for the AER to develop the proposed Medical Confirmation and Back-up plan templates? • Are there unintended consequences or risks mandating the use of the suggested templates in the rules?	• Backup planning for life-support customers is at best inconsistent and is hampered by a refusal of both state and territory, and Commonwealth governments to either accept responsibility or laydown firm guidelines regarding backup planning. An example is from the NDIS https://ourguidelines.ndis.gov.au/would-we-fund-it/assistive-technologies/generators which state 'State and territory governments are responsible for supplying power' and their lists of NDIS supports https://ourguidelines.ndis.gov.au/would-we-fund-it/what-does-ndis-fund exclude batteries and most conceivable forms of backup power • Given the diverse range of life-support customers and situations outlined in the attached ARATA submission, there is a range of responsibilities and reporting requirements to be dealt with . . • Regarding the backup template, need to flag the review for possible participant a range of allied health professionals and ME and AT suppliers including ARATA, Occupational Therapists Australia (OTA), Assistive Technology Suppliers Australia (ATSA) • It appears the backup plan will suggest calling people or going somewhere where there is power available, yet the documents acknowledge increasing risk associated with climate change. The backup plan template must acknowledge there can be circumstances where people may be isolated due to roads being impassable, and that in emergencies it may not be appropriate for a person to present at a hospital

	emergency department because they need access to electricity.

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

• Are there any privacy, safety, consent or implementation risks associated with this proposal? • Should notifying the nominated contact person be mandated for both planned and unplanned outages? • Are there any other issues we should consider in relation to this proposal?	• Yes. It is not always appropriate for the contact person to be the account holder or reside in the premises affected by power outage. Having a nominated contact person who reliably monitors SMS and/or email should improve the effectiveness of notifications. • It should be mandated for unplanned outages, as there are times when the nominated contact person may not be aware of the outage yet be the best person best able to action a support plan for the person needing life support power. • The state and territory aids and equipment programs, Commonwealth funded programs (including the NDIS, DVA, and Support At Home programs) are some of the largest stakeholders in considering life support power. There are many more funding sources, from injury insurance schemes through to those assisting with medico-legal settlements. Any effort to improve backup planning for life support customers needs to consider the multiple stakeholders involved so they can all be involved in development the Household Life Support Equipment Back-up Plan. We do not expect there to be agreement what constitutes an effective backup plan, nor do we expect to see equitable access to backup power, but having all sources of funding informed will be an important step in serving the interests of life support customers. A list of funding bodies to consider is provided in appendix 2 of https://assistivetechforall.org.au/wp-content/uploads/2022/10/Australian_AT_Equity_Studies_Report-final.pdf which ARATA can assist with guidance as to which of those schemes are most likely to fund life support devices and assistive technology.

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

• Are there any unintended consequences of such a change?	• There should not be unintended consequences provided electronic records are secured and not accessible to bad actors.

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

• Would this improve outcomes for these customers? • How can the rules ensure communications are conducted according to the customers' preferences? • Are there any unintended outcomes from the proposed change?	• Yes, indicate preferred contact method on the Medical Confirmation Form for Life Support Equipment

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?

• Are there any immediate concerns with this proposal?	• No concerns, progressing the database could save lives

Question 11: Assessment framework

• 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?	• The 'Other medical equipment (provide details)' criteria allows the medical practitioner to list other devices that may be critical to life support customers, such as the elevation of head end of bed mentioned earlier, where to have no elevation of the head end of bed has been assessed as an aspiration risk that could lead to a catastrophic consequence.