



# **AEMC National Energy Retail Amendment (Improving life support processes) Rule 2025**

Prepared by  
**COTA Australia**

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## About COTA Australia

COTA Australia is the peak body representing the almost nine million Australians over 50. For over 65 years our systemic advocacy has been improving the diverse lives of older people in policy areas such as health, retirement incomes, and more. Our broad agenda is focussed on tackling ageism, respecting diversity, and the empowerment of older people to live life to the full.

COTA Australia Energy Advocates is a panel of consumers, consisting of representatives from each State and Territory jurisdiction in the National Energy Market. The Energy Advocates are supported by COTA Australia.

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## Introduction

COTA Australia welcomes the opportunity to provide feedback to the Australian Energy Market Commission (AEMC) on the proposed amendments to the National Energy Retail Rules (NERR) concerning life support protection. In principle, we support a review focused on ensuring energy retailers and Distribution Network Service Providers (distributors) fully understand their obligations to customers who require life support equipment at their premises. To ensure optimal customer safety and compliance with the NERR's life support rule, it is imperative retailers and distributors have clearly defined roles, responsibilities and processes which enable them to:

- readily and effectively support customers using life support equipment during planned and unplanned disruptions to energy supply
- provide tailored assistance to ensure life support households have practical, executable back-up plans aimed at optimising their personal safety
- maintain up-to-date and accurate life support registers that at a minimum align with the guidance provided in the [Australian Energy Regulator \(AER\) Life support registration guide 2021](#) (AER Guide)
- the capacity to communicate with life support customers in ways that accord with customer preferences.

We applaud that The Energy Charter in developing this rule change request, consulted with two specialist stakeholder groups – the Life Support Medical Advisory Group and a lived experience panel. However, the consultation paper (paper) does not provide any specific details about the outcomes of these consultations, especially with respect to areas of consensus, major points of tension or issues where no mutually acceptable outcome could be reached.

We commend the framing of this rule change around themes that align with the findings of the Energy Charter's # Better Together Life Support Customer Initiative for improved clarity, consistency and consumer safeguards.

However, **we are strongly opposed to many of the rule change solutions put forward** by Essential Energy and SA Power Networks (proponents). **We remain unconvinced that, as a package, these solutions adequately address what the paper identifies as the core issues.** **The key driver for the proposed rule change seems to be** an attempt to reduce NERR protections for life support customers. We also find it challenging to appreciate how the AEMC sees how the proponents' overall request *aligns with [its] vision for a consumer focused net zero energy system, which seeks to inform, empower and protect consumers individually and as a collective.*

The paper cites Australia's ageing population, a changing climate and the growing number of people receiving medical treatment at home as among the primary influences for motivating the rule change request. However, we believe these factors highlight the increasing vulnerability of energy-dependent households across the life course and, in *a consumer focused net zero energy system*, **should elicit stronger customer protection**. The proponents' request for risk minimisation and simplified identification, implementation and monitoring processes suggests they are focused on **operational convenience ahead of outcomes for energy customers with life-dependent continuous energy supply needs**.

We are also concerned that neither the rule change proponents nor the paper describes how the proposed changes will apply to life support customers in embedded networks. We expect life support customers in embedded networks to be provided with equivalent protection to grid-connected customers.

## Concerning shift in focus

We fully endorse the principle that **energy retailers and distributors must be able to promptly and accurately identify and support households** who are reliant on life support equipment. However, we are concerned the proposed changes seem to be primarily aimed at reducing the operational and compliance risks for retailers and distributors rather than, as stated in the context for this rule change request, *[ensuring] customers who rely on life support equipment are protected from disconnection or harm due to electricity supply issues*. Optimising **customer safety must remain the central priority**, with robust protections in place to *prevent disconnection or harm* for those dependent on life support equipment.

The proponents' interpretation of most of the identified issues suggests a request that would support a shift in focus – **from safeguarding the health and wellbeing of life support customers to streamlining industry processes**.

The proposed rule change would not place any increased requirement/s on retailers and distributors to do anything more to assist people who are identified as having critical life support needs. However, it does aim to lower retailers' and distributors' responsibilities to support customers whose life support equipment is deemed 'assistive'. This raises many questions with the primary one being whether the proposed changes would genuinely enhance customer outcomes or simply reallocate responsibility in ways that may seriously compromise the reliability and responsiveness of life support registration, as well as related support mechanisms and resources.

## Two-tiered classification

We are concerned with the proposed two-tiered classification to be included in the NERR to **differentiate between customers with 'critical' and 'assistive' life support equipment**

**needs.** We acknowledge there is a need to prioritise individuals whose lives would be at immediate risk—such as within one hour of an outage—without a continuous energy supply. However, as presented, the current proposal risks creating a hierarchy of vulnerability that could inadvertently diminish protections for people whose equipment is classified as ‘assistive’. This group may still face life-threatening situations during power disruptions. For example, people dependent on electric wheelchairs or hoists may be left unable to move safely, increasing the risk of falls, pressure injuries or being trapped in unsafe environments. In such circumstances, the **loss of power to ‘assistive’ life support equipment risks the individual being exposed to irreversible injury and harm.**

While the stated aim of the proposed rule change is to improve the targeting of customers with the greatest life support needs, an equipment-based definition of life support need risks oversimplifying the complex and **changing nature of medical dependency**. Current health policy trends – such as shorter hospital stays and increased reliance on home-based care – have led to a growing number of individuals managing complex medical conditions outside acute care settings. Many of these individuals depend on ‘assistive’ life support equipment, and their vulnerability during power outages can be significant; increasingly so, if the outage lasts for several hours. An inflexible, binary classification is highly unlikely to adequately capture the full spectrum of risks associated with power loss. This is made clearer when consideration is given to the fact that medical needs often vary over time and are shaped by multiple, interconnecting personal and environmental factors.

In its entirety, the proposed rule change - but more specifically the proposed amendments to that aim to differentiate between users of life support equipment - **risks undermining the very protection it claims to strengthen**. If the two-tiered classification system were to be adopted, it would enable a significant reduction in safeguards for many customers dependent on a continuous supply of energy. This could seriously reduce their protection during planned and unplanned outages leaving them exposed to serious health, irreversible injury and safety risks.

**A more nuanced and inclusive approach is needed;** one that recognises the diverse and intersecting risks faced by all individuals dependent on life support equipment and, therefore, more closely aligned with The Energy Charter Principles.

We have no issue with the proposed definition and proposed meaning ascribed to Life Support User, Life Support Equipment (other than the words *‘further detail below’*) and Registered Medical Practitioner.

## List of life support equipment

We do not consider the proposed change to the existing life support equipment list to be either a constructive or useful way forward.

In acknowledgement of the rate of change of medical technology, rather than introduce a new list, we consider it more practical to **maintain the list of life support equipment in the AER Guide** which can be updated more readily than the NERR.

## A two-tiered penalty system

The proposal to differentiate between compliance obligations and penalties, with breaches affecting ‘assistive’ life support customers subject to reduced civil penalties, raises serious **equity concerns**. Within a human rights perspective, **all life support customers deserve and need robust protections** regardless of the classification of their equipment.

A tiered penalty system is likely to act as an AEMC endorsed signal to the energy industry that some life support customers are less deserving of ongoing or strengthened protection. Acceptance of such a signal could undermine the culture of care and accountability that the Energy Charter’s # Better Together Life Support Customer Initiative has sought to strengthen, and the life support framework is meant to uphold.

## Registration and deregistration processes

We acknowledge the importance of ensuring that life support registration and deregistration processes need to be clear and effectively implemented. We agree with the proponents that addressing current *concerns will provide operational clarity and reduce duplication and administrative burden for retailers and distributors*.

While the paper asserts that confusion and concern continue around current life support registration and deregistration processes, we believe that these issues can be effectively addressed by **clearer communications protocols between retailers and distributors as noted in the AER Guide**. The principal source of the current confusion appears to stem from retailers and distributors not having maintained up-to-date life support registers. This has impacted negatively on their ability to work collaboratively and comply with the NERR’s registration and deregulation requirements.

We do not support strengthening the NERR requirement that when a customer advises that life support equipment is no longer required at their premises, the retailer or distributor **may deregister the customer’s premises**. The current challenges seem intrinsically linked to poorly maintained registers and immature communication protocols, rather than deficiencies in the regulatory framework itself. It is inappropriate to shift responsibilities to customers due to administrative shortcomings. Notably, the paper highlights these inaccuracies disproportionately affect distributors compared to retailers. Clearly it is in the interest of distributors to invest in improving communication protocols with retailers.

We strongly support **the development of robust and transparent protocols for deregistration**. However, these must not compromise protections and/or shift additional responsibility onto energy life support customers. Any new protocols must align with the guidance set out in the AER Guide to ensure consistency and uphold existing safeguards. The proponents' request appears primarily aimed at diminishing their own responsibilities. In addition, we note that they have not provided qualitative or quantitative evidence to support their claim that *life support registration can be misused to avoid disconnection*.

We agree with the paper's proposal that it would be sensible to develop and maintain a central database of registrations and, although outside the scope of this consultation, merits further attention. In the interim, we believe that retailers and distributors should collaborate more effectively, as stated in the AER Guide, to ensure they have and maintain an up-to-date and accurate understanding of the needs of life support customers within their areas of responsibility.

We also agree with the proponents' assertion that the term '**registration process owner**' **should be replaced** with terminology that accurately conveys the accountable body or bodies and explicitly includes deregistration responsibilities.

## Updating medical confirmation

The AER Guide's discussion about medical confirmation is reasonably straightforward. Yet, we appreciate that issues may arise when life support equipment may no longer be required at a specific premise. However, the proposed solution cannot lie with introducing measure which could result in limiting consumer protection and/or increasing their responsibilities.

We see no need for the life support customer, if they do not move house or retailer, to provide updated medical documentation on a regular basis. The proponents suggest a medical certificate should be no more than four years old. However, **we have no difficulty with the retailer or distributor checking in with the customer on a regular basis** – say every two to three years – to confirm there is an ongoing need for the life support equipment at the registered premises. The retailer or distributor could also use this contact as an opportunity to discuss and, if needed, refresh the household's back-up plan for power interruptions.

We have no objection – subject to the *registration owner process* adhering to the measures set out in the AER Guide – to a customer's registered medical practitioner confirming the need for life support as an important step in the registration process. However, the additional proposed responsibilities the rule request would place on a registered medical practitioner are a huge ask. Before any further action is taken in this space, we believe it is essential to understand the position of individual registered medical practitioners and their peak body, the Australian Medical Association, regarding the feasibility of mandating these

tasks. Without clear support and adequate resourcing, the suggested approach is highly likely to compromise the effectiveness of the registration process and the quality of care and information provided.

## **Capping registration attempts without medical confirmation**

While the proponents claim that customers are misusing the life support register by repeatedly registering without providing medical confirmation, they have not provided any evidence to demonstrate that this is a widespread or systemic issue. In the absence of substantiated data or analysis, we do not accept the proposed change to limit consecutive registrations. Introducing such a restriction could create unnecessary barriers for vulnerable customers who rely on life support equipment and are simultaneously likely to be navigating complex medical or personal circumstances. Furthermore, the administrative burden cited by proponents remains unquantified. Without clear evidence, the justification for this change is insufficient and would conflict with regulatory obligations under the NERR.

Rather than increase the likelihood of complaints and eroding trust in the energy market, we suggest that if repeated registering without providing medical confirmation is a widespread issue, instead of limiting attempts, retailers and distributors should focus on developing more supportive, flexible processes that prioritise customer safety and compliance.

## **Permanent Need**

We support that medical practitioners are well placed to identify people who have a permanent need for life support equipment. However, we believe this decision should be the sole responsibility of registered medical practitioners and not restricted or influenced by a classification system that relegates specific life support equipment as belonging to a second tier. We believe that if a registered practitioner identifies a person with permanent life support equipment needs that must be accepted and respected by retailers and distributors.

## **Templates**

We agree that the proposed templates could make a positive contribution, and the AER should progress their development. However, at this stage, we consider mandating their use is not necessary.

It must be up to registered medical practitioners to determine whether a standardised Medical Confirmation Form is a helpful resource (albeit we argue without the inclusion of the proposed binary classification system). Until the template is fully negotiated with the AMA and broadly accepted by practitioners, mandating its use is likely to contribute to

increased confusion rather than enhanced consistency. It would also leave some customers in a more unprotected space.

Similarly, while we welcome the AER's efforts to improve support for customers developing life support backup plans, a template alone is not a sufficient solution. As noted in the paper, it is important for customers to receive accurate life support process information and understand the steps they need to take to optimise their safety during energy interruptions.

We believe retailers and distributors must take an active role in engaging directly with life support customers to ensure meaningful support. Maintenance of more accurate life support customer registers, enhanced industry communication protocols and timely, informative engagements with registered households would significantly improve the effectiveness of the range of supports that retailers and distributors could make available to these customers.

## Nominated Contact Person

We fully support the proponents' request to defining and adding a Nominated Contact Person within the NERR. This is a practical suggestion which addresses a gap in the current process by ensuring that communications regarding planned (and potentially unplanned) outages reach someone who is best placed to respond, particularly in situations where the life support customer may be unable to do so. However, we believe this important addition could be further strengthened by **ensuring** the life support customer is able to change the nominated contact person and/or their contact details at any time, independently of the medical confirmation form.

Allowing life supports customers to a nominate a contact on the medical confirmation form is a simple yet effective enhancement. In certain situations, this option could strengthen protections and improve communications outcomes between energy providers or distributors and life support customers. Though this must remain optional. The individual reliant on life support equipment must retain full control over whether they choose to nominate a contact and be able to update or remove that nomination as their circumstances change.

While we support the introduction of a Nominated Contact Person, this does not release retailers and distributors from their responsibility to contact the life support customer directly. At a minimum, both the customer and their respective nominated contact should be notified during planned and unplanned outages. Furthermore, the method of communication must align with each individual's stated preference/s to ensure timely and effective notification.

## Electronic contact details

We see no issue in the medical confirmation form including **a request for an email address** for both the customer and a Nominated Contact Person for the purposes of receiving notices of planned outages. Although, we do not support the mandatory provision of email addresses – **this must remain a personal choice** equally applicable to the life support customer and the person they identify as their Nominated Contact Person.

In addition, following notification of any address change by the respective individual who has provided an email address, the change must be promptly and accurately reflected in all pertinent life support registers.

## Four days written notice of planned interruptions

We **support customers and their Nominated Contact Persons** receiving, at a minimum, four business days notice prior to a planned outage through their respective, preferred communication channel. This must be a flexible process, with customers and Nominated Contact Persons retaining the right to change their preferred communication channel.

Importantly, where a consumer's or a Nominated Contact Person's preference is to receive the four business days notice in the mail, retailers and distributors must build this into their planning to ensure the recipient has adequate notice to plan for impacts likely to accompany the outage.

## Central database for storing medical confirmations

While the proposal to establish a central database for storing medical confirmations may have merit in theory, it falls outside the scope of this current rule change. To ensure appropriate safeguards are in place, any future consideration of such a system would require a thorough investigation into issues of customer confidentiality, data security, and information access rights.

## Conclusion

We acknowledge the importance of each of the four assessment criteria in determining the outcome of this rule change request. However, our **overriding concern** is that the paper's emphasis on risk minimisation and the streamlining of identification, implementation and monitoring processes would result in **prioritising operational convenience over the needs of life support energy customers**.

We support the AEMC in considering the introduction of enhanced medical confirmation processes, better data sharing between retailers and distributors, stronger engagement with

the health sector, especially registered medical practitioners, as well as life support customers and their respective Nominated Contact Person.

Such measures have the potential to strengthen the integrity and responsiveness of energy-related life support arrangements. However, it is vital that change is understood through a genuinely practical, customer-focused lens. This means prioritising the lived experiences and needs of life support customers to ensure that change strengthens rather than compromises the criticality of the **universality of life support protections**. All customers, **regardless of their energy supply arrangements**, must have access to consistent and reliable life support protection.

We urge the AEMC to ensure that any changes to its National Energy Retail Amendment (Improving life support processes) Rule 2025 **work to clarify and strengthen protection** for all life support customers, including those in embedded networks, without introducing new complexities and/or inequities in access and ongoing supply.

COTA Australia and the Energy Advocates remain available to further elaborate on any of the points raised in this submission, should additional clarification assist the AEMC in its consideration of this rule change.