

29 August 2025

Mr Geoffrey Rutledge
Chief Executive Officer
Australian Energy Market Commission
GPO Box 2603
Sydney NSW 2000
Online via: www.aemc.gov.au

Dear Mr Rutledge

RRC0064 – Improving life support processes – Consultation paper

Thank you for the opportunity to comment on the consultation paper.

The comments contained in this submission reflect the feedback of the Energy & Water Ombudsman NSW (EWON), Energy & Water Ombudsman South Australia (EWOSA), and Energy and Water Ombudsman Queensland (EWOQ). We are the industry-based external dispute resolution schemes for the energy and water industries in New South Wales, South Australia, and Queensland.

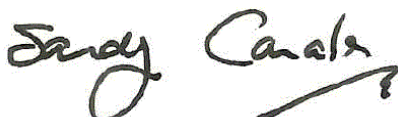
We have collectively reviewed the draft determination and have only responded to those matters that align with issues customers raise, or with each respective organisation's operations as they relate to the draft determination.

If you require any further information regarding our submission, please contact Dr Rory Campbell, Manager Policy & Systemic Issues (EWON) on 02 8218 5266, Mr Antony Clarke, Policy and Governance Lead (EWOSA) on 08 8216 1861, or Mr Jeremy Inglis, Manager Policy and Research (EWOQ) on 07 3212 0630.

Yours sincerely



Janine Young
Energy & Water Ombudsman
New South Wales



Sandy Canale
Energy & Water Ombudsman
South Australia



Jane Pires
Energy and Water Ombudsman
Queensland

Executive summary

We welcome the rule change consultation and acknowledge the significant work done by the Energy Charter's #BetterTogether Life Support Customer initiative. The proposal seeks to amend the National Energy Retail Rules (NERR) to improve processes for energy businesses in registering and serving customers that require life support equipment at their premises. We support the intent of the proposed changes to:

- allow more targeted and rapid responses by retailers and distributors
- support greater confidence for teams managing works which interact with life support customers
- improve confidence in data held by the retailers and distributors to successfully deliver safe and reliable electricity services.

Summary of our position

- We support the separating of life support equipment into *assistive* and *critical* equipment, however have strong concerns about the proposal that equipment must “include back-up power and mains fail alarms”.
- We support in principle the proposed changes to civil penalties.
- We support creating a permanent medical confirmation option for both critical and assistive life support needs given many existing life support customers have permanent health issues.
- We are concerned about the role of medical practitioners in providing advice to customers about energy market protections, backup plans and rebates. These are energy market issues and should be the responsibility of market participants.
- The rule change proposes to limit the number of consecutive life support registrations a customer can request without providing medical confirmation to two requests. The rationale for this is to “prevent customers who repeatedly misuse life support registration, most likely as a means to prevent being disconnected for non-payment”. There are many reasons why a customer may register for life support and then fail to obtain the required medical certificate and we urge the AEMC to exercise caution in assuming that the main reason for multiple registrations is a deliberate attempt to misuse the system and avoid disconnection.
- We support the proposed role that a life support customer's nominated person can/will receive critical information such as outage notification.

Detailed responses to the AEMC's questions

Question 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?

The definition of *assistive* and *critical* life support equipment

Better differentiation and clarity will improve safety outcomes by supporting distributor outage triage processes to determine the most appropriate priority responses. Clearer definitions also support messaging to consumers about what to expect in terms of reliability of their supply and appropriate outage planning actions.

We understand that introducing the distinction between critical and assistive life support equipment is intended to help energy businesses better support a critical subset of customers – there is no intention to reduce protections for customers whose equipment is classified as assistive. We strongly agree that there should be no reduction in protections for customers with assistive life support equipment compared with protections under the current rules.

We also strongly support retaining discretion for a medical professional to certify that other medical equipment not listed in the rules is required for a life support customer. This provides flexibility for medical professionals and helps to ensure no customer is left without appropriate protections.

The definition of life support equipment

The rule change proposal introduces additional requirements that non-invasive ventilation equipment must “include back-up power and mains fail alarms”. We understand that the new definition was informed by the work of the Life Support Medical Advisory Group (LMAG).

We support this change to the definition of life support equipment provided that it does not result in customers dropping off the life support register or being unable to register simply because they cannot afford to update their existing equipment to include back-up power and mains fail alarms.

The Commission should explore what impact this change to the list of eligible life support equipment will have on existing life support customers. For example, the Commission should undertake research with equipment manufacturers/retailers to understand the extent to which these features are standardised in equipment such as chronic positive airways pressure respirators. If these features are not standard, the change is going to result in a large number of customers no longer being eligible for assistive life support protections under the new definition. Depending on the scale, it may be worth reconsidering the new requirements, or at least carefully considering how the transition for these customers should be effectively and sensitively managed.

Embedded networks

The Commission should engage with the Australian Energy Regulator (AER) in relation to its current review of the exemptions framework for embedded networks, because:

- the Retail Exempt Selling Guideline and Network Exemptions Guideline both include the same definitions of life support equipment as the NERR, and may therefore require updating to be consistent with the new definitions
- while we understand this is outside the scope of the current rule change proposal, the AER’s draft decision explores gaps in protections for life support customers living in authorised retailer embedded networks which would require changes to the NERR and the National Energy Retail Law to address.¹

While outside the scope of the rule change request, we note that life support customers will not always be at a traditional residence. One Ombudsman received a complaint where the electricity supply was interrupted at a hotel where a long-term guest who used a CPAP machine was staying. While this is an unusual situation, it may become more prevalent over time as the use of CPAP machines increases. It does highlight a gap in the rules regarding definitions and registration, but it may be a gap that is impractical and too costly to resolve. Nevertheless, we believe it worthwhile to bring to the Commission’s attention.

Question 2: 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?

We support in principle that penalty provisions should reflect the potential harm of breaches. The Commission will need to satisfy itself that a Tier 2 reportable breach best reflects the relative severity of non-life-threatening situations for assistive customers.

¹ AER, Review of the AER exemptions framework for embedded networks – Draft decision, incorporating Notice of Draft Instruments, March 2025, p30

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

EWOs do not receive a significant number of complaints about life support deregistration processes, but those we do receive suggest that data accuracy may be impacted by unclear deregistration processes. For example, we receive complaints about smart meter installations being delayed by outdated life support flags when there is no longer anyone at the premises requiring life support. We therefore support changes to make responsibilities clear, but do not have a basis from complaints to suggest which of the two proposed options is the most suitable.

Question 4: Do you have any views on requesting an updated medical certificate every four years?

We support the intent to ensure records are maintained as accurately as possible, in conjunction with clearer deregistration processes. Our concerns about increased administrative and cost burden on customers to obtain a new medical confirmation every four years would be addressed somewhat by the introduction of a permanent medical confirmation option.

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?

We support creating a permanent medical confirmation option for both critical and assistive life support needs, to reduce unnecessary administrative and cost burdens for customers whose circumstances or condition mean there is unlikely to be any future change to their life support equipment needs. If there is stakeholder concern about this impacting the accuracy of data, the introduction of clearer deregistration processes should help mitigate this.

Are the proposed roles for registered medical practitioners in the life support registration appropriate?

The proposed roles for registered medical practitioners are to:

- confirm whether the life support user requires assistive life support equipment or critical life support equipment (including details of the type of life support equipment required), and if the equipment is critical, whether the life support user will require this equipment on a permanent basis for more than four years
- advise the customer and life support user of the [energy market] protections offered to the premises registered as requiring life support
- discuss and document a back-up plan for power interruptions with the life support user, their nominated contact person and/or the customer
- discuss available jurisdictional rebates or concessions with the life support user, their nominated contact person or the customer and how to access them.

We agree that medical practitioners are best placed to confirm whether a life support user requires assistive or critical life support equipment, and whether the equipment is required on a permanent basis.

With respect to the other three proposed roles, it is unclear:

- the extent to which medical practitioner representatives have indicated through consultation that the additional proposed roles are realistic to fulfil
- if/how these proposed roles would be monitored or enforced.

We support customers receiving critical information via multiple channels. However, these additional roles for medical practitioners should be viewed as supplementary support for customers, but not the primary source of information/support.

We do not support positioning medical professionals as primarily responsible for communication about energy rebates and life support protections. Retailers and networks must carry the predominant responsibility for communicating with customers about these issues. With rebates, for example, a customer will only have these discussions once every four years with a medical practitioner (or possibly once if it is confirmed they require the equipment permanently) whereas it is likely they will engage with their energy retailer more often. The Commission recently confirmed that it is critical for customers to receive information regularly and at key touchpoints, such as signing up with a new retailer.²

Customers and their carers should play an active lead role in their back-up planning, in conjunction with their retailer and/or distributor when requested, with the medical practitioner as a support rather than driving force.

We would have concerns around the ability of EWOs to resolve complaints from life support customers about back-up planning and the provision of information rebates and life support protections, if these were primarily the responsibilities of medical practitioners over which we have no jurisdiction.

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

The proposed approach is to limit the number of consecutive life support registrations a customer can request without providing medical confirmation to two requests. The customer will not be prevented from registering in the future, but there will be no grace period/extension and the medical confirmation will be required up-front.

The rule change proposal and consultation paper note that a primary reason for introducing this measure is to “prevent customers who repeatedly misuse life support registration, most likely as a means to prevent being disconnected for non-payment”.³ Information from our complaints and discussions with customers at Outreach events indicates that there are many other reasons a customer may register multiple times without a subsequent medical confirmation, including:

- difficulty accessing medical practitioner appointments, especially in rural/remote areas
- the cost of medical practitioner appointments
- incomplete or incorrectly filled in paperwork
- lost paperwork (can be unclear whether the issue lies with the customer, retailer or delivery methods)
- issues with the process, such as confusion over whether to use a retailer’s branded medical confirmation form or a generic medical certificate.

We caution against assuming that the main reason for multiple registrations is a deliberate attempt to misuse the system and avoid disconnection. Rules that operate on the basis of a customer accumulating a certain number of “strikes” will inadvertently punish customers who are trying to navigate the system in good faith, including customers at risk of, or experiencing, complex vulnerability. We support there being some discretion to allow more than two attempts if the retailer or distributor identifies extenuating customer circumstances. Our reading of new NERR Rules 124(2) and 124(3) is that they do provide this discretion – the rules state that registration without medical confirmation is not required when a customer has gone over the cap, but not that it is prohibited. We recommend making it clearer that a retailer or distributor can exercise discretion for a customer to exceed the cap.

² AEMC, Improving the application of concessions to bills – Draft determination, 3 July 2025

³ SAPN and Essential Energy, #BetterTogether – Better Protections for Life Support Customers – Rule change request, 23 August 2024, p28

We also recommend the Commission consider a requirement for a customer to be referred to their state energy ombudsman for a review of the decision if the retailer or distributor advises they have gone over the cap and there will be no further registration attempts without medical confirmation. For example, this could be included in a confirmation reminder notice in accordance with the new requirement NERR Rule 124A(2)(d)(iv).

If a nominated contact person is introduced as per Question 7 below, the Commission should consider whether confirmation reminder notices could also be sent to both the customer and nominated contact person.

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

EWOs do not receive a significant number of complaints about life support form contents and assessments, but those we do receive indicate that there can be inconsistent processes, such as:

- some retailers have separate medical confirmation forms to apply for a life support rebate and life support registration, while others have a single combined form
- some retailers will only accept their own branded medical confirmation forms, where others may accept a more generic medical certificate as long as it includes relevant information.

Is back-up planning lacking for life support customers?

The findings of the Energy Charter's #BetterTogether Life Support Customer collaborative research demonstrated that back-up planning is lacking for life support customers. The lived experience panel consulted by the Energy Charter working group gave concerning and yet very honest insights about the lack of back-up planning in the community, and even by panel members themselves.

Who should hold the responsibility for backup planning?

Customers and their carers must play an active lead role in back-up power planning, in conjunction with their retailer and/or distributor when requested. We understand the energy network providers can't guarantee the lights will stay on 100% of the time, 7 days a week. The call to action for life support customers to consider their personal needs and develop their back-up plans is critically important. We understand the #BetterTogether Life Support Customer initiative is currently working on awareness campaigns and draft templates to this end.

Are there unintended consequences or risks mandating the use of the suggested templates in the rules?

Unintended consequences can be limited by:

- templates that are accessible, thorough and can be completed independently by the customers in consultation with their carers and/or medical practitioners
- clear messaging and access to support including Q&As

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

The findings of the Energy Charter's #BetterTogether Life Support Customer collaborative research provide a strong basis for inclusion of a nominated contact person to improve the safety and experience of life support users.

Should notifying the nominated contact person be mandated for both planned and unplanned outages?

We support mandating notification of the nominated contact person for planned and unplanned outage information. The Commission should also consider whether confirmation reminder notices could be sent to both the customer and nominated contact person.

Are there any privacy, safety, consent or implementation risks associated with this proposal?

If a nominated contact person is added, networks will be managing additional complexity in contact information and potentially navigating relationships that could be impacted by family violence. The Commission has previously suggested that the industry may need to consider whether family violence protections and obligations should be revised to include distributors.⁴ The addition of a nominated contact person for life support customers would add weight to revisiting this idea.

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

This is a sensible inclusion, as long as the form is still accepted/valid even if a customer does not, or is unable, to provide electronic contact details. We understand that the rule specifies the information will only be required "if available", so including fields to capture these details will be helpful to those customers who can be contacted by multiple channels while not disadvantaging those who cannot.

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

We support enabling various modes of communications to help ensure critical messages are received, as long as customers are able to nominate their preferred primary communication channel.

Question 10: 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?

Highly sensitive medical information held on a central database poses a number of data security risks and consent requirements but these are not insurmountable. A central database may be a useful measure to support currency and accuracy of information and avoid discrepancies occurring between distributors and retailers.

Question 11: Do you agree with the proposed assessment criteria?

We agree with the proposed assessment criteria.

⁴ AEMC, Protecting customers affected by family violence – Final determination, 15 September 2022, p11