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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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?	These changes will aid retailers and distributors to understand the requirements of the customer and provide clarity on the back-up plans. However, Evoenergy does not believe that having a "Life Support User contact" provides any benefit to industry. Evoenergy suggests the AER considers having a "Primary Life Support contact" and a "Secondary Life Support contact", as the Life Support User may be incapacitated or incapable of taking any action. **Proposed Definitions** Primary Life Support contact – the first contact person for the Life Support User premises which may be the user themselves, their carer, or another person nominated by the customer. This contact would be notified of retailer planned interruptions or distributor planned interruptions affecting that premises. Secondary Life Support contact – an optional additional nominated contact person in relation to premises that have been, or are to be, registered as requiring Life Support Equipment. This additional contact information should be provided to the DNSP but the DNSP should not be obligated to be contacted via letter for distributor planned interruptions affecting that premises. Having a defined list of Life Support equipment aids in the understanding of critical or assistive, but with new technologies and advances in medicine, this list will change regularly. Evoenergy recommends having one list containing critical equipment only, then have "*other medical equipment that a Registered Medical Practitioner certifies is required for a Life Support Customer.*" This allows for any new technological devices and would cover off other equipment approved by the medical practitioner as "Assistive". Specifying whether the equipment can be used by an adult or a child is unnecessarily specific. For example, if an adult needs a nebuliser, then it would be classified as 'Other Medical Equipment' therefore adding age specificity does not add more meaning to the rule. Specifying that a Paediatrician is required is inconsistent with the rest of the rule which only specifies a registered medical professional. Suggestion is to keep these rules as a *registered medical practitioner.* Retailers and distributors have no legal position to determine whether life support is critical or assistive. This will need to be considered when updating the Life Support Application form. For example, an initial life support application, without a completed medical confirmation form, should have an initial classification of Life Support Equipment, and not rely on Retailers or Distributors to provide judgement on whether a persons life support status is Critical or Assistive. When the completed medical confirmation form is received, the customer would be updated to Critical/Assistive LS as per

	form. This would provide for improved reporting, allow automated timeline actions. AER should classify level of protection which should be affording to initial submission where criticality is not defined. Except for medical heating for someone that cannot regulate their own body temperature, there is no other known Life Support equipment that requires a Gas connection. Evoenergy believes that the life support framework should not apply to the gas network.
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 suggested in the rule change request?	The retailer or distributor reputations can be immensely affected if the deregistration process is not followed, especially when families are attempting to deregister after the loss of the life support person. This is also a poor customer experience which should be considered as part of this change. A penalty should be applied when the responsible party has not used best endeavours to deregister a life support customer after notification.
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?	Evoenergy believes that Retailers are best placed to manage the registration, medical confirmation and de-registration process. DNSPs rely on Retailers to provide accurate customer information in B2B transactions, and it is costly and inefficient for DNSPs to replicate this system. Evoenergy seeks the AER to provide clear rules mandating deregistration. An example of this could be a 25-business day deregistration implementation timeframe. If the Retailer is not to be the only responsible party Evoenergy supports a rule where the party (retailer or distributor) initially contacted by the customer to register or deregister becomes the owner of the life support cycle for that customer. For example, if the Retailer has performed the initial registration for the Life Support customer but the Distributor is provided the medical confirmation form, the distributor should pass this onto the Retailer to complete registration (and vice versa). This would then enforce one party to be responsible for deregistration process when medical confirmation has not been provided. The AER registration guide should be reviewed and updated at any time these Rules change, and especially with these changes. There will be requirements in the B2B Procedures to add new fields for a secondary contact person, along with other changes, such as to add whether site is Critical or Assisted. These changes will likely require system upgrades that will incur significant costs to Retailer and Distributors. This will

	need to be considered in the further stages of consultation to allow sufficient time to accommodate the changes.

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?	The medical professional determining the classification of life support as "critical" or "assistive" should also provide a timeframe in which the life support is required. This may be a set period such as 1, 3 or 5 years. This will reduce the number of notifications provided to customers that are near end of life and reduce additional expensive appointments. Creating a permanent life support requirement would reduce the opportunities for DNSPs to ensure life support contact details are correct. The registered medical practitioner definition is as expected. Question: How does the AER plan on ensuring that these changes are communicated to ensure information is disseminate to all relevant medical parties. Question: Can the AER look at creating digital forms that can be available from a central location and permit digital signatures? Evoenergy believes that a limit of applications should be applied where a customer fails to provide the medical confirmation before the deregistration process starts. As per 125(4) and (5) of the NERR the responsible party must contact the customer and send a deregistration notice. This rule should provide further clarification on the number of times the customer can request an extension of time. In addition, Evoenergy recommends the AER provide clarity regarding the minimum number of attempts the Distributor or Retailer should make to contact a Life Support User prior to deregistration. In Part 124B(2)(b), the wording here is not clear. Suggested words are 'In addition to the obligations specified in subrule (2)(a), where a distributor has ~~is required to~~ registered a customer's premises…' In Part 124B(2)(b), where the distributor registered the LS customer, they must give the new retailer all the information about the LSE and customer contact details after a transfer. Agree. In Part 125(14) it now states that where the distributor registered the LS customer, the distributor must deregister that same premises they just informed the new retailer of existing LSE and customer at the premises. This seems counter-productive for the customer, the new retailer and the distributor, and appears anti-competitive. In Part 123A, the medical confirmation form should not require the signature of the life support user. In situations where the user is unable to knowingly sign documentation, the form should either allow a legally authorised

	representative (such as a guardian) to sign on their behalf, or remove the signature requirement entirely, as it does not contribute additional authority or information to the form.

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?	The cap should be removed. The purpose of the life support rules is to safeguard customers, and placing a limit on the number of registration attempts risks leaving individuals unprotected due to circumstances beyond their control—such as delays in securing medical appointments or administrative errors. Additionally, it is unclear how repeated registration attempts would be identified as relating to the same individual, given that the life support contact person may differ from the actual equipment user, and no medical confirmation form has been provided at that stage. To enforce such a cap, further AER guidance would be required to define what constitutes a duplicate application—same person, same address—and outline the process for deregistration. Alternatively, this clause could be revised to a discretionary 'may' rather than a mandatory requirement.

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?	Evoenergy understands that Critical life support users are likely to have a contingency plan in case of interruption and assisted life support users are less likely to require a back up plan. The AER could provide a back-up plan guidance sheet that Retailers and Distributors include in the registration pack. Evoenergy does not believe that DNSPs should be allowed but not required to provide additional supports such as portable batteries. However, the retailer and distributor, as part of the notifications when registering, may also provide a guideline to customers for assistance for a back-up plan. The form could also include expected timeframe for the Assisted equipment (1, 3, or 5 years) Form should state in A1 "if selected, go to A3 A3 then should have two columns for required, one Critical, one Assisted, remove Other from A3 A4 Please state the equipment details if not listed in A3 or more information deemed required for this customer. The form needs to be in one central location, so yes, best fit is the AER or AEMC, with a link provided to retailers, distributors and medical practitioners to display on business websites. Timing could be an unintended risk along with confidentiality.

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	Adding an alternative or secondary contact person would enhance communication during both planned and unplanned

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?	outages, helping ensure that at least one contact receives outage notifications. The form should clearly indicate that while formal outage letters will be sent to the primary contact, other notifications—such as SMS or email—may be sent to both the primary and secondary contacts. It would benefit all if both contacts were notified by text for unplanned only. Planned should be 'may'. Given that all life support equipment (LSE) and contact information is transferred between parties via an IEC-approved B2B Procedure, what privacy implications should be considered—particularly for customers who may not wish for their information to be shared? Additionally, under Australian privacy law, are energy distributors or retailers classified as third parties in this context?

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

• Are there any unintended consequences of such a change?	What privacy concerns are there as some customers may not want this information shared with third parties. Is a distributor or retailer deemed a third party?

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?	This change does provide clarity to retailers and distributors that when a customer contacts them, they must deregister, regardless of the registration party. It provides a secondary contact if the first is unavailable, and provides an alternative to send electronic messages, notwithstanding sent to first also. This clarification would be better suited to sit in the overarching sections of the NERR that reference planning outages, as ambiguity exists there too. Letters should also be allowed to continue as a method of contact, to accommodate customers that do not have or wish to provide a phone number or email address. Not all customers have an SMS or email address.

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?	As outlined above in question 4. In Part 124B(2)(b) and in Part 125(14) appears contradictory.

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?	There is also confusion in the industry around business sites and Life Support vs Sensitive Load (where the initiator reasonably believes there are economic, health or safety issues associated with loss of supply to the NMI). It would be beneficial if some wording could be added to clarify if business premises are eligible for life support. Examples are: • Daycare Centres, • Hospitals (if yes, what happens with medical confirmation as patients come and go etc),

	• Medical premises that undergo surgeries, • Lighting for common areas or elevators (some participants see this as part of a customer's premise and therefore should have same protections), • Service Stations. Whilst the criteria themselves are reasonable at a high level, they lack enough specificity and information about how they will be applied. The application of the criteria is open to interpretation which would result in inconsistent application across all impacted parties.