

4 September 2025



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Submission via: [AEMC](#)

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To Whom It May Concern,

**National Energy Retail Amendment (Improving life support processes) Rule
2025 – Consultation paper**

Jemena Gas Networks (NSW) Ltd (**Jemena**) welcomes the opportunity to make this submission in response to the Australian Energy Market Commission's (**AEMC**) consultation paper on the rule change request submitted by Essential Energy and SA Power Networks (SAPN) (the proponents) on 23 August 2024 seeking to amend the National Energy Retail Rules (NERR) to improve the existing processes of retailers and distributors in registering and serving customers that require life support equipment at their premises.

We appreciate the opportunity to engage constructively with the AEMC in relation to this consultation to date. Jemena's comments in relation to the consultation paper are set out below.

Improving definitions to better target life support customers and related civil penalties for breaches

- We support the proposed definitions and the clear separation between Critical Life Support Customers and Assistive Life Support customers. This would ensure that resources, communication, and emergency response efforts are directed first and foremost to individuals whose lives are immediately at risk if electricity supply is interrupted.
- We believe it would be clearer and more effective to maintain separate lists of equipment for Critical and Assistive life support classifications, which would provide greater transparency and help set realistic expectations for customers throughout the registration process.
- The proposed list of life support equipment in the consultation paper includes only electrically powered devices, and no gas-connected equipment is identified as essential to sustaining life or preventing irreversible harm.

Therefore, we recommend that gas-related equipment be considered only under the Assistive Life Support Equipment category, unless a medical practitioner provides specific certification to the contrary. We also recommend including a field in the medical confirmation form to clearly indicate the fuel type for the life support equipment, i.e. Electricity or Gas.

- We support the proposed differentiation in civil penalty provisions for planned outage notification breaches based on the type of life support equipment. These changes will help better target regulatory protections and enforcement actions to those most at risk, improving the accuracy of life support registers and enabling more efficient resource allocation by retailers and distributors.
- We support the proposed amendments to the civil penalty provisions in relation to deregistering premises following a Life Support Customer's request or due to lack of medical confirmation to Tier 2 civil penalties. This change reflects a more proportionate enforcement approach that aligns with the nature and impact of these breaches, especially where no actual harm has occurred.

Improving registration and deregistration processes

- We agree with the need for periodic updates to ensure the accuracy of life support registers. However, we suggest extending the timeframe to five years instead of four to align with other health-related review periods and reduce administrative burden.
- We do not recommend exempting customers with permanent conditions from the requirement to update their medical confirmation form every four years. While we acknowledge that permanent conditions are unlikely to change, the purpose of the update is to ensure the life support register remains current and accurate.
- We support introducing a cap on registration attempts without medical confirmation. This approach reinforces the integrity of the life support register and ensures that protections are reserved for those with verified medical needs. However, we also raise concern that the new retailers may lack access to a customer's deregistration history, which could allow customers to re-register for life support without medical confirmation; and seek further guidance in this regard.
- We recommend that the medical confirmation form explicitly highlight the importance of having a backup plan and clarify that it is the customer's responsibility to implement it when needed.
- While we welcome mandating the use of standardised medical confirmation form and agree that a centralised downloadable form would be easier for customers and medical practitioners to use and understand, we have some concerns with the proposed medical confirmation form in its current format and proposed some further changes for consideration.
- We believe that retailers should be responsible for sending reminders for medical confirmation expiry and managing life support registrations and communications. This ensures consistency in communication, reduced risk of confusion or missed reminders as well as alignment with customers' expectation.

- We recommend introducing a mandatory reconciliation process between retailers and distributors for life support registrations. As part of this process, distributors should have the right to request that retailers follow up with life support customers regarding deregistration, where there is reason to believe the customer failed to provide a medical confirmation form following the two attempts or the customer's circumstances may have changed.

Improving communication methods to contact life support customers

- We support the proposal to introduce a life support user and nominated contact person for life support customers, provided the roles are clearly defined and we believe that the life support user's and nominated contact person's details should be captured solely within the medical confirmation form, as explicit consent is required to collect this information.
- We support explicitly allowing SMS and email notifications for planned interruptions to life support users and their nominated contacts. However, we believe this should be treated as a best endeavours approach, rather than a mandatory requirement. Additionally, we do not support extending the existing obligation to provide hard copy written notifications to life support customers to include life support users or nominated contact persons, as this would introduce unnecessary time and cost burdens, particularly for those located remotely, interstate, or overseas.
- We do not support enabling the life support user or their nominated contact person to dynamically manage communication preferences, as this could result in unauthorised access to the customer's information. Instead, we believe communication preferences should only be managed in through limited actions, such as opting out of notifications in real time.
- We recommend retaining the current hard copy notification requirement for life support customers, while continuing to allow electronic notifications where life support customers have nominated them as their preferred communication method. Furthermore, distributors typically do not have a direct relationship with customers and rely heavily on retailers to provide accurate and up-to-date contact information for life support customers, including mobile numbers and email addresses. Therefore, we strongly recommend that retailers be responsible for maintaining accurate contact information for life support customers and for notifying distributors in a timely manner.
- We propose that notifications to life support users and the nominated contacts during unplanned interruptions be treated as a best endeavours approach, rather than a mandatory requirement.

Finally, to ensure life support users remain protected during the transitional period, we propose the following:

- Existing life support customers should be classified as requiring assistive life support equipment once the rule change takes effect.
- Energy businesses should contact life support customers to confirm whether they still require life support equipment, and follow up with those who have not yet provided a medical confirmation form. Where confirmation is not received within the prescribed regulatory timeframes, deregistration should occur. These actions are critical to maintaining the accuracy and integrity of the life support register and ensuring that protections are appropriately targeted to customers with verified needs.

We strongly recommend that this process be undertaken as early as possible and carved out as a separate process from any broader system upgrade. Retailers already have the capability to manage these communications and compliance steps using existing systems, and delaying this process could increase the risk of non-compliance and customer disruption.

- The proposed reforms will require significant technical and process changes, including system enhancements, development and automation of new data fields and workflows, updates to market B2B protocols, testing, and data integrity validation across all systems. These requirements also overlap with several other major reform programs currently underway in the industry, each demanding substantial resources, coordination, and attention. Compressing these efforts into a short implementation window significantly heightens the risk of system failures, customer disruption, and regulatory non-compliance. As such, we propose that a minimum of two years be allocated for energy businesses to carefully scope the required changes, avoid overreach, and ensure practical implementation and full compliance.

Should you have any questions regarding this submission, please contact Catherine Chen, Regulatory Compliance Manager, at Catherine.Chen@jemen.com.au.

Yours sincerely,

Ana Dijanosic

Ana Dijanosic
General Manager Regulation

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

STAKEHOLDER FEEDBACK TEMPLATE

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

To submit this form, [follow this link](#), and select the project reference code RRC0064.

SUBMITTER DETAILS

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DATE 4 September 2025

PROJECT DETAILS

NAME OF RULE CHANGE: Improving life support processes

PROJECT CODE: RRC0064

PROPOSER: 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?

<ul style="list-style-type: none">What do you see as the key issues for including the	We support the inclusion of the proposed definitions and the clear separation between Critical Life Support Customers and
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<p>proposed definitions in the NERR, for example:</p> <ul style="list-style-type: none"> ○ 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? 	<p>those with less urgent needs. This distinction is essential to ensure that resources, communication, and emergency response efforts are directed first and foremost to individuals whose lives are immediately at risk.</p> <p>The Critical Life Support category rightly prioritises customers who rely on equipment such as ventilators, dialysis machines, or oxygen concentrators - devices where even short outages can result in life-threatening consequences. These customers must be the focus of the most robust protections, including medically guided back-up plans and priority restoration protocols.</p> <p>The framework allows for both critical needs, such as devices that are vital to sustaining life and assistive needs, like refrigeration for insulin, provided a medical practitioner certifies them. This approach ensures that all medically necessary energy dependencies, whether essential for immediate survival or required for ongoing health management, are recognised even when they extend beyond conventional life support equipment.</p> <p>We believe it would be clearer and more effective to maintain separate lists of equipment for Critical and Assistive life support classifications. This approach would provide greater transparency and help set realistic expectations for customers throughout the registration process.</p> <p>A single list may lead to confusion, particularly if customers assume that the presence of their equipment on the list automatically qualifies them for Critical Life Support status. In reality, many types of equipment, such as refrigeration units or mobility aids, may be essential but not life-sustaining in the immediate sense. Without clearer differentiation, customers may take a subjective view of their eligibility, which could lead to frustration or misinformed reliance on protections that are not applicable to their situation.</p> <p>Separate lists would also support medical practitioners by providing a clearer framework for assessment and classification. If a customer's equipment is not listed under the Critical Life Support category, it would be evident that they do not qualify for that level of support - helping streamline the registration process and reduce ambiguity.</p> <p>This clarity is essential to ensure that the most vulnerable customers, i.e. those whose lives depend on uninterrupted electricity, are prioritised appropriately, while still recognising and supporting those with important but less critical needs.</p> <p>The proposed list of life support equipment in the consultation paper includes only electrically powered devices, and no gas-connected equipment is identified as essential to sustaining life or preventing irreversible harm. Therefore, we recommend that gas-related equipment be considered only under the</p>
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	<p>Assistive Life Support Equipment category, unless a medical practitioner provides specific certification to the contrary.</p> <p>We also recommend reviewing what appears to be a common practice among retailers to automatically flag gas accounts as life support cases when a customer requires life support equipment powered by electricity. While this may be well-intentioned, it is not a regulated requirement and may lead to confusion or misclassification. This approach does not appear to align with the intent of the proposed Critical Life Support framework.</p>
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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?

<p>Are there unintended risks from the proposed changes as suggested in the rule change request?</p>	<p>We support the proposed differentiation in civil penalty provisions for planned outage notification breaches based on the type of life support equipment. These changes will help better target regulatory protections and enforcement actions to those most at risk, improving the accuracy of life support registers and enabling more efficient resource allocation by retailers and distributors.</p> <p>We support the proposed amendments to the civil penalty provisions in relation to deregistering premises following a Life Support Customer's request or due to lack of medical confirmation to Tier 2 civil penalties. This change reflects a more proportionate enforcement approach that aligns with the nature and impact of these breaches, especially where no actual harm has occurred.</p> <p>We also support the reclassification of these breaches to half-yearly reporting obligations to the AER, in line with the proposed amendments to civil penalty provisions.</p>
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Question 3: Theme 2: Is there confusion around who may deregister a premise when there is a change in the customer's circumstances?

<ul style="list-style-type: none"> 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? 	<p>It is our view that when there is a change in circumstances, there is no ambiguity in the NERR.</p> <p>However, there may be confusion about who may deregister when a customer changes retailer, i.e. when a customer changes retailers, and medical confirmation was provided to the retailer, the distributor may deregister the premises (Rule 125(14)).</p> <p>We understand and support the intent behind mandating deregistration to improve the accuracy of life support registers and ensure protections are directed to those in genuine need. However, we have concerns particularly for elderly and infirm customers with serious health conditions who may face barriers in completing or returning medical confirmation</p>
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forms. Removing protections without adequate safeguards could put these vulnerable individuals at risk.

To balance integrity with compassion, we suggest:

- As part of their cyclical billing process, retailers should make available relevant support services or outreach for life support customers flagged as high-risk or elderly.
- Grace periods and escalation protocols before final deregistration.
- Clear guidance for medical practitioners to indicate permanent conditions, reducing unnecessary paperwork.

We also acknowledge that some customers may misuse the system to avoid disconnection. Addressing this requires a fair but firm approach that protects genuine life support users while maintaining register accuracy.

We believe the AER Life Support registration guide should be updated as a matter of course after any changes have been introduced.

There will be significant B2B changes required:

Expanded Data Requirements

The rules introduce new classifications and roles:

- Assistive life support equipment vs. Critical life support equipment.
- Whether equipment is required permanently
- Whether medical confirmation has been provided
- Whether the registration was managed by a retailer or distributor
- Life support user
- Nominated contact person.

Tracking Deregistration History

The rules would specify that after two prior deregistrations, a customer cannot be re-registered for a third time without first providing medical confirmation.

This means market systems must:

- Track the number of deregistrations per premises.
- Store timestamps and reasons for each deregistration.
- Ensure this history is accessible across retailers and distributors.

Systems must now handle:

- More granular equipment data.
- Contact details for nominated contact persons and how these are managed to ensure privacy is maintained when updated.
- Medical confirmation expiry and renewal tracking.

Inter-Party Notifications

Retailers and distributors must notify each other of:

- Registration and deregistration attempts and events.
- Changes in customer circumstances.

	<ul style="list-style-type: none"> • Transfers between retailers. <p>This will require enhanced B2B messaging protocols to ensure timely and accurate data exchange.</p> <p>Expanded systems integration</p> <p>Retailers and distributors will be required to collect and manage personal information associated with the new roles, ensure that this information integrates appropriately with relevant systems, and deliver outage notifications as needed.</p> <p>Audit and Compliance Logging</p> <p>The rules mandate detailed record-keeping (Rule 126 & 126A), including:</p> <ul style="list-style-type: none"> • Dates of registration/deregistration. • Communications with customers. • Medical confirmation documents. <p>Systems must support secure storage and retrieval of this data for compliance and audit purposes.</p>
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Question 4: Theme 2: Do you have any views on requesting an updated medical certificate every four years?

<ul style="list-style-type: none"> • Is it appropriate to create a permanent medical confirmation for critical life support customers with ongoing needs? <ul style="list-style-type: none"> ◦ 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? 	<p>We agree with the need for periodic updates to ensure the accuracy of life support registers. However, we suggest extending the timeframe to five years instead of four.</p> <p>A five-year cycle would:</p> <ul style="list-style-type: none"> • Align better with other health-related review periods (e.g. some disability support plans). • Reduce administrative burden on customers, especially those with stable conditions. • Still provide sufficient frequency to maintain register accuracy and support emergency response efforts. <p>This small adjustment could improve customer experience without compromising safety or data integrity.</p> <p>We do not recommend exempting customers with permanent conditions from the requirement to update their medical confirmation form every four years. While we acknowledge that permanent conditions are unlikely to change, the purpose of the update is to ensure the life support register remains current and accurate. The process is not overly burdensome, particularly given that most customers with permanent conditions are likely to see a medical practitioner regularly, and a four-year interval allows ample time for reconfirmation.</p> <p>That said, we support a more streamlined approach for these customers. For example, where a permanent condition has been verified by a medical practitioner, the customer could simply be required to confirm their continued residency at the premises, rather than resubmitting full medical documentation. This would maintain the integrity of the register while reducing unnecessary administrative burden.</p>
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Question 5: Theme 2: Do you have any views on introducing a cap on registration attempts without medical confirmation?

<ul style="list-style-type: none"> • Are there any unintended consequences from introducing a limit on registering without medical confirmation? • Are there other issues and approaches we should consider? 	<p>We support introducing a cap on registration attempts without medical confirmation. If a customer has failed to provide medical confirmation after two registration attempts, especially after receiving multiple reminder notices over an extended period, they should not be permitted to re-register a third time without supplying the required documentation upfront.</p> <p>This approach reinforces the integrity of the life support register and ensures that protections are reserved for those with verified medical needs. It also helps prevent misuse of the system and reduces administrative burden for retailers who must manage repeated, incomplete registrations.</p> <p>By requiring medical confirmation at the time of a third registration attempt, the process becomes more accountable and efficient, while still allowing genuine life support customers to access the support they need, provided they engage with the process appropriately.</p> <p>We would like to raise a concern regarding the ability of retailers, particularly new or prospective ones, to access a customer's history of life support de-registrations. While distributors and the current retailer may have visibility of this information, a new retailer does not. This limitation could enable customers to "shop around" and re-register for life support protections without medical confirmation, even after multiple prior de-registrations. Such a gap in information sharing may undermine the integrity of the life support register and the intent of the proposed reforms.</p>
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Question 6: Theme 2: Is there currently an inconsistency in how life support is assessed between different retailers and DNSPs?

<ul style="list-style-type: none"> • 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 	<p>It is our view that many life support customers either lack a back-up plan or are unaware of its importance in the event of an electricity or gas disruption. Some do not believe it is their responsibility, while others are unsure how to prepare. This gap has likely led to increased vulnerability particularly during electricity outages.</p> <p>In many cases, initial life support registration may occur without direct communication with the individual who relies on the equipment, particularly when they are not the authorised account holder. While retailers or DNSPs are expected to inform the customer about the need for a backup plan, this information may not reach the life support user directly. To address this gap, we recommend that the medical confirmation form explicitly highlight the importance of having a backup plan and clarify that it is the customer's responsibility to implement it when needed. Additionally, medical practitioners should be encouraged to discuss and</p>
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<p>Medical Confirmation and Back-up plan templates?</p> <ul style="list-style-type: none"> Are there unintended consequences or risks mandating the use of the suggested templates in the rules? 	<p>document a backup plan with the life support user during the confirmation process.</p> <p>While the proposed medical confirmation form template includes a broad range of relevant information, Jemena has concerns about its structure, clarity, and compliance with privacy obligations.</p> <p>Order of Information</p> <p>The form should begin with the type of life support equipment required. This is the most critical piece of information for prioritisation and should be presented upfront to guide the medical practitioner's assessment.</p> <p>Clarity on Equipment Classification and fuel type</p> <p>The form does not clearly distinguish between critical and assistive life support equipment. Medical practitioners may not be familiar with these regulatory definitions. We recommend including a clear, labelled list or guidance to help practitioners identify which equipment falls into each category. Additionally, the form could benefit from clearly indicating the fuel type for the life support equipment – i.e. Electricity or Gas.</p> <p>Privacy Concerns</p> <p>The form appears to request more personal and medical detail than is necessary to confirm life support eligibility. This raises concerns about compliance with the Privacy Act 1988 (Cth), particularly around data minimisation and the handling of sensitive health information. We recommend reviewing the form to ensure it only collects information that is strictly necessary for registration and prioritisation.</p> <p>Nominated Contact Person</p> <p>While the form allows for the nomination of a secondary contact, distributors do not have a direct relationship with these individuals and cannot manage their communication preferences. For privacy and safety reasons we recommend:</p> <ul style="list-style-type: none"> Limiting secondary contact notifications to electronic channels nominated on the medical confirmation form only, and Removing any expectation of preference management for secondary contacts. <p>Embedded Network Scenarios</p> <p>The form should accommodate situations where the embedded network operator is the registered life support customer. In these cases, distributors do not hold individual resident details. The form should clarify how embedded network operators are expected to manage and submit medical confirmation on behalf of residents.</p> <p>Operational Alignment</p>
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Any new fields or obligations introduced by the form should be assessed for compatibility with existing industry systems and processes, including B2B data exchange and notification workflows.

Accessibility and Design

We support the consultation's emphasis on plain English, logical sequencing, and inclusive design. These improvements will help ensure the form is completed accurately and consistently.

For clarity, our view is that both Parts A and B of the form require further consideration:

- Part A should be information only required to be provided by the registered medical practitioner. This means that the NMI/MIRN question should be moved to Part B Section 2.
- There should be two lists of equipment – critical and assistive.
- The question about a permanent medical condition should follow the equipment lists.
- Persons with a permanent medical condition should be able to qualify for either critical or assistive life equipment.
- Clarification is required if Part A, Part 2 The Protections that Life Support Registration Provides is a declaration from the registered medical practitioner, or if it is a declaration from the life support user.
- Part B should be relabelled to be the Life Support User Declaration, so that it is aligned to the proposed definition.
- Date of Birth, relationship of Life Support Customer to Life Support User and relationship of Nominated Contact Person to Life Support User should be removed as there are no defined obligation or operational uses for these data points within the life support framework.
- The order of the sections in Part B is confusing, as it asks the life support user questions about themselves in sections 1 and 2, then asks about other roles, before returning to the life support user in section 5.
- It should be clear that Part B, Section 3 is about the Life Support Customer (i.e. the person who is on the retail account). It should be made clear that the information provided in this section must match what is on the energy bill so that registration can occur efficiently and in line with compliance with the Privacy Act.
- In Part B, Section 3 the question about if the person on the account should be contacted regarding outages should be removed. Under the NERR, there is an obligation to notify the Life Support Customer

	<p>of upcoming planned interruptions. Therefore, this question is not required.</p> <ul style="list-style-type: none"> • In Part B, Section 3 and Part B, Section 4, the person filling out the form should be able to nominate "Same as above", and not be required to fill out all fields. • It should be clear that nominating a Secondary Contact Person is not mandatory. • We seek clarification on what happens if the nominated contact person has not been informed that their details have been provided. • The boxes on the forms do not provide enough room to clearly write email addresses or phone numbers • It is unclear what Choice 1, 2, 3 in Section 4 specifically refer to, e.g. do they want all choices or is that a preference • It is Jemena's view that electronic notifications only should be provided to life support users and nominated contacts <p>Mandating the use of a standardised medical confirmation form template is a positive step toward improving consistency and accuracy across energy businesses. However, several considerations should be addressed:</p> <ul style="list-style-type: none"> • System integration: Businesses will need time and resources to integrate the template into their digital systems and workflows. This includes updating and reconfiguring customer portals, backend systems, testing and staff training. • Accessibility and usability: The form should be designed to be easily understood and completed by medical practitioners, with clear instructions and logical formatting. It should also be accessible to customers who may need to complete certain sections (e.g. contact preferences). • Privacy and data handling: The form must comply with privacy laws, particularly regarding the collection and storage of sensitive health information. Clear guidance should be provided on how data will be used, stored, and shared. • Flexibility for edge cases: There may be unique situations where the standard form does not fully capture a customer's needs. A process for handling exceptions should be considered. • Stakeholder engagement: Ongoing consultation with medical professionals, energy businesses, and customer advocates will be important to ensure the form remains fit for purpose and reflects real-world use. <p>Publishing the form on a central platform and requiring its use will help streamline processes, but successful implementation will depend on thoughtful design and adequate support.</p>
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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?

The proposal aims to improve safety and responsiveness by allowing someone other than the account holder, such as a carer or the life support user themselves, to be contacted during outages. This may be especially valuable when:

- The customer is not the life support user.
- The life support user is vulnerable or unable to respond to outage notifications.
- Timely communication is critical for health and safety.

Introducing this feature would require substantial system and process changes across energy businesses. These changes are currently outside existing funding arrangements and would need to be carefully scoped, resourced, and supported by appropriate regulatory and financial mechanisms.

The proposal to introduce a life support user and nominated contact person for life support customers under the NERR raises several privacy, safety, consent, and implementation risks:

Privacy risks

- Distributors and retailers would be required to collect, store, and potentially share personal contact details of a third party (the nominated contact), who may not be the account holder or life support user.
- There is a risk that the nominated contact person may not have explicitly consented to their details being used or shared, especially if nominated by someone else.
- Distributors typically would not have a direct relationship with the nominated contact and rely on retailers to provide accurate and up-to-date information via B2B processes. This introduces risks around data accuracy and unauthorised disclosure.
- Retailers and distributors are not able to share sensitive information about an energy account to an unauthorised party. If a life support user or nominated contact person enquires about an upcoming outage, this information may not be able to be shared with them.

Safety risks

- If the nominated contact is not reachable or their details are outdated, critical outage notifications may not be received in time, potentially endangering the life support user.

- Without clear guidelines, there may be confusion about who is responsible for acting on outage notifications - the customer, the life support user, or the nominated contact.

Consent risks

- The proposal does not currently outline a formal mechanism for obtaining and verifying consent from the nominated contact person.
- If a nominated contact is unaware of their role or did not consent, this could expose energy businesses to legal or regulatory challenges.
- If a contact person is nominated but the relationship with the life support customer subsequently breaks down—such as in cases of family violence or separation—how are we informed, and what safeguards exist to ensure that consent remains valid?

Without a formal mechanism to verify ongoing consent from the nominated contact, there is a risk that individuals may continue to receive sensitive notifications without their knowledge or agreement. This could expose energy businesses to privacy breaches and regulatory non-compliance. We believe this issue warrants further consideration to ensure that consent is actively maintained and that notification obligations do not inadvertently compromise customer safety or privacy

Implementation risks

- Retailers and distributors would need to update IT systems, customer databases, and B2B communication protocols to accommodate and manage nominated contact details
- Managing multiple contact points during planned and unplanned outages could increase the risk of errors and complicate emergency response workflows.
- These changes are not currently funded and would require new resources and training to implement effectively.

While we agree in principle on the concept of sending notifications to the nominated contact person for planned interruptions we do not for unplanned interruptions for the following reasons:

- There is no current regulatory obligation under the NERR for gas distributors to send notifications in the event of an unplanned interruption. Introducing a requirement to notify a nominated contact during unplanned outages would effectively create a new compliance obligation, which should be

transparently consulted on rather than introduced indirectly.

- Gas distribution networks are fundamentally different from electricity networks in both design and operation. Unlike electricity, where outages are typically binary - power is either on or off - gas outages can be partial, such as reduced pressure or intermittent flow, and not connected to a specific device or hierarchy. These conditions are not always immediately apparent to customers but can still pose safety and service challenges.

Moreover, restoring gas supply is a complex, manual process that often requires site-by-site checks to ensure safety, unlike the largely automated restoration of electricity. These operational realities mean that gas networks cannot support the same level of automated outage detection or customer notifications that electricity networks can. Expecting gas networks to behave like electricity networks overlooks these critical differences and risks misrepresenting the nature of gas service delivery.

- There is no gas-powered equipment classified as Critical Life Support Equipment on the proposed medical confirmation form. As a result, all gas life support customers within the Jemena network would be classified as assistive. On this basis, it is our view that mandating notifications for gas planned interruptions to life support users and nominated contact persons would not materially benefit the community. Instead, we propose a best endeavours approach to planned interruption notifications to these new roles should be adopted.

Where notification of the nominated contact person is operationally viable, limiting the notifications to electronic channels only, such as SMS or email, offers several advantages over hard copy written communication, particularly in the context of life support protections under the proposed NERR changes:

- Immediate delivery, which would be more beneficial especially during short-notice or unplanned situations
- Reduced risk of delivery to an incorrect address, which may introduce privacy risk
- Enables dynamic updates, that would prove more useful during emergencies or sustained events.

It is important to note that nominated contacts should not have the authority to update or modify a customer's account information. Allowing a third party to change account details on someone else's behalf raises significant privacy and security concerns, as it could lead to unauthorised access or unintended changes without the primary customer's explicit consent. Therefore, while secondary contacts may receive

	communications or opt out of certain notifications, only the account holder should be permitted to make updates to their own account details.
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Question 8: Should customers' electronic contact details be captured in the medical registration form?

<ul style="list-style-type: none"> Are there any unintended consequences of such a change? 	<p>We believe that the life support user's and nominated contact person's details should be captured solely within the medical confirmation form, as explicit consent is required to collect this information. However, we acknowledge that including these details in the form introduces new privacy risks—particularly if the nominated contact has not directly provided consent for their personal information to be stored or used.</p> <p>We do not support enabling the life support user or their nominated contact person to dynamically manage communication preferences, as this could result in unauthorised access to the customer's information. Instead, we believe communication preferences should only be managed in through limited actions, such as opting out of notifications in real time.</p> <p>Retailers have historically registered >99% of Jemena's life support customers, and so Jemena relies on them to provide accurate information via B2B processes. If these systems are not updated correctly, or not synchronised, there is a risk of unauthorised access or inaccurate data being shared between parties. Adding new roles and their contact details only increases this risk.</p>
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Question 9: Should the rules be updated to explicitly clarify that SMS/email notification of planned outages to life support customers is permitted?

<ul style="list-style-type: none"> 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? 	<p>We support updating the NERR to explicitly permit SMS and email notifications for planned interruptions affecting life support customers. The current ambiguity in the rules creates unnecessary compliance risk and operational inconsistency across distributors and retailers. Clarifying this would:</p> <ul style="list-style-type: none"> Align regulatory expectations with contemporary communication practices. Enable distributors to use faster, more reliable channels for time-sensitive notifications. Reduce reliance on postal methods, which are slower and less effective during short-notice outages. <p>SMS and email notifications offer several advantages:</p> <ul style="list-style-type: none"> Digital channels allow for near-instant delivery, which is critical for life support customers who need time to prepare for outages. Many customers already rely on mobile alerts and email for service updates. This change would meet their expectations and improve engagement. When paired with traditional methods (e.g. phone calls or letters), digital notifications provide a layered
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	<p>approach that enhances coverage and reduces the risk of missed communications.</p> <p>To ensure communications align with customer preferences, the rules should:</p> <ul style="list-style-type: none"> • Require distributors and retailers to offer multiple notification channels (SMS, email, phone, hard copy/written). • Allow customers to nominate their preferred method during registration or via periodic updates. • Permit the inclusion of secondary contacts (e.g. carers, family members) where appropriate, especially for vulnerable customers or those affected by family violence <p>These measures would support a customer-centric approach and reduce the risk of missed or misdirected notifications.</p> <p>There may be unintended consequences arising from these changes:</p> <ul style="list-style-type: none"> • Data accuracy risks: If contact details are outdated, customers may not receive critical alerts. This is particularly concerning for life support users. • Compliance exposure: Mandating notifications without ensuring data integrity could expose distributors to non-compliance through no fault of their own. • Privacy and consent: Especially when involving secondary contacts, clear rules around consent and data handling are essential. <p>Jemena therefore recommends a “best endeavours” model for planned outage notifications, recognising the limitations of current data-sharing between retailers and distributors.</p>
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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?

<ul style="list-style-type: none"> • Are there any immediate concerns with this proposal? 	<p>We acknowledge the potential long-term benefits of a centralised database for storing life support medical confirmations, particularly in reducing duplication, improving continuity when customers move premises or switch retailers, and streamlining registration and deregistration processes. However, our view is that this initiative should be deferred to a later phase of reform.</p> <p>There are more pressing and foundational issues currently under consideration, such as improving definitions, registration accuracy, and communication protocols, that require immediate attention and resourcing. Attempting to implement a central database at this stage risks overcomplicating the reform process and diverting focus from higher-priority outcomes.</p>
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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?

Jemena supports the proposed approach to initially register customers under the assistive life support category, with the option to escalate to critical life support status upon receipt of a medical confirmation form authorised by a medical practitioner.

This two-tiered model:

- Provides immediate protections to customers upon notification, ensuring no delay in initial registration.
- Allows for a medically informed escalation to critical status, ensuring that enhanced protections are reserved for those with verified, high-risk needs.
- Reduces administrative burden for customers and practitioners by avoiding premature classification requirements.

We do not support the proposed medical confirmation form in its current format because it lacks logical structure and is unclear in places, but we agree that a centralised downloadable form would be easier for customers and medical practitioners to use and understand.

Jemena supports the intent behind mandatory deregistration for customers who fail to provide medical confirmation, as a means to improve register accuracy and ensure protections are directed to those in genuine need. However, we urge caution and recommend safeguards to protect vulnerable customers

Grace periods and escalation protocols should be built into the deregistration process, including:

- Maintaining at least 50 business days to provide medical confirmation.
- Two reminder notices.
- A final deregistration notice issued no less than 15 business days before deregistration.

Tracking deregistration history is essential. We support the proposal that after two prior deregistrations, a customer cannot be re-registered without first providing medical confirmation. This requires:

- Timestamped records of deregistration events.
- Shared access to deregistration history across retailers and distributors.
- Safeguards against misuse: While some customers may exploit the system to avoid disconnection, reforms must balance register integrity with compassion. A fair but firm approach is needed to protect genuine life support users

We do not support extending the existing obligation to provide hard copy written notifications to life support customers to include life support users or nominated contact persons.

However, where notification of the nominated contact person is operationally viable, we support the use of electronic notifications for secondary contacts regarding planned interruptions, with appropriate safeguards and opt-out mechanisms.

While we could enable a nominated contact person to opt out of receiving electronic notifications, it is not practical to extend preference management to secondary contacts. Distributors typically do not have a direct relationship with these individuals, making it unlikely that we could reliably collect or maintain their communication preferences over time.

It would be unreasonable to impose a mandatory requirement for outage notifications when the accuracy of contact information for life support customers and their nominated representatives is inherently variable. Distributors and retailers are dependent on customers to proactively update their details, yet this information can change frequently and without notice. Mandating notifications under these conditions creates a risk of non-compliance through no fault of the distributor or retailer and may lead to ineffective or misdirected communications. A more balanced approach would recognise these limitations and support a “best endeavours” model, particularly where the customer has not provided updated contact information.