

# **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	Yes, it would allow those with critical needs to be identified
	issues for including the	and supported

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proposed definitions in the NERR, for example:

- Would adding/amending these definitions improve outcomes for life support consumers?
- Would they appropriately capture all needs of life support customers, including those that do not involve equipment, such as refrigeration for insulin pumps?
- Is it appropriate to have the same list of equipment from which to draw the definitions of critical and assistive life support equipment? Are two different sets of lists needed, one for each type of equipment?
- Are there any specific needs related to equipment that requires gas connection that we need to capture?

Yes, if there is an 'other category that allows a Registered Medical Practitioner to advise if this is required

I feel that two lists would allow for easy differentiation between the needs of a customer

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? Is this going to be different for Embedded Networks? As an Embedded Network manager we notify the retailer of the Gate Meter

# 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?

Yes this would ensure the register is maintained and updated

Errors could result in the wrong NMI being deregistered

Clarity over the reconciliation process for embedded network managers is requested

Question 4: Theme 2: Do you have any views on requesting an updated medical certificate every four years?

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- Is it appropriate to create a permanent medical confirmation for critical life support customers with ongoing needs?
  - Should this permanent confirmation also be extended to customers on assistive life support?
- Are the proposed roles for registered medical practitioners in the life support registration appropriate?
- Is it appropriate to compel deregistration for customers who do not provide a medical confirmation?

Yes, if validated by a medical practitioner

Yes if it is a permanent condition

Yes, medical practitioners should have a responsibility for their part in the process

Customers should be deregistered if no medical confirmation is received. We have many customer who do not substantiate their life support

# 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?

This is a crucial change that needs to go through

The timeframe allows the process to go on for longer than necessary without documentation

We have a number of customers with life support registrat

### 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

We do provide back up planning information, but customers often don't take notice of it or understand the need, eg a higher than average number of life support requests were received in the lead up to Cyclone Alfred

The customer and their medical team should be responsible for the back up planning

Yes, standardised forms are a great improvement to ensure consistency across the board

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mandating the use of the
suggested templates in the
rules?

### 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 nominated contact person would have to give consent to being registered and the life support user give consent to the nominated contact person having their information shared

How does this apply to embedded network managers and billing agents?

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

Are there any unintended consequences of such a change?

Absolutely if this is the preferred contact method of the customer

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

- 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?

Would this improve outcomes The postal system is unreliable and a number of our customers struggle to receive mail consistently

> Where a customer preference is email, this is the preferred contact method by LPE

As always, customers are required to update us on any and all changes to their communication method

### 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?

How do embedded Network Managers access this, who controls it, who has access to it

#### **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?

Clarity for where this sits with Embedded Network managers is required and as we often fall into a 'grey area'