

9 September 2025

Geoffrey Rutledge
Chief Executive Officer
Australian Energy Market Commission
Level 15, 60 Castlereagh Street
Sydney NSW 2000

Dear Mr Rutledge,

Life Support Rule Change – Consultation Paper

Origin Energy (Origin) appreciates the opportunity to provide feedback on the Australian Energy Market Commission's (AEMC) consultation on Improving life support process proposed Rule change.

The purpose of life support rules is to provide customers that rely on life support equipment with a higher standard of protections than other customers. For life support rules to be effective it is important that registration lists have integrity, that they are accurate, up to date, and only contain customers requiring life support equipment.¹

This is best achieved when there are clearly defined rules underpinning the registration and deregistration processes, a clear and appropriate allocation of responsibilities between retailers and distributors, and no duplication of activities including list management.

The current Rules have resulted in registration lists that are inflated and include large numbers of customers who have not provided a medical confirmation. To address this, changes are needed. While we agree with the intent of the Rule change proposal, we believe the identified issues could be better resolved through an alternative approach.

An optimal solution would be for a single entity to have responsibility for all aspects of the management of life support including registration, deregistration, and the management of a single life support register. This could operate along a similar model to the Do Not Call register that provides a single, centralised platform where individuals can register their preference not to receive telemarketing calls. In the context of life support, an independent register would allow medical professionals to securely register the life support status of a customer with this platform in turn interfacing with networks and retailers. A centralised approach would remove duplication and deliver more effective registration and deregistration because there is a single point of responsibility. The cost of operating such a model could be recovered from all market participants and socialised across all customers.

Even though the AEMC has indicated that consideration of this model is outside of the scope of this Rule change assessment, we strongly believe this an optimal model and worthy of policy makers and regulators considering in more detail.

In terms of the current framework, a customer must be registered when they notify a retailer or a distributor that they rely on life support equipment. The obligation is then on the retailer or distributor to send the customer a life support information pack which includes the medical confirmation form to be completed by a medical professional validating that the customer relies on this equipment, and the timeframe for returning this form. Businesses must also issue multiple reminders to the customer when the form is not returned. This process can take up to 80 days to complete. If a customer does not return the medical confirmation form at the end of this process, the Rules delegate responsibility for deciding whether to deregister to the judgment of the retailer or distributor. Given the risks, businesses are reticent to deregister in the absence

¹ AER, Request for rule change – strengthening protections for customers requiring life support equipment, 28 February 2017, p. 5.

of clear direction in the Rules. As a result, registers are inflated with about half the customers having not provided medical confirmation. This demonstrates that the current Rules are not working as intended.

The most effective way to ensure registration lists are accurate is to require customers to provide a medical confirmation before they are validly registered. We recognise that this is not practicable because customers may not be aware of the specific information they need to provide to be registered – especially if a standardised medical confirmation template is adopted.

To address the shortcomings of the current Rules, we believe the registration process should be shortened to require a customer to provide the completed medical confirmation template within 30 days of receiving the life support registration pack, with a reminder being sent within this timeframe. We believe that if a customer is in genuine need of critical life support, they will provide this form expeditiously. If a medical confirmation is not provided after 30 days, the Rules should make explicit that the customer is automatically deregistered.

We also agree with the Rule change proponents that the current Retail Rules place most of the responsibility for maintaining accurate life support registers with retailers, whilst the day-to-day implications of inaccurate registers largely falls on distributors. For this reason, we support consideration for distributors to be responsible for the medical confirmation and deregistration processes and for maintaining a single life support register. Specifically, a retailer could initiate a request for life support registration or deregistration, but the medical confirmation and deregistration processes would be run by distributors.

We strongly believe the alternatives we have proposed will ensure more accurate life support registers thereby enabling both networks and retailers to provide more targeted support to those customers who need it the most.

Origin's views on each of the draft rules and recommendations raised in the Consultation Paper are set out further in Attachment A.

If you have any questions regarding this submission, please contact me on 07 3867 0620 or at sean.greenup@originenergy.com.au

Yours sincerely



Sean Greenup
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Responses to Consultation Questions

Definitions and Penalties

Question 1: What is your view of the proposed definitions and whether they should be included in the NERR?

When assessing the effectiveness of the Rule change proposals, it is necessary to consider the impacts from a retailer perspective because it is the retailer that engages in the vast majority of interactions with the customer. Therefore, any changes are more likely to affect a retailer's processes and system.

Life Support Equipment definition

We do not support the proposal to develop multiple categories of life support. This will create the requirement for retailers to develop a separate operational process for each category which will result in significant additional administrative and compliance requirements (and costs) without delivering any clear incremental benefit to life support customers.

A single definition of life support and a clear deregistration would be more effective. This would remove the need for multiple processes or repeated re-confirmations while ensuring customers who genuinely require life support protections are appropriately identified and supported.

Under the proposal, when a customer initially informs the retailer that they require life support equipment, the process owner will need to make an initial assessment whether the customer should be provisionally classified as "critical" or "assistive" pending medical confirmation documentation. If the subsequent completed medical template differs from the original retailer assessment, then that customer will need to be re-classified. This will create multiple processes that do not currently exist which creates complexity and cost for no incremental benefit i.e. both categories end up on the life support register but through separate processes.

The proposal also requires re-validation every four years for "assistive" life support customers. This will create a substantial new compliance burden because under current arrangements customers are not required to re-submit confirmation forms after initial registration. This will effectively result in a completely new registration process for all these customers.

We are also concerned that when a medical practitioner is required to determine the support category that without clear and consistent guidance, they are likely to default customers as "critical" as a conservative risk management or because they are unaware of the distinctions. Similarly, energy providers may also choose to register customers in the "critical" category by default to minimise compliance risk. As a result, the intended outcome will not be achieved.

Life Support User definition

We support the differentiation between the person who needs life support equipment (life support user) and the account holder (customer). We support the rules making clear that a Life Support User means the person who uses Life Support Equipment at the premises which can be different to an account holder.

List of Life Support Equipment definition

Consistent with our position on dual definitions, we do not support separate lists of equipment for "assistive" and "critical" life support customers.

We also note that the proposed amendments to the list of equipment types necessary to support life differs from the current version. As a result, retailers may be required to seek renewed medical confirmation for equipment that no longer appears on the original confirmation which could create confusion if the proposal for registration re-confirmation is adopted. Effective customer communication and education will be critical to manage any confusion or disruption arising from these changes.

Registered Medical Practitioner definition

We support the proposed definition of “registered medical practitioner”. This ensures that decisions about life support equipment are made by qualified medical professionals, such as general practitioners or specialist doctors. We do not support general medical providers, such as nurses, having the authority to determine the need nor status of the equipment for a customer.

While this definition clarifies who can provide medical certificates, energy retailers are not qualified to verify or enforce whether the signatory meets this definition. Retailers must therefore rely on medical confirmation forms at face value, assuming that the practitioner signing the form is appropriately authorised. For example, forms from sleep clinics for sleep apnoea machines are often stamped and signed by the clinic. However, it is not always clear whether the signature belongs to a registered medical practitioner. As a result, a retailer cannot independently confirm the credentials of the signatory.

Nominated Contact Person definition

We support the principle of including additional contact persons for notification of all outages, not just planned outages.

However, there needs to be further consideration how this obligation could be applied in practice i.e. how systems can store and interact with multiple contacts on an account. This includes the need for controls to ensure that additional nominated persons do not have access to private information relating to the primary account holder nor that they are assigned any financial responsibility for the account.

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?

Penalties should remain proportionate to the level of customer impact and potential harm. Life support obligations do not guarantee continuous supply or prioritised reconnections but instead provide protections and safeguards against disconnection for non-payment and advance notice of planned interruptions.

The amendment to the penalty classifications appears reasonable. A key unintended consequence of applying different penalties for critical and assistive life support equipment is that retailers may default all customers to the ‘critical’ category to minimise compliance risk which undermines the intent of the proposal.

Registration and deregistration process

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

The existence of multiple ‘registration process owners’ cause ambiguities in terms of both the registration and deregistration process. A customer may contact the distributor to register life support but then contact the retailer to de-register a premises. However, the retailer cannot process the deregistration as the distributor is the process owner for the premises.

Registration process

We believe a key deficiency with the current life support framework is the registration process. Under the current rules the retailer or distributor must trigger life support obligations when advised by the customer of the need for life support equipment at a premises. The retailer or distributor are then required to send the customer a life support information pack including the medical confirmation form and the timeframe for returning this form.

If the customer does not return this form the business is required to send the customer multiple reminders. If after the initial registration process is complete the customer still has not returned the medical confirmation form, it is at the business’ judgment on whether they deregister the customer.

We believe this creates a disproportionate allocation of risk to either network or retailer. The penalties for breaching life support rules are significant. Businesses are inclined to err on the side of not de-registering a customer because of the magnitude of these fines, despite the fact that a customer may not have fully engaged through the registration process, has failed to provide the medical conformation form, or is a repeat applicant for life support.

As a result, this has created an unintended outcome where the life support registers are ballooning and the majority of customers on the life support registers have not provided medical confirmation forms. As noted in the Rule change application and in Origin's own experience, the number of customers who have not provided a medical confirmation are between 40% and 50% of the registers.

There is also evidence that some customers are misusing the current system. Customers are aware that registration prevents disconnection for non-payment and that deregistration requires a lengthy process. We have observed cases of customers repeatedly registering to avoid paying bills and disconnection. This practice further inflates the register and imposes unnecessary compliance and operational burdens on both retailers and distributors.

To address this issue, we believe the registration process should be shortened to require a customer to provide the completed medical confirmation template within 30 days of receiving the life support registration pack, with a reminder being sent within this timeframe. We believe that if a customer is in genuine need of critical life support, they will provide this form expeditiously. If a medical confirmation is not provided after 30 days, the Rules should make explicit that the customer is automatically deregistered.

Deregistration process

We also agree with the Rule change proponents that the current Retail Rules place most of the responsibility for maintaining accurate life support registers with retailers, whilst the day-to-day implications of inaccurate registers largely falls on distributors. For this reason, we support consideration for distributors to be responsible for the medical confirmation and deregistration processes and for maintaining a single life support register. Specifically, we support the model where a retailer could initiate a request for life support registration or deregistration, but the medical confirmation and deregistration processes would be run by distributors.

Placing responsibility with distributors would remove ambiguities between retailers and distributors regarding which party holds the correct information, reduce duplication of processes where both may otherwise receive and manage requests, and minimise discrepancies across systems. It would also provide greater certainty for customers and enable distributors to deliver more effective communications during outages, given their direct visibility of network impacts.

Proposed Rule change for de-registration

We support the proposal to amend the requirement to deregister where a medical confirmation has not been provided from "may" and replaced with "must". However, this is on the condition that either: 1) there is a single party allocated to the deregistration process; or 2) there are clear guidance of how either retailers or distribution deal with deregistration requests when customer details do not align (eg names or email addresses sent by the distribution business do not align with the details held by retailer).

As we have highlighted above, if the distributors were solely responsible for the medical confirmation and deregistration processes this would address this issue.

B2B Implications

If the proposed rule amendments proceed, considerable updates to the B2B Procedures will be required. This will include system and process changes as well as new schema requirements for both the electricity and gas markets.

The AEMC must ensure that adequate time is built into the process to allow the Information Exchange Committee (IEC) to undertake consultation and finalise the procedures. The IEC has proposed an implementation date no earlier than December 2027, which appropriately accommodates both the consultation process and the minimum 12-month implementation period required by industry, commencing from the date of the final determination of the B2B Procedures. We agree and support this minimum implementation period.

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

Requiring updated medical certificates is not part of the current life support framework. Once customers register and provide a medical confirmation form, neither retailers nor distributors are required to follow up for regular re-confirmation. Continually seeking updated medical forms would be highly resource intensive and administratively costly.

The main issue is that nearly half of the registration list has not provided a medical confirmation. The focus should be on cleansing the current list. A well-designed registration process should provide the necessary assurance without requiring repeated customer re-engagement.

Any decision to include this requirement should be evidence based. In other words, an assessment should be made regarding the magnitude of the reduction once the registration and deregistration changes have had time to have effect.

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

We support a cap being placed on the number of times that a customer can register for life support prior to providing the relevant medical confirmation. If the cap is breached, then the customer would need to provide a completed medical confirmation before being registered.

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

Medical Confirmation template

We support the development of an electronic standard template as this would improve the ease with which life support forms are completed and submitted. However, we do not support the proposed drafting in the Rule change request.

The information requirements are too lengthy and are likely to overwhelm both medical practitioner and customers. The form needs to be revised to be succinct and only include the information required to register life support.

We propose removing Part 2. This information encourages customers to register as life support to obtain protections in the form of no disconnection for non-payment, which is not the intent of this form- it is to gather necessary medical information.

With respect to Part 3, it does not specify how medical practitioners are kept up to date with changes to the rebate requirements or eligibility requirements.

Part 4 is in relation to Life Support back-up plan and the reasons why or why not this has been completed for a customer. While Origin agrees that customers should be made aware of options to develop a back-up plan, it should not be a mandatory condition of registering for life support.

Finally, the proposed Life Support Declaration Form includes information relevant to the account holder. While we will require information relevant to the life support person, we will also require contact or confirmation from the account holder that the individual seeking life support declaration is living at the

address. As this form is intended to be standardised, it is important that further consultation take place with both industry and medical practitioners. This will help ensure the template is practical, consistent, and ultimately fit for purpose in supporting the integrity of the life support framework.

Back up plans

While the energy sector can provide general guidance on issues to consider when developing a back-up plan, the discussion should remain between the medical practitioner and the customer as each individual's circumstances will differ. Retailers and distributors do not have insight into the operation or function of the life support equipment. Effective back-up planning can only be developed through detailed discussion and a full understanding of the customer's personal circumstances between a medical practitioner and customer.

Communication

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

While we support the intent, the requirement to capture an additional nominated contact field on customer accounts requires further consideration and close collaboration with network businesses to determine how this information would be captured, stored and utilised. A number of issues that need to be addressed include:

- If notices are extended to other household members or someone not living in the premises, systems would need to be able to capture the additional persons details for notices only and not extend to any other obligations linked to the establishment of an account.
- Whether the retailer needs any confirmation from the additional nominated person that they wish to receive the notices and whether they need to provide a preferred means of contact.
- Privacy implications need to be considered. This includes the controls that would need to be put in place to ensure the that the nominated person does not receive any private information about the primary account holder. This will be critical for family and domestic violence (FDV) customers.
- Whether the notifications are linked to planned and/or unplanned outages. We see considerable benefits of extending the notification to unplanned outages if the unplanned outage is for an extend period of time (i.e. provide notification if unplanned outage is greater than 4 hours).

Introducing a requirement to capture and manage nominated contact details would be complex and costly. The AEMC must be satisfied that the benefits of this requirement will clearly outweigh the additional regulatory and system costs for industry.

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

We do not see any issues with capturing customer contact details electronically.

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

Under current arrangements, retailers and distributors must provide customers registered for life support with at least four business days "written notice" of planned interruptions. "Written notice" may be interpreted as a letter sent by post which can delay the timeliness of notifications. It is proposed that this be clarified to include notification can be delivered via electronic means.

While it should be permitted that retailers and distributors can contact customers by various communication means, it should not be dictated that we contact customers by their preferred means of contact as the required notices cannot always be delivered via SMS.

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?

We strongly consider that the most effective and enduring solution is the establishment of a centralised life support register. A single register would enable customers, carers and medical professionals to register and deregister life support needs directly through a single, standardised system, ensuring consistency. This approach would eliminate unnecessary complexity and enable medical confirmation forms to be provided and stored in one location. A centralised body managing a single source of truth would also ensure that distributors, retailers and metering service providers all rely on the same record before undertaking any activity.

Importantly, a centralised register would deliver tangible benefits for customers. It would provide greater clarity and certainty for life support households, reduce the administrative burden of managing registrations across multiple parties and ensure that the protections they rely on are applied consistently and reliably. For customers who may already be vulnerable, this model would offer improved confidence in the integrity of the life support framework and reduce the requirements to regularly confirm medical life support status.

Origin suggests a single register could be developed and operated on a similar basis to the “Do Not Call Register”. The Do Not Call Register provides a single, centralised platform where individuals can register their preference not to receive telemarketing calls, with service providers required to check the register before initiating contact. Industry participants interact with the register through API interfaces which are regulatory utilised by the energy market.

We recommend that the AEMC pursue the development of this solution. This will provide greater benefits to consumers and industry rather than continuing to apply incremental fixes to a framework that is now more than two decades old.

Question 11: 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?

We support the proposed assessment criteria.

Additional Origin comments

Discretion to remove life support flag on move out

Origin supports the introduction of an exemption in the Rules to allow the removal of the life support flag when a customer is moving out. Under the current process, retailers must issue a notification and wait 15 business days before the flag can be removed. In practice, there are frequent situations where a customer has vacated the premises and requested the removal or abolishment of a meter (for example, in the case of a redevelopment). Retailers are unable to action the request until the notification period has expired, which can extend the process to 20 business days or more and cause unnecessary customer concern, inconvenience and frustration. We note that Victoria has addressed this issue by including a provision in its legislation to allow an exemption for move-out customers. We recommend that a similar approach be adopted in the National Energy Retail Rules.

Remove gas from the life support framework

Origin supports a similar approach to that has been adopted as in Western Australia. Life support registrations are only applied against electricity accounts.

In practice, it is difficult to assign a single process owner where a customer registers life support across both electricity and gas accounts, particularly as these may be held with different retailers. This creates duplication, inconsistency and unnecessary complexity in the administration of the framework.

We therefore support the removal of gas from the life support framework, with obligations applying solely to electricity accounts. This would align with the WA approach, reduce administrative complexity, and

ensure that protections remain focused on the energy source directly linked to the operation of life support equipment.

No retrospective changes to Rules

Any changes should only apply prospectively. This will reduce regulatory risk and minimise costs on businesses and therefore customers.

An adequate lead time is also essential to ensure changes are embedded effectively and deliver the intended outcomes. A system build to allow for any of these changes is expected to take up to 2 years (i.e. B2B changes have a December 2027 implementation date) – especially if the dual definitions were adopted.

Sensitive Load and embedded networks

This life support review should not be limited to residential customers but extended to include sensitive load and embedded networks. These categories cover critical commercial and industrial facilities such as nursing homes, hospitals, aged care facilities, resorts, and smelters. Excluding them from the review risks further fragmenting the regulatory framework, creating inconsistency, incentives for life support customers to reclassify a facility as a sensitive load, and leaving some customers without adequate protection despite their reliance on continuous energy supply.

Sensitive load classification is currently managed by distributors, who approve or reject requests to apply this status. In practice, rejections are rare. However, the number of loads requiring continuous supply continues to grow, underlining the need for a clear and transparent framework to assess, review, and monitor these classifications over time. Without such a framework, the system risks expanding without sufficient oversight, potentially undermining both customer protections and network efficiency.

Embedded networks introduce additional complexities that are not consistently managed or enforced. For example, where a single resident in an apartment block is identified as requiring life support, the life support flag may be applied to the parent or gate NMI. This approach significantly overstates the load requiring protection and distorts the view of distributors in managing risks across the network. The lack of consistency in how embedded networks are treated further complicates obligations and undermines the integrity of the life support framework.

Any reform must therefore address the full range of life support customers (both residential and business) to ensure protections are applied consistently, risks are managed appropriately, and network operations remain reliable. A comprehensive approach is essential to strengthen the foundations of the life support framework and provide confidence that all customers who depend on continuous energy supply, regardless of their classification, are afforded adequate protections.

Greenfield sites

Currently, Rule 124 of the NERR refers to retailers' obligations commence when a customer informs a retailer they are "residing" or intending to reside" at a premises:

We do not believe it was the intent of the original rule to extend life support obligations to individuals who merely intend to reside at a premises (i.e. greenfield sites), as this inappropriately triggers our obligations based on future or hypothetical circumstances rather than actual residency and need. It would trigger a registration process, follow up for medical confirmation forms (for a customer not even at site) and then eventual de-registration, often before the customer moves in. It defeats the purpose of the obligations.

For example, a customer (often undertaken by the builder on behalf of the future occupant/owner) may arrange power while building a new premises and indicate that a future occupant at the premises may require life support once they move in. In these situations, there is no current premises nor NMI allocated to the site. However, under the current wording of the NERR, this intention alone activates life support obligations for a person who may or may not be your customer in the future. This leads to significant complexities as to how to note this requirement in systems and contributes to the ever-growing number of customers registered as life support.

Based on the above, we seek that rule 124 of the NERR be amended to make reference to the retailer life support obligations not extending to new connections. Obligations for life support notifications should not commence until the build is complete or the customer moves in.