



Submission to the AEMC's National Energy Retail Amendment (Improving life support processes) Rule 2025: Consultation Paper

September 2025

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Introduction

The South Australian Council of Social Service is the peak non-government representative body for health and community services in South Australia, and has a vision of *Justice, Opportunity and Shared Wealth for all South Australians*. SACOSS does not accept poverty, inequity or injustice. Our mission is to be a powerful and representative voice that leads and supports our community to take actions that achieve our vision, and to hold to account governments, business, and communities for actions that disadvantage vulnerable South Australians.

SACOSS' purpose is to influence public policy in a way that promotes fair and just access to the goods and services required to live a decent life. We undertake policy and advocacy work in areas that specifically affect disadvantaged and low-income consumers in South Australia. With a strong history of community advocacy, SACOSS and its members aim to improve the quality of life for people disadvantaged by the inequities in our society.

SACOSS has a long-standing interest in the delivery of essential services. Our research shows that the cost of basic necessities, like water and electricity, impacts greatly and disproportionately on people experiencing vulnerability and disadvantage.

SACOSS would like to thank the Australian Energy Market Commission (AEMC) for the opportunity to provide feedback on the *National Energy Retail Amendment (Improving Life Support processes) Rule 2025: Consultation Paper* (the **Consultation Paper**), dated 31 July 2025.¹ The Consultation Paper represents the first stage of the consultation process on SA Power Networks' and Essential Energy's (the **Proponents'**), *Better Protections for Life Support Customers Rule Change Request*, dated 23 August 2024 (the **Rule Change Request**).² SACOSS is a signatory to the Justice and Equity Centre's Joint submission on the Consultation Paper and Rule Change Request, and we refer the AEMC to those submissions in addition to the submissions made below. As part of this submission, SACOSS has consulted people with Lived Experience of life support protections and sought their views on the proposed Rule Changes, including how these changes would impact their lives. We have included their valuable voices and feedback throughout this submission.

Any proposed changes to life support obligations and protections under the Retail Rules risks significant impacts on a wide range of people who are at heightened risk of vulnerability, including people with disabilities, people in aged care, people with medical conditions and illnesses. Life support obligations are vital in protecting the most vulnerable members of our society from harm due to a loss of energy supply. The critical nature of these protections is

¹ AEMC, [National Energy Retail Amendment \(Improving life support processes\) Rule 2025: Consultation Paper](#), 31 July 2025

² Essential Energy and SA Power Networks, [Better Protections for Life Support Customers](#), dated 23 August 2024

reflected in the Tier 1 civil penalties attached to breaches of obligations by retailers and distributors.

Against this background, we are urging the AEMC to exercise extreme caution when undertaking consideration of changes to Rules and processes that pose any risk of shifting responsibilities, increasing complexity, or reducing the number of people eligible for life support protection under the Energy Laws and Rules. We understand the AEMC has acknowledged the complexity of this proposed Rule Change and will allow more time for consideration and engagement. SACOSS supports this approach, and we urge the AEMC to delay any changes to the Retail Rules until clear evidence of the scope of the issues can be obtained through compliance audits and the AER's performance reporting data.

Summary of submissions

We have briefly summarised our position on the proposed amendments to the life support protections under the Retail Rules, below. Our recommendations focus on safeguarding vulnerable consumers, reducing unnecessary burdens, and ensuring energy businesses are held accountable.

Delay Rule Changes

- Postpone implementation until 12 months of AER life support data is collected.
- Conduct a compliance audit of retailers' and distributors' systems before reforms.
- If reforms are required, consider the development of an enforceable AER Guideline.

Retain Current Definitions

- Keep the existing inclusive definition of 'life support equipment'.
- Avoid restrictive categories like 'assistive' vs 'critical' that risk excluding customers.

Simplify Medical Confirmation

- Oppose mandatory AER forms that increase administrative burdens.
- Maintain flexible certification options.
- Do not shift responsibilities like backup planning and concession advice onto GPs.

Protect Continuous Registration

- Oppose forced re-registration every 4 years.
- Prevent automatic deregistration without flexibility.

Maintain Strong Penalties

- Oppose lowering penalties for breaches affecting assistive equipment users.
- Ensure strong enforcement of retailer and distributor compliance.

Improve Business Processes, Not Rules

- Require retailers and distributors to improve Life Support Registers.
- Mandate robust auditing, staff training, and proactive customer outreach.

Enhance Communication (No Rule Changes Needed)

- Support SMS/email outage notifications.
- Enable nomination of a contact person for emergency communications.
- Collect and maintain accurate customer electronic contact details.

Prioritise Consumer Protection

- Place consumer safety ahead of efficiency and cost-saving arguments.
- Recognise life support households represent a small proportion of overall customers who are at heightened risk of vulnerability.

Background

Life support obligations and protections under the National Energy Retail Law and Rules are in place to protect the safety and wellbeing of people who depend on an energy supply for essential equipment. Currently, this is achieved by ensuring life support households and businesses have forewarning of planned outages, information about back-up planning for unplanned outages, protection from disconnection for non-payment, prohibition on prepayment and emergency contact details for retailers and distributors. All of these protections and obligations are intended to apply to a wide range of support equipment and customers, and are centred around ensuring people who rely on power for essential equipment can maintain a connection to an energy supply.³

The Proponents have identified 10 issues of concern with the operation of life support obligations under the Retail Rules. The AEMC have grouped these 10 issues into the following three themes:

- Improving definitions to better target life support customers and related civil penalties for breaches
- Improving registration and de-registration processes
- Improving communication methods to contact life support customers.

Speaking broadly, we are deeply concerned and alarmed by the proposed Rule Changes and the potential impact on people in extremely vulnerable circumstances. We consider the proposed amendments to the Rules,⁴ particularly the proposed definitions, are confusing, complex and inconsistent. We believe implementation of the proposed changes would place many people at significant risk of losing their protections through re-registration and uncertainty around eligibility. We've heard how important these protections are for the mental and physical health of people who rely on life support equipment:

³ AER, Life Support Registration Guide, 2021

⁴ AEMC, [Proposed Changes to the National Energy Retail Rules](#)

“To be honest, worrying about how reliant I am [on electricity] has made my anxiety worse, and that in itself can stuff up my breathing. I start getting twitchy when I see there’s building work in the street in case that leads to a blackout. Surely the least they can do is let us know if they know [about a planned outage]”

The Proponents suggest the proposed Rule Changes are necessary to better protect life support customers, and will result in increased ‘safeguards for people reliant on life support equipment’.⁵ However, the proposed changes do not include any provision for additional obligations on retailers or distributors to increase the levels of support for people who depend on life support equipment. We believe this Rule Change is likely motivated by a desire to reduce the businesses’ exposure to risk and liability for breaches of life support obligations, and we strongly submit that should not form a relevant consideration in the AEMC’s assessment. We consider improvements to registration, de-registration and communication methods are the responsibility of retailers and distributors, and we strongly oppose shifting responsibility to people requiring life support equipment and their medical professionals.

That said, SACOSS agrees there could be improvements in life support registration processes and communication methods that would better safeguard people requiring life support equipment. However, we do not consider changes in life support equipment definitions impacting eligibility, reductions in civil penalties for breaches, mandating de-registration or the shifting of registration responsibilities onto medical professionals are necessary or appropriate to achieve these improvements. We consider better compliance with existing registration obligations coupled with enhanced notification and information requirements contained in a binding AER Guidelines may address some of the issues raised without the need for sweeping Rule changes.

AER Data and Compliance Audit

New life-support retail reporting indicators recently came into effect on 1 July 2025 under the Australian Energy Regulator’s (AER’s) amended *Retail Performance Reporting Procedures and Guidelines*, requiring retailers to report quarterly on the number of life support customers with and without medical confirmation, and the number of registered and de-registered life support customers.⁶ This data will provide more transparency around the extent of the issues identified by the Proponents in the Rule Change Request, and we are calling on distributors to voluntarily report on the same indicators. We strongly submit the AEMC delay consideration of any

⁵ AEMC, [National Energy Retail Amendment \(Improving life support processes\) Rule 2025: Consultation Paper](#), 31 July 2025, p. 2

⁶ AER, [Retail Performance Reporting Procedures and Guidelines](#), 28 August 2024 – see Schedule 6, pages 60-61

changes to the Retail Rules governing life support obligations until 12 months of data is collected by the AER under these new indicators.

Speaking broadly, the scale of the issues identified by the Proponents is unclear. For example, we are disappointed the Proponents have sought to highlight the ‘misuse’ of life support registrations to avoid disconnection for non-payment,⁷ without any clear evidence supporting this claim. The proponents further claim that *‘the primary function of life support registration is not to provide disconnection protections’*; we strongly disagree with this view. Life support protections are directed at ensuring people who rely on an energy supply for life support equipment are protected from disconnection, whether for non-payment or otherwise.⁸ We’ve heard that protection from disconnection for non-payment is especially important for CALD community members:

“For my community, especially [people] who haven’t been here long or don’t have family here, dealing with the bills is hard. The letters in the post are very long and people don’t understand the system. We had one lady, her electricity was turned off but she thought she had paid. She had diabetes medicine in the fridge but it couldn’t stay cold.”

Whilst there is no clear evidence of the ‘misuse’ of life support registration to avoid disconnections for non-payment, there *is* evidence of retailers failing to meet their existing life support obligations under the Laws and Rules. In the last 12 months, the Federal Court fined Origin \$12 million for breaching its life support obligations under the Retail Rules on more than 5,000 occasions (including by failing to register customers and by deregistering the premises of customers with a person requiring life support equipment without following all the steps required), and Powershop was fined \$542,400 by the Australian Energy Regulator (AER) for breaching its life support obligations on 8 occasions.⁹

Reflecting its concerns about a lack of compliance, the AER issued a letter to retailers and distributors in July this year detailing its expectations of compliance with life support obligations under the Retail Rules, clearly highlighting that *‘these obligations are critical to ensuring the safety and wellbeing of customers who depend on life support equipment’*.¹⁰ In complying with their existing obligations under the Retail Laws and Rules, the AER advised retailers and distributors it expects them to:

⁷ Essential Energy and SA Power Networks, [Better Protections for Life Support Customers](#), dated 23 August 2024, p. 13, p.28

⁸ Clearly illustrated in the prohibition of disconnection for non-payment for life support customers, and the prohibition on life support customers entering into prepayment contracts under the Laws and Rules.

⁹ [AER Compliance and Enforcement Annual Report 2024-25](#), July 2025 p. 16

¹⁰ AER, [Letter to retailers and distributors – AER enforcement outcome related to life support obligations](#), 16 July 2025

- maintain robust policies, systems and processes
- ensure adequate staff training
- undertake regular compliance monitoring and assurance activities
- continuously improve risk and compliance frameworks and accountability.

SACOSS strongly submits that prior to undertaking any significant changes to the Retail Rules that risk impacting eligibility for life support protections and place additional burdens on people using life support equipment, it is vital to first ensure that existing life support obligations around registration and notification are being met by retailers and distributors. We therefore suggest retailers and distributors should be required to meaningfully comply with all existing life support obligations under the Laws and Rules by allocating sufficient resources to robust management of Life Support Registers, including through improved B2B practices, internal auditing, staff training and proactive outreach to confirm customer contact and equipment details.

These recent breaches of life support obligations by retailers¹¹ and the AER's July 2025 letter of expectations to retailers and distributors¹² point to a worrying lack of compliance with existing life support obligations under the Laws and Rules. SACOSS strongly submits the importance of compliance with these obligations, and the critical impact of potential breaches, warrants a compliance audit of retailers' and distributors' life support systems and processes, undertaken by the AER or a third-party auditor.¹³

A formal compliance audit would provide independent evidence of the scope of the issues identified by the Proponents, and could identify if any amendments to Rules governing registration and notification processes are required. There is scope under this Rule Change process for the AEMC to make a more preferable Rule requiring the AER to develop, maintain and publish a binding Life Support Customer Guideline that contains clear, mandated processes for registration, identification of life support equipment, maintaining the Register, communication and back-up planning. SACOSS considers this would be a more acceptable and flexible approach to solving some of the issues identified by the Proponents than the complex and confusing changes to definitions and processes contained in the Rule Change proposal.

Any proposed changes to life support obligations and protections under the Retail Rules should be based on clear evidence of the issues to be addressed, and should be aimed at achieving better outcomes for people who rely on life support equipment. We consider the Rule Change proposal in its current form risks harming people who require these important protections, and

¹¹ [AER Compliance and Enforcement Annual Report 2024-25](#), July 2025 p. 16

¹² AER, [Letter to retailers and distributors – AER enforcement outcome related to life support obligations](#), 16 July 2025

¹³ Section 275 of the [National Energy Retail Law](#)

a focus on improving systems and internal processes within the businesses could achieve the stated aim of improving outcomes for life support customers.

Proposed changes to the definitions

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?

Of all the proposed Rule Changes, SACOSS considers the Proponents' proposed definition changes present the greatest risk to the continued application of energy protections for people requiring life support equipment. We believe the proposed definition changes are circuitous, create additional complexity, confusion and are overly restrictive; placing many people at risk of losing eligibility for life support energy protections in this State. As outlined in further detail below, we strongly oppose changes to the definitions of 'life support equipment' as well as the addition of 'assistive' and 'critical' definitions of life support equipment. We also oppose changes to the definition of 'medical confirmation' and 'medical confirmation form' which are linked to additional obligations and requirements for medical professionals, outlined in proposed Rule 124(10). We remain unconvinced the introduction of a 'life support user' definition is required.

The Proponents state that the purpose of these proposed definition changes is to provide retailers and distributors 'with the visibility needed to triage and engage with Life Support Users more efficiently'.¹⁴ Importantly, there are no additional obligations proposed within the Rule Change to ensure that this 'more critical subset' are 'more sensibly' notified about 'the safety, reliability and security' of their energy supply by distributors or retailers.¹⁵

Notably, under the existing Retail Rules, the current 'medical confirmation' must '*specify the types of equipment that fall within the definition of life support equipment*' and the '*details of the type of equipment required*' by the person seeking protection must be included on the

¹⁴ Essential Energy and SA Power Networks, [Better Protections for Life Support Customers](#), dated 23 August 2024, p. 31

¹⁵ Essential Energy and SA Power Networks, [Better Protections for Life Support Customers](#), dated 23 August 2024, p. 31

form.¹⁶ Therefore, if retailers and distributors have robust systems, policies and processes surrounding their registration processes, the type of equipment at the premises should already be clearly identified in the Register, potentially allowing for ‘more sensible notification’ by the businesses.

As repeated throughout this submission, SACOSS considers it is incumbent on the businesses to actively monitor and adequately resource the management of their Register. We believe the issues with the Register and notification requirements should be addressed by the retailer and distributor through more robust internal systems, staff training and ongoing customer contact requirements. In terms of best practice, this may involve flagging certain types of life support equipment noted on the Register and ensuring contact details are correct / improved, additional notification processes are implemented and risks to the person requiring that equipment are minimised.

Life support equipment definition changes

SACOSS strongly opposes changing the definition of ‘life support equipment’ under the Rules. We consider this will create confusion, complexity and risks impacting the eligibility of people who rely on life support equipment, excluding them from access to important protections.

From our analysis of the proposed definition changes and Rules, it appears the Proponents have proposed a revised overarching definition of ‘life support equipment’, with three different levels of ‘life support equipment’ linked back to the central definition, including:

- Assistive life support equipment
- Critical life support equipment
- Critical life support equipment which is required permanently.

It does not appear that there is an option for ‘assistive life support equipment that is required permanently’.¹⁷ Each of these definitions attaches to different obligations and protections under the Proposed Rule.¹⁸ Whilst it is unclear, it appears both assistive and critical life support customers will have to repeatedly seek medical confirmation to provide to the retailer or distributor every 4 years to remain protected. Only people who obtain medical confirmation that they require ‘critical life support equipment **on a permanent basis**’ will be exempted from this re-registration requirement.¹⁹

¹⁶ See ‘medical confirmation’ definition in Rule 123A, and ‘Content of medical confirmation form’ in Rule 124(6)(a)(iv) of the NERR

¹⁷ See Proposed Rules 124(10), 124B(a), 124B(2)(a)(i) AEMC, [Proposed Changes to the National Energy Retail Rules](#)

¹⁸ Confusingly, Rules 124(1)(a) and 124(6)(a), which require retailers and distributors to Register life support equipment at a customer’s premises, appear to only relate to ‘assistive life support equipment’. AEMC, [Proposed Changes to the National Energy Retail Rules](#), p. 99

¹⁹ See 124(1)(viii) and 124(6)(viii) [Proposed Changes to the National Energy Retail Rules](#)

Both ‘critical’ and ‘assistive’ life support equipment definitions are tied to the central revised definition of ‘life support equipment’:

- Assistive life support equipment means ‘any *life support equipment* that a registered medical practitioner considers is necessary to assist a life support user and is not critical life support equipment’.
- Critical life support equipment means ‘any *life support equipment* that a registered medical practitioner considers is necessary to sustain life or prevent lifelong injury’.

People we spoke to about these separate definitions pointed out that ‘critical’ and ‘assistive’ are “*not always separate categories – sometimes it’s a combination.*”

People talked about the interplay between different electricity-reliant supports, such that individual ‘assistive’ technologies provide ‘critical’ support in combination. For example, a visually impaired person might rely on a Voice Assistant (like Alexa) *and* a talking medication dispenser (reminder when to take medicine / VA can contact emergency contact if this is missed). People also talked about the interplay of heating/cooling and supplemental oxygen needs for people whose breathing is temperature sensitive.

People we spoke with also questioned how the treatment of episodic illness, or illness with exacerbations would be treated under the changes in definitions. People asked what would happen in the case of people with Chronic Obstructive Pulmonary Disease (COPD) which involves periods of stability punctuated by acute exacerbations, meaning that patients’ support needs change over time (i.e. they might be ‘assistive’ at some times and ‘critical’ at others). COPD is a progressive, incurable disease – so surely if ‘critical’ needs will continue to come and go they must remain permanently on the register.

SACOSS understands the revised definition of ‘life support equipment’ was developed by the Energy Charter in conjunction with medical professionals. We are concerned that a purely medical definition of ‘life support equipment’ (in a hospital context) is inconsistent with the meaning and intent of ‘life support equipment’ protections and obligations at a household level under Energy Laws and Rules. We agree with the AER’s Life Support Registration Guide (developed only four years ago) that life support equipment within the meaning of energy Laws and Rules is not restricted to purely ‘medical equipment’, but can be ‘any equipment that a medical practitioner considers is essential for their patient’.²⁰ This aligns with our understanding that life support protections and obligations in an energy consumer protection context, apply to a wide range of customers and energy-reliant equipment.

Importantly, the central definition of ‘life support equipment’ in the Rule Change proposal has been developed to **exclude adult** users of CPAPs (unless ventilator dependent), apnoea

²⁰ AER [Life Support Registration Guide](#), September 2021, p. 5

monitors and nebulisers, as well as **all** users of non-medical equipment. An adult is defined as any person aged 16 years or older. It is unclear what process would apply to an apnoea monitor still required by a child who turns 16, would re-registration be required? How would this be communicated to the customer? Does the obligation to seek additional medical confirmation and re-registration rest with the customer, child, medical professional? What are the risks of de-registration? Will the Register hold the details of the age of the person requiring life support equipment? The risks associated with the implementation of such a restrictive definition must be considered by the AEMC as part of this Rule Change proposal.

Further, the current definition of 'life support equipment' under the Retail Rules includes:

*'**any other equipment** that a registered medical practitioner certifies is required for a person residing at the customer's premises for life support'.*

The proposed definition restricts this to '*other **medical** equipment that a registered medical practitioner certifies is required for a Life Support Customer*' (notably, the term 'life support customer' does not appear anywhere else in the Proposed Rules).

It is unclear whether electric wheelchairs, electric beds, electric doors, smart lifters, mobility equipment, refrigeration, heating or cooling would be included within the revised 'medical' equipment definition. This will be dependent on the individual medical professional's interpretation of the Rules, and is likely to result in a variety of outcomes with little consistency, clarity or predictability. SACOSS considers uncertain and inconsistent outcomes are not in the long-term interests of consumers, and are incompatible with the development and application of consumer protections for small customers.

People we spoke with reaffirmed their reliance on heating and cooling for medical reasons. We were provided with the example of compounding issues as a result of energy supply interruptions, where access to air conditioning is critical. We heard about a carer who has a temperature-sensitive illness (crippling migraines with visual disturbance) that can incapacitate them and render them unable to manage their child's diabetes (visual disturbance means they are unable to administer child's medication). Air conditioning is vital to both parent and child's wellbeing in this scenario.

Given the extremely specific list of equipment (and age limits) included in the overarching definition of 'life support equipment', SACOSS suggests it is difficult to conceive of circumstances where a medical practitioner would consider the use of that equipment to be 'assistive' and not 'critical' ('necessary to sustain life or prevent lifelong injury'). Therefore, it is likely that **all** 'assistive life support equipment' would fall under the 'other medical equipment' category.

Interpreting and deciphering the different definitions of ‘life support equipment’, and considering whether this will assist the person, or sustain life, or prevent lifelong irreversible injury, will be a matter for the medical professionals under the Proposed Rules. For the medical professionals, this will require a complicated process of interpreting the various definitions and exercising judgment about a range of outcomes that may eventuate if their patient’s equipment is disconnected from an energy supply. Arguably, a person with a disability who is reliant on air-conditioning, an electric bed, a smart lifter and an electric door may be in a life-threatening situation if they are exposed to extreme heat, cannot sit-up, access water, medications or the bathroom. We heard:

“If I can’t power my bed, I can’t get out. It’s as simple as that. I’ve tried once, and it didn’t end well. So what, I’m stuck in my bed and there’s a fire or something, then what? Surely you call that ‘critical’”.

Once again, the proposed complex and unclear definitions, and associated levels of obligations and requirements, risks resulting in variable, inconsistent and potentially life-threatening outcomes where some people may no longer be eligible for protection.

As outlined above, we believe greater transparency of the issues identified by the Proponents is required prior to making any changes to life support protections under the NECF. We are therefore repeat our call for the AEMC to support a compliance audit of all retailers’ and distributors’ current life support obligations, including management of life support Registers, and to delay any changes to Rules governing life support obligations and protections until at least 12 months of data is obtained under the AER’s new life support indicators. Whilst the AER determined not to require distributors to report on life support obligations on the basis that *‘retailers are often the first point of contact for life support customers and have an obligation under the Rules to collect this information and reconcile data with distributors on a quarterly basis’*,²¹ we are also seeking that distributors be required to report on the same indicators now and into the future.

Life Support User definition

It is unclear why the Proponents consider a definition of ‘life support user’ is required. Under the current Rules, it is clear that premises are registered as requiring life support equipment, and life support notification obligations are to the ‘customer’, not the person requiring the equipment.

The proposed definition of ‘life support user’ has largely been used throughout the proposed Rules to replace *‘person residing or intending to reside at the customer’s premises (who) requires life support equipment’* under the current Rules, although this has been done somewhat inconsistently. Additionally, under the proposed Rules, a ‘life support user’ would be

²¹ AER, [Explanatory Statement \(Retail Law\) Performance reporting procedures and Guidelines](#) 28 August 2024, p. 7

required to sign and date the medical confirmation form in order to obtain protections, and is given the responsibility of developing a back-up plan / plan of action, instead of the customer.²²

These two amendments are potentially problematic, and may not be appropriate in circumstances where the ‘life support user’ is unable to sign a form or undertake back-up planning due to disability, age or ill-health.

Notably, life support obligations apply to both small and large customers, including retirement villages. There may be circumstances where multiple people residing within a retirement village require life support equipment (multiple ‘life support users’), but there is only one customer. SACOSS considers it would be inappropriate for multiple ‘life support users’ to be responsible for back-up planning, which would more appropriately rest with the retirement village, as the customer.

Medical confirmation and medical confirmation form definitions

SACOSS has no objection to the introduction of a template Medical Confirmation Form published on the AER’s website. However, we are concerned that the changes in definitions for ‘medical confirmation’ and ‘medical confirmation form’ **remove the option for alternative medical certification** (that may not comply with the content requirements in proposed Rule 124(10)), potentially creating additional barriers to accessing protections.

We heard the reliance on a particular form to access life support protections (with no alternative option) would be onerous and risky for many people, particularly in cases where the chronic disease that engenders electricity-dependence also gives rise to cognitive decline affecting memory, attention and executive function:

“With COPD, it affects your brain as well as your lungs. So we’re not the best people to have to remember about paperwork. And because we go through times of feeling better or worse, we’re not always at the doctor for [them] to remind us about the forms we need”

People also talked about the fact that any time a vulnerable patient is given paperwork and asked to send this to a different provider there is a risk they will lose/forget/misdirect the communication and fall out of the system.

We are also concerned about the additional burdens and risks being placed on medical professionals to complete the new requirements in the ‘medical confirmation form’, which we consider to be unrealistic, overly onerous, and in some circumstances, outside a medical professional’s field of expertise.

Currently medical confirmation may take the form of a signed and dated medical certificate from a registered medical practitioner, or signed and dated sections of a medical confirmation

²² see Proposed Rules 124(1)(b)(v) and 124(6)(b)(v) AEMC, [Proposed Changes to the National Energy Retail Rules](#)

form issued by a retailer or distributor. The Proponents are proposing to make medical confirmation dependent on the completion of a ‘medical confirmation form’ which must comply with multiple requirements set out in the Rules. The medical confirmation form must be completed by a registered medical practitioner and signed and dated by both the medical practitioner and the ‘life support user’. As outlined above, it may not be appropriate or possible for a person requiring life support equipment to sign and date a Form, and it is unclear why the Proponents have suggested this as an additional requirement. Under the proposed Rules, the medical confirmation may be invalid if it isn’t signed or dated by the ‘life support user’.

The content of the ‘medical confirmation form’ has been significantly amended under the proposed Rule Change. The medical confirmation form must be based on a template published on the AER website, and requires additional electronic contact details from the customer as well as the details of a nominated contact person. SACOSS supports additional contact details and an opt-in for details of a nominated contact person, but we are unconvinced this needs to be a requirement under the Rules in order to be implemented. Confusingly, the requirement for a property address in the medical confirmation form has been removed from the proposed Rule.²³

More worryingly, the medical confirmation form places significant additional responsibilities onto medical practitioners, including:

- **Confirmation of whether their patient requires ‘assistive life support equipment’ or ‘critical life support equipment’.** As outlined earlier, this will involve interpreting the various circuitous definitions of ‘life support equipment’ proposed in the Rules, and making a judgment about whether the equipment is ‘necessary to sustain life’ or ‘prevent life-long irreversible injury’. If the patient has a motorised wheelchair, would this equipment be classified as ‘assistive’, as it is not necessary to sustain life or prevent lifelong irreversible injury? Clearly, a person’s wheelchair is critical to their life. Each individual circumstance will require complex and confusing distinctions between equipment, need, potential impact from disconnection from an energy source and risk. With the burden for assessing this risk unfairly falling on the medical professional.
- **Where the patient requires ‘critical life support equipment’, the medical practitioner must confirm whether their patient will ‘require this equipment on a permanent basis for more than four years’.** Importantly, there is no option for the medical practitioner to confirm whether ‘assistive life support equipment’ is required on a permanent basis. In essence then, only some ‘critical’ equipment will be exempted from re-registration requirements every four years. SACOSS considers this is unworkable, unfair and

²³ See Proposed Rule 124(10)(iv)(A) AEMC, [Proposed Changes to the National Energy Retail Rules](#)

inequitable. For example, a motorised wheelchair does not fall within the limited list of equipment included in the proposed definition of ‘life support equipment’, and may not fall within the definition of other ‘medical equipment’ (depending on how narrowly that is defined). Based on the judgment and discretion of the medical professional, a motorised wheelchair may not be deemed ‘necessary to sustain life or prevent lifelong irreversible injury’, and may therefore fall under the definition of ‘assistive life support equipment’. Where this is the case, a person with irreversible spinal injuries would have to reapply for life support protections every four years.

- **Confirmation that the medical practitioner has discussed and documented a back-up plan for interruptions with the ‘life support user’, their nominated contact person and/ or the customer.** SACOSS considers documenting a back-up plan should not be the responsibility of the medical practitioner. Energy back-up plans are unlikely to be within the medical practitioner’s field of expertise, and more broadly, this obligation places an onerous burden on a profession that is already under extreme pressure to deliver essential and vital medical services. Under the current Rules, retailers and distributors are responsible for providing ‘information to assist the customers to prepare a plan of action in the case of an unplanned interruption’ within 5 days after receiving advice from the customer that that a person residing at the customer’s premises requires life support equipment. Shifting the risk and responsibility for developing a plan of action onto the medical practitioner is unacceptable and unfair. SACOSS supports all life support households having a plan of action in the case of an outage, and there is nothing stopping retailers and distributors from providing detailed back-up planning information that can be readily adopted and implemented by the household.
- **Confirmation that the medical practitioner has discussed rebates and concessions with the life support user, their nominated contact person / or customer.** This should be the responsibility of the retailer and distributor, not of the medical practitioner. Retailers have continual contact with their customers, and should be checking in for concessions eligibility and application at each contact point. There is nothing stopping distributors from including information about concessions within the current information provision obligations (Rule 124(4)), or reaching out to customers on the Register.
- **Advise the life support user of the protections offered to the premises registered as requiring life support under Part 7 of the National Energy Retail Rules.** This is currently an obligation placed on distributors and retailers under Rule 124. SACOSS considers it is inappropriate to shift this responsibility onto medical practitioners. Retailers and distributors should have clearly advised households of the life support obligations and

protections, and there is nothing preventing businesses from sending out that information again if they consider that is required. Requiring medical professionals to decipher the various levels of protections, obligations, definitions, requirements, and exceptions contained in Part 7 of the Rules is unfair and unrealistic.

People we spoke with raised a number of concerns about re-registration obligations and the requirement to go to their GP:

“There are people who would need to be on the register forever, and they just physically can’t get to a GP, or going to a GP makes them sicker so they avoid going. You can say ‘oh, do it by telehealth’, but that’s not always possible”

SACOSS is also concerned about the cost and time impacts on customers and medical professionals associated with these proposed changes. Longer appointments with medical practitioners will be required, placing additional costs on patients and burdening a system that is already under extreme pressure. Regional customers currently face considerable barriers to accessing medical appointments, and may be further disadvantaged. We heard that:

- People are frail / housebound and do not attend in-person appointments.
- Cost and wait times for GP access mean people delay or avoid non-urgent appointments.
- People in rural/regional areas can only access locum GPs who may not know their history or be familiar with their support needs.
- GPs may be new/not familiar with the form.
- People with low/no English literacy are sent inaccessible reminders.
- A translator may be required:

“We know that it is almost impossible to get a translator in primary care. So if you don’t have family who can translate, what do you do? Just let the doctor say you always need it. Why should you have to come back? Nothing’s changed”.

Obtaining medical confirmation for life support protections should be accessible and easily achievable, and we strongly oppose creating additional barriers to obtaining confirmation for people who are already in vulnerable circumstances, and their doctors. As noted by the AEMC previously, risks and burdens should be allocated to those parties that are best placed to

manage them,²⁴ and it is inappropriate to shift responsibilities that currently rest with retailers and distributors onto individuals who don't have the resources or systems to manage them.

Overall, SACOSS considers the proposed definition changes risk creating complexity, confusion and lack of clarity in eligibility for life support protections, while shifting additional registration burdens onto people who depend on life support equipment and their medical professionals. It is unclear to SACOSS how the proposed Rule changes will result in increased protections for people who rely on life support equipment.

Proposed amendments to civil penalties

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?

As outlined above, SACOSS is strongly opposed to the proposed definition changes, and we are equally opposed to the Proponents' proposal to reduce civil penalties for breaches of notification and deregistration obligations where 'assistive life support equipment' is required at the premises. We have detailed our significant concerns with the definition changes, and the risks associated creating restrictive life support equipment definitions in more detail, above.

Proposed changes to deregistration procedures

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?

De-registration should not be mandated. We refer to the JEC Joint Submission, and to Lived Experience evidence about the barriers to obtaining medical confirmation and dealing with forms. The Rules must retain discretion and flexibility when dealing with the application of these important protections and peoples individual needs and capabilities. We must meet people where they are.

²⁴ AEMC, [Strengthening protections for customers requiring Life Support equipment Rule Change: Final Determination](#), 19 December 2017, p.37

Proposed changes to medical confirmation requirements

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 that do not provide a medical confirmation?

As outlined above in our submissions on definition changes, we strongly oppose the requirement for people who rely on life support equipment to undertake re-registration. We also do not consider the proposed roles for medical practitioners or compelling deregistration is appropriate. We refer to submissions made earlier, and what we clearly heard from people with Lived Experience.

Proposed limits on attempts to register for life support protections

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?

SACOSS strongly opposes a cap on re-registration attempts without medical confirmation. We question whether this is a proportional response to the issue identified by the Proponents, and consider the proposed approach is overly punitive, lacking in flexibility, and removes the ability to exercise discretion. Once again, SACOSS strongly submits that further evidence of the issues relating to re-registration and medical confirmation are required, prior to embarking on a rule change. We are calling on the AEMC to determine not to make a Rule in the absence of clear data reported to the AER on life support registrations and medical confirmation.

Inconsistencies in meeting current life support obligations – Retailers and Distributors

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?

A compliance audit of retailers' and distributors' systems would provide the necessary information to determine whether there is an inconsistency between retailers' and distributors' approach to compliance with life support obligations, including information provision, notification processes and management of the Register. Where there are gaps, the AEMC could make provision for the development of an enforceable Guideline by the AER, with suggested back-up planning information and medical confirmation forms.

Adding a Nominated Contact Person

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?

SACOSS broadly supports the addition of a nominated contact person within the retailers' and distributors' life support Register, where that person consents. We also support the businesses having robust policies and systems that improve notification processes, including for a nominated contact person who opts in to communication. There is no prohibition under the current laws and Rules preventing retailers and distributors from actively auditing their Registers and proactively contacting customers at Registered premises in order to include additional contact information. We consider this would align with the AER's expectations of compliance with current life support obligations under the Retail Rules.

Customer's electronic details

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

- Are there any unintended consequences of such a change?

SACOSS has no objection to electronic details being captured in a medical confirmation certificate. We also have no objections to retailers and distributors proactively contacting existing customers at Registered premises to obtain electronic details, along with checking if current details are correct. This would align with the AER's expectations for businesses to conduct regular internal audits, as well as ongoing reviews of systems and processes to ensure they are effectively implemented and remain fit for purpose.

SMS / email notification

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?

SACOSS supports SMS/email notification of planned outages, but we do not consider this necessarily requires a specific amendment to the Rules. Distributors and retailers currently notify all customers using SMS / email for a variety of reasons, including unplanned outages in the case of distributors.

Broader recommendations

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?

SACOSS refers to the JEC Joint Submission for recommendations on this issue.

We also acknowledge that extending protections to regional and remote households who rely on life support equipment, but are not covered by the NECF, is outside the scope of this Rule Change. There is a clear prohibition under the Retail Law²⁵ on retailers entering into prepayment meter contracts with customers where a person requires life support equipment at that premises. This recognises the inherent risks of prepayment, where disconnection is the first outcome of payment difficulty.

We are calling for the AEMC to acknowledge the risks to residents of remote communities who rely on life support equipment, and to support (as a principle and with government) the goal of equal protections being afforded to residents of communities not protected by the NECF. This

²⁵ Section 59 of the [National Energy Retail Law](#)

would align with one of the BECE Review’s priorities around addressing varying levels of protection for customers in different market settings,²⁶ and also the Closing the Gap targets for essential services.²⁷

Assessment Framework

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?

The potential impact of the proposed Rule Changes on consumers must be paramount in the AEMC’s assessment of this proposal. Our strong view is the risks to consumers significantly outweigh the suggested benefits, particularly around ‘reduced costs’ and efficiency. The number of households and businesses accessing life support protections represents a very small percentage of the overall customers base, and the obligations on distributors and retailers are confined to Register management, notification and information provision. Given the very small percentage of households and businesses accessing life support protections, we are not convinced by the Proponents’ arguments that the proposed changes will benefit consumers more broadly through improved efficiency and reduced costs.²⁸

As noted earlier, the risks and complexities associated with implementing the proposed changes must form a relevant consideration for the AEMC. At all times, the AEMC must prioritise the protection of consumers and minimise the shifting of risks and burdens onto people who rely on equipment, customers and their doctors.

The AEMC should consider whether benefits to consumers around better notification and supports could be achieved through improvements to the businesses’ existing systems and processes. If not, the AEMC should consider whether the development of an enforceable Guideline would achieve the same outcomes, without the need for broad and potentially punitive Rule changes.

Conclusion

Thank you for the opportunity to comment on the Life Support Rule Change Consultation Paper. We would welcome the opportunity to expand on any of the issues raised in this submission through further engagement. Please do not hesitate to contact Georgina Morris at Georgina@sacoss.org.au, if you have any questions in relation to this submission or require any further information or clarification.

²⁶ DCCEEW, [Better Energy Customer Experience Consultation Paper](#), April 2025, p.4

²⁷ [Closing the Gap](#), Target 9b

²⁸ Essential Energy and SA Power Networks, [Better Protections for Life Support Customers](#), dated 23 August 2024, pp. 18-20