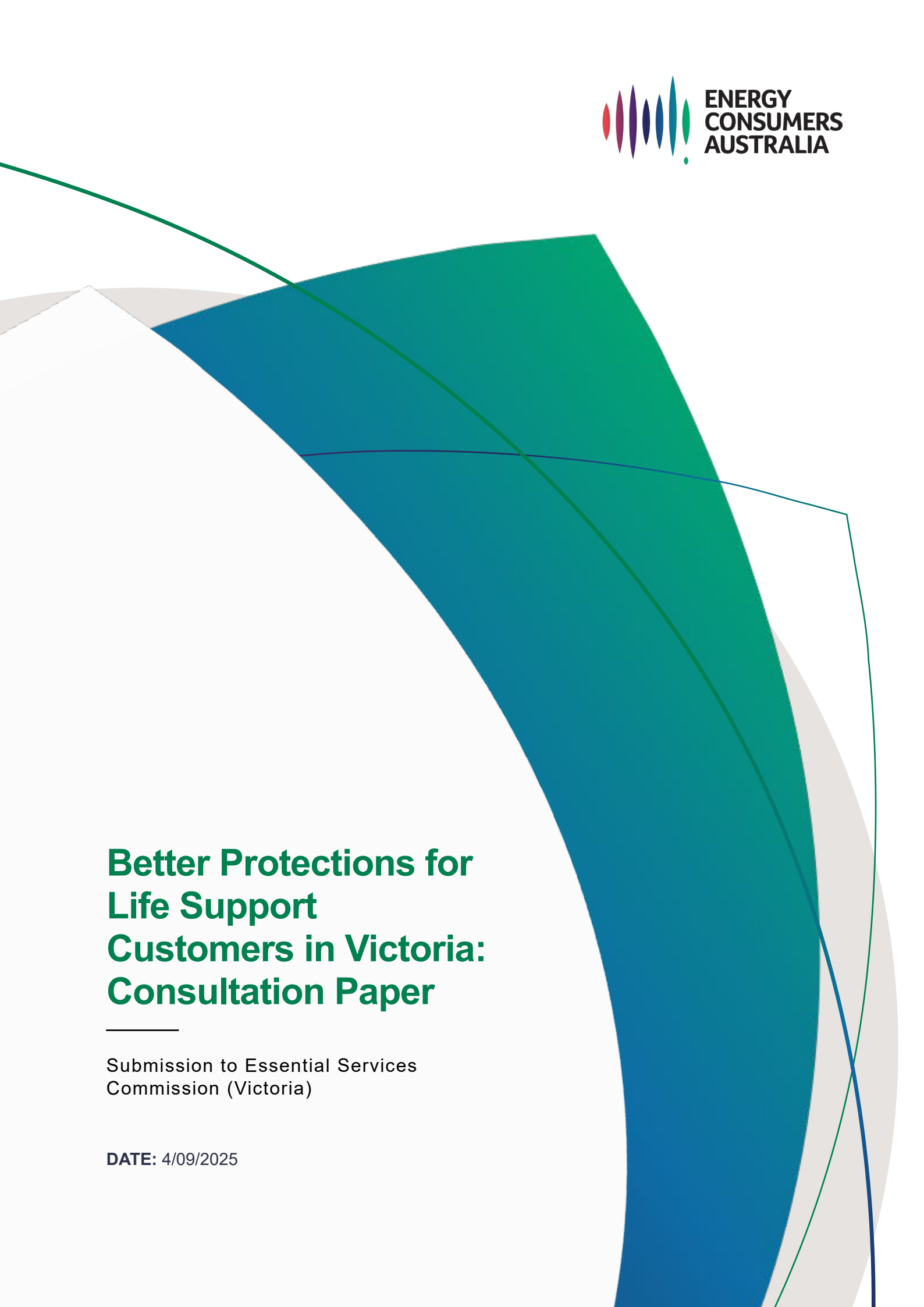
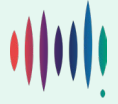


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Better Protections for Life Support Customers in Victoria: Consultation Paper

Submission to Essential Services
Commission (Victoria)

DATE: 4/09/2025



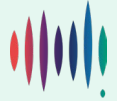
ECA's submission to the Victorian Essential Services Commission

Energy Consumers Australia welcomes the opportunity to respond to the Essential Services Commission's (ESC) consultation on life support protections. We note the ESC's consultation follows the rule change request submitted to the Australian Energy Market Commission (AEMC) by Essential Energy and SA Power Networks, and the ESC is considering similar reforms to those in the rule change request to support alignment with the National Energy Customer Framework. Accordingly, this submission is based on our submission to the AEMC on 4 September 2025. While there are some differences in the instruments being amended and other jurisdictional differences, the submission is otherwise relevant to the ESC's consultation, and we request the ESC consider the same comments and recommendations we have made to the AEMC. For clarity, we have included a table that maps each of the ESC's consultation questions to the relevant sections of our AEMC submission.

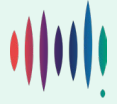
Thank you for considering this submission. If you have any questions, please contact Claire Ohk at Claire.Ohk@energyconsumersaustralia.com.au.

Table 1: ESC Consultation Questions

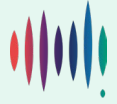
ESC Question	ECA's response
1. Do you have any views on the proposed definitions? Would they appropriately capture all life support customers' needs, including those that do not involve equipment, such as refrigeration for insulin pumps?	Page 7
2. Is it appropriate to have the same list of equipment from which to draw the definitions of assistive and supportive life equipment? Are two different sets of lists needed, one for each type of equipment?	Page 9
3. Are there any specific needs related to equipment that requires gas connection that we need to capture?	We do not have specific comments to provide on this question.
4. Are there any other terms that need updating or defining?	No additional terms are identified for updating or defining in our AEMC submission. Our position is that the current terms, supported by the catch-all clause ("any other equipment certified by a medical practitioner"), already provide necessary flexibility.
5. Do you have any views on requesting an updated medical confirmation form from life support customers every four years? Is four years a reasonable timeframe?	Page 13
6. Should customers with a permanent condition be exempt from the requirement to update their medical confirmation form every four years?	Pages 12-15



7. Do you have any views on mandating life support customers to provide a medical confirmation form no older than four years to a prospective or new retailer when changing retailer?	<i>Page 13</i>
8. Do you have any views on introducing a cap on registration attempts without medical confirmation?	<i>Page 14</i>
9. Who should be responsible for sending reminders to customers prior to the expiry date of medical confirmation forms (distributors/exempt distributors or retailers/exempt retailers)?	<i>Pages 8, 15, 16</i>
10. Are there special considerations or implementation issues we should consider if we request life support customers to provide updated medical confirmation form every four years or introduce a cap on registration attempts without medical confirmation?	<i>Page 13</i>
11. Are there any other issues that contribute to the inaccuracy of the life support register that we should consider addressing as part of this reform?	<i>Pages 12-16</i>
12. Are there any specific issues we should consider in relation to exempt persons (including embedded networks)?	<i>ECA has not developed detailed positions on exempt persons in this consultation.</i>
13. Do you have any views on mandating deregistration when customers have not provided medical confirmation or when customers' circumstances have changed?	<i>Page 15</i>
14. Are there other measures that we could consider to increase the accuracy of life support registers?	<i>Pages 15-16</i>
15. Are there any implementation challenges or any other issues that we need to consider?	<i>ECA highlights implementation challenges and risks throughout this submission.</i>
16. Does the medical confirmation form template capture all relevant information to ensure an accurate life support registration and to effectively protect and prioritise customers during planned and unplanned power outages? Is there any information that should be added or removed?	<i>Pages 9-10</i>
17. Should the form allow life support customers to identify as Aboriginal or Torres Strait Islander? Are there any special considerations the form should include in relation to these customers?	<i>ECA recommends the ESC ensure that any identification prompts have a clear purpose such as to collect practical communication needs and outline outcomes for consumers e.g. preferred community service contacts or accredited interpretation services.</i>
18. Should the form allow life support customers to identify as Culturally and Linguistically Diverse (CALD) customers? Are there any special considerations the form should include in relation to these customers?	
19. Are there any issues in relation to publishing and mandating the use of a medical confirmation form template that we should consider?	
	<i>Page 15</i>



20. Should we allow the nomination of a secondary contact person to receive notifications and information about planned interruptions? Should the secondary contact person also receive communications about unplanned interruptions?	<i>Page 18</i>
21. Do you have any views on allowing exempt sellers and distributors to provide information on planned interruptions to life support customers and secondary contacts through electronic channels? Should this be done in addition to or in replacement of a letter by post?	<i>Page 17-19</i>
22. For life support customers affected by family violence, does having to nominate a secondary contact person create any challenges? What additional rules or safeguards could better support these customers?	<i>Page 18</i>
23. Are there any other issues in relation to communicating with life support customers that we should consider as part of this reform?	<i>Page 12 on broader costs of disconnections</i> <i>Page 17</i>
24. Do you have any views on our proposed implementation approach? Are there any alternatives we should consider?	ECA agrees with the ESC that life support customers must remain protected during any transitional period. However: • The 18-month timeframe could pressure households and GPs (backup planning); safeguards and clear provider responsibilities are essential. • A blanket four-year re-confirmation requirement is not appropriate; portability and permanent exemptions are better solutions. • Priority should be B2B process improvements and privacy-compliant data sharing, rather than new consumer obligations.
25. Are there any further changes required to ensure that communications between energy businesses are effective and support the accuracy of life support registers?	<i>Pages 8,15,16.</i>
26. Are there any specific issues we should consider in relation to exempt persons and embedded networks?	<i>ECA has not developed detailed positions on exempt persons and embedded networks in this consultation.</i>
27. Are there any other issues we should consider as part of this review?	<i>We do not have specific comments to provide on this question.</i>



Energy Consumers Australia is the national voice for household and small business energy consumers. We advocate for a fair, affordable, and reliable energy system—one that meets everyone’s needs and leaves no one behind on the journey to net zero.

Feedback on ‘Improving Life Support Processes’

Energy Consumers Australia (ECA) welcomes the opportunity to provide input on the AEMC’s consultation on life support protections. Life support obligations provide critical protections for consumers. While we acknowledge the intention of the rule change request to better protect life support customers and improve the accuracy of the life support registers, the proposed changes would place additional responsibility and risks onto vulnerable consumers.

Accordingly, we do not support the proposed approach in the rule change request and recommend instead that any changes are targeted at improving processes by retailers and distributors rather than shifting responsibility for the accuracy of the registers to consumers. We also consider some of the stated improvements could be achieved without rule changes.

In this submission, we set out three areas where the proposed reforms must be improved:

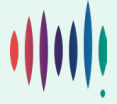
- Ensuring definitions and civil penalties reflect the reality of lived experience and do not diminish protection for any group of life support customers. (Theme 1)
- Replacing the blunt instrument of mandatory deregistration with a phased, consumer-safe model that improves accuracy without unfair removals. (Theme 2)
- Modernising communication requirements to mandate multi-channel contact, nominated contacts and welfare checks, rather than leaving these as inconsistent practices. (Theme 3)

ECA has chosen to make this submission because life support protections cannot be treated as an administrative exercise. The changes proposed risk exposing households to greater harm unless they are reframed with consumer outcomes, resilience, and systemic cost impacts at their core.

Life support protections are among the most critical safeguards for energy consumers.

For people who rely on life support equipment, continuity of energy supply is fundamental to health and, in many cases, survival. Disconnections and outages are disruptive for any household, but for those reliant on life support the impacts are far more serious. For many, even a short outage brings distressing uncertainty: not knowing when power will return, whether essential medication will spoil, or how long a pacemaker monitor will continue to operate. In prolonged outages, the consequences can escalate to life-threatening emergencies. Recent enforcement activity confirms the need for improvement: in 2024–25, the AER issued \$12 million in penalties against Origin for more than 5,000 breaches of life support obligations and \$542,400 in infringement notices to Powershop for failing to register and notify distributors of life support customers.¹ These cases highlight the critical importance of life support

¹ Australian Energy Regulator (AER), Annual compliance and enforcement report 2024-25, p.16.



protections and the need to improve processes so obligations are met without shifting risk onto consumers.

We support measures that make life support registers more useful and accurate – but any new obligations should be targeted at retailers and distributors rather than consumers.

The life support obligations under the National Energy Retail Rules (NERR)² and the relevant Victorian Codes³ aim to prevent wrongful disconnection, ensure continuity of supply, and provide advance notice of planned interruptions.

In practice, however, the register is also used for broader functions. The rule change request highlights that ‘retailers and distributors want to provide additional support to life support customers’. These additional supports are not explained in detail though an example is given of offering portable batteries during outages.⁴ In Victoria, the register is also used for broader purposes, including informing disaster responses and welfare checks, while in other jurisdictions distributors primarily draw on it for restoration planning.⁵ These broader uses are important, but they sit partly outside the statutory framework of the NERR and the Code. This raises a fundamental design question: are reforms intended to strengthen the register for its statutory purpose, or to retrofit it as a broader support and emergency management tool?

While we support the register being able to be used for broader purposes and acknowledge the need for the register to be accurate to support effective delivery of services, responsibility for maintaining and ensuring the accuracy of the register properly sits with retailers and distributors. Several of the rule change proposals seek to shift this responsibility to consumers. Consumers already have obligations under the Rules to advise retailers and distributors and provide medical confirmation. Improvements to address issues with the accuracy of the register are better targeted at retailer and distributor processes, who are best placed to manage these issues, rather than increasing obligations on a vulnerable consumer cohort.

The proposed reforms must not reduce protections for any group of life support customers.

ECA’s view is that the purpose of the life support obligations under the Rules and the use of the register for broader support functions should not be conflated. We recognise the concerns raised by SA Power Networks and Essential Energy about register accuracy and the need for workable processes. These are legitimate issues that should be addressed. However, the way reforms are framed matters. If changes add complexity, create second-tier categories of consumers, or shift more burden onto households, the reforms could unintentionally reduce the protections they are designed to strengthen.

ECA’s position is that, from both a consumer protection and disaster risk reduction perspective, the register must prioritise protection for life support customers. Prioritising safety means tolerating some over-inclusion on life support registers rather than risking the removal of customers whose lives depend on continuous energy due to administrative requirements. The harm of a household that genuinely needs continuous supply being left unprotected far outweighs the inconvenience or cost of maintaining some customers who no longer require protection.

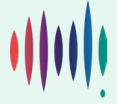
Some issues are better dealt with outside the Rules.

² National Energy Retail Rules (NERR), Part 7 (Rule 124 et seq.)

³ Victorian Energy Retail Code of Practice, Electricity Distribution Code of Practice, p.5, Gas Distribution Code of Practice.

⁴ SAPN and Essential Energy, #BetterTogether – Better Protections for Life Support Customers, rule change request, pp. 5, 21.

⁵ Essential Services Commission, Consultation paper: Better protections for life support customers in Victoria, p. 14.



For broader support functions, a different mechanism may be more effective. The UK's Priority Services Register is an example of a centralised framework to record consumer vulnerabilities, enable data-sharing across providers and emergency services, and tailor support without weakening baseline protections. The Register 'helps [energy suppliers] tailor our services to support households who need extra help...in the unlikely event of a power cut, gas or water supply interruption.'⁶ The Australian Energy Regulator has identified a Priority Support Register (PSR) as an 'idea to be explored' and notes it could be used to support those requiring additional assistance such as medical or life support.⁷

A PSR could supplement the existing life support framework by dealing with functions that go beyond supply obligations under the NERR and the Code. We note that the PSR concept is already under active consideration through the BECE process led by Department of Climate Change, Energy, the Environment and Water (DCCEE) and the Energy and Climate Change Ministerial Council. While this consultation is not the vehicle to design a PSR, the AEMC should ensure that life support reforms are consistent with this longer-term vision.

This consultation represents an opportunity to strengthen life support protections by clarifying responsibilities and modernising processes.

The responsibility for maintaining accurate registers must sit squarely with retailers and distributors. Inaccuracies that arise from poor communication or inadequate follow-up should be addressed through stronger obligations on providers, not additional burdens on consumers. Providers must ensure registers are accurate, while also keeping them inclusive, accessible, and capable of delivering real-world safety outcomes. If designed well, reforms can reduce risks for consumers and providers alike, strengthen resilience in the face of climate-driven outages, and prevent avoidable harm. If designed poorly, they will add paperwork while weakening the protections that matter most.

Consultation Paper

The following sections respond to each of the key themes and consultation questions raised by the AEMC, outlining ECA's position, supporting evidence, and recommendations for improvement.

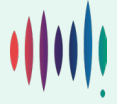
Theme 1: Definitions and Civil Penalties

Questions:

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

⁶ <https://www.thepsr.co.uk/>.

⁷ AER, *Game Changer Design Report - July 2023*, pp.17-18, 59.



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

The rule change proponents argue that life support registers are inaccurate and likely overstated with customers who no longer require continuous supply.⁸ They cite AusNet data showing that 43 per cent of households were awaiting medical confirmation, with some deregistered and re-registered multiple times.⁹ They argue this makes it harder for distributors to prioritise restoration in emergencies, and that clearer definitions would sharpen focus and reduce industry risk.

Growth in registrations is not evidence of misuse. It reflects broader drivers: an ageing population, more people choosing to receive medical treatment at home, and the increasing frequency of outages linked to climate change. The challenge of prioritisation in emergencies is real, but it is not the statutory purpose of the life support register.

The life support framework in the NERR and the Code is built on a clear premise: any customer who relies on life support equipment has a critical need for continuous energy supply. This inclusive approach is intentional. This ensures that all people at risk are protected from wrongful disconnection, receive advance notice of planned outages, and are prioritised during restoration. Significant penalties apply because the consequence of error can be serious harm or death.¹⁰

The real problem is not that the register is too broad but that it is inaccurate and poorly maintained.

The February 2024 Victorian storms highlighted serious data quality issues, with AusNet estimating that only around 60 per cent of customers were successfully reached by outbound messages due to incomplete or outdated contact details.¹¹ The Victorian Network Resilience Review similarly identified outdated registers and poor information flows as major barriers to effective welfare checks.¹² While these reviews focused on Victoria, their findings are instructive for the AEMC: these are process and register maintenance failures, not definition problems.

Rather than narrowing eligibility, the AEMC should focus on improving the accuracy and reliability of life support registers by clarifying roles and strengthening existing obligations. Part 7 of the NERR already assigns responsibility for registration and deregistration to the Registration Process Owner (RPO) – whichever party, retailer or distributor, first receives the customer's notification. In practice, this is usually the retailer, because retailers are the primary contact point for most households.¹³ Customers typically interact with their retailer for billing and account changes, while distributors are less visible and often only engaged for outages or emergencies. This means that life support notifications are more likely to be provided to retailers first, making them the RPO in most cases.

The problem is not that the rules are unclear but that retailers lack a strong incentive to maintain the register once the initial process is complete, and coordination with distributors is patchy. Switching retailers adds further complexity: although protections remain during the switch, the new retailer becomes the RPO and must re-register the premises, even if nothing has changed. Customers can

⁸ SAPN and Essential Energy, #BetterTogether – Better Protections for Life Support Customers, rule change request, p. 23.

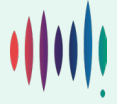
⁹ Ibid.

¹⁰ Australian Energy Regulator (AER), 2021, Life support registration guide, available: <https://www.aer.gov.au/system/files/AER%20-%20Life%20support%20registration%20guide%20-%20September%202021.pdf>

¹¹ Storm and Power Outage Event Independent Review of Transmission and Distribution Businesses Operational Response: Interim Report. Network Outage Review Expert Panel, State of Victoria, Melbourne, p. 61.

¹² VIC Department of Energy, Environment and Climate Action (DEECA), 2022, the Electricity Distribution Network Resilience Review, page 48

¹³ SAPN and Essential Energy, #BetterTogether – Better Protections for Life Support Customers, rule change request, p.23.



reuse medical confirmation that is less than four years old but must still provide it within the timeframe, creating a risk of deregistration if deadlines are missed.

Potential opportunities for improvement

Improving register accuracy therefore requires aligning accountability with incentives. Retailers should continue to play the lead role in consumer-facing engagement at the beginning of the process. This includes collecting registrations, providing information packs, and helping households understand what protections apply and how they can prepare for outages. However, distributors should hold the enduring responsibility for each premises. Unlike retailers, they have a permanent relationship with the address, are not affected by customer churn, and are the party that must rely on this data to coordinate outages and emergency responses. In many ways this is a natural extension of their existing role, as distributors already maintain key datasets such as NMI standing data and CER connection records.

The rule change request acknowledges that while the current Retail Rules place most of the responsibility for maintaining accurate life support registers on retailers, the day-to-day consequences of inaccuracy are largely felt by distributors.¹⁴ Because distributors bear the operational costs of inaccuracy, including missed outage notifications, restoration delays, and regulatory and reputational risk, they have the strongest incentive to maintain accurate data. Assigning them clear responsibility for register accuracy would embed this obligation as part of core network operations.

This approach is also supported by ECA's disconnection research, which found that retailer-led engagement can be inconsistent and commercially driven, leaving vulnerable customers exposed.¹⁵ Giving distributors the enduring data stewardship role would address these gaps by aligning responsibility with the party that has a continuous relationship with the premises and a direct operational incentive to maintain accurate registers.

We acknowledge that further work is needed to determine the precise operational model for distributor responsibility. At this stage, we encourage the AEMC to focus its attention on this question rather than on blunt changes such as mandatory deregistration. Exploring how distributors could be given clear and enforceable responsibility for register accuracy, supported by appropriate reporting and accountability mechanisms offers a more constructive pathway to improving register accuracy without increasing risks for consumers. Under Theme 2, we set out how stronger maintenance and verification obligations could work in practice, including a model that pairs clarified roles with a safer, more proactive approach to registration and deregistration.

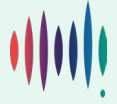
Accuracy requires better processes, not new categories

Introducing new categories of life support users in the NERR will not fix the way registers are updated, audited, and shared between retailers, distributors, and emergency services. While we acknowledge the intention of introducing categories for 'critical' and 'assistive' life support equipment is to enable better targeted support, the rule change proposal does not appear to create any new obligations on retailers and distributors to provide support to either category. It is not clear therefore why a rule change to introduce these categories is needed.

Life support registers should remain broad and protective, while prioritisation for support and emergencies is better handled through coordinated processes such as a PSR and emergency management protocols. Accuracy is driven by timely medical confirmation, clean deregistration, and

¹⁴ SAPN and Essential Energy, #BetterTogether – Better Protections for Life Support Customers, rule change request, p. 23.

¹⁵ Forthcoming report by Reform Now commissioned by ECA, 2025, Disconnections: Counting the cost, p. 10.



consistent information-sharing – not by how a customer is labelled. Effective prioritisation during outages relies on current contact details, multi-channel notifications, and coordination with emergency services, none of which are improved by a “critical/assistive” split. Creating categories that minimise some households’ risks and weaken penalties for breaches undermines the protective purpose of the framework.

Introducing two categories would also add complexity for consumers, health professionals and industry. Consumers with chronic but stable conditions would face repeated certification requirements and the risk of deregistration if paperwork is delayed. For retailers and distributors, additional categories mean more data fields to manage across already fragmented systems, increasing maintenance effort without evidence that it improves safety outcomes. Rather than streamlining processes, this risks multiplying paperwork and creating new decision points where errors can occur.

Dependency exists on a continuum, and medical conditions rarely fit neatly into categories. A device may be lifesaving for one patient and only intermittently needed by another. For example, oxygen concentrators can be required 24/7 in severe Chronic Obstructive Pulmonary Disease (COPD) cases or used only intermittently for other conditions.¹⁶ Additional or narrower definitions in the Rules will not resolve this issue. Any framework will have some risk inconsistency and potential gaps, regardless of how finely the definitions are drawn. The current rules already include a broad “other” category (covering items from insulin pumps and nebulisers to medical refrigeration) to avoid missing cases, and this can be refined through AER guidance rather than hard-coded rule changes.¹⁷

Impact on lived experience

Labelling some devices as “assistive” or “improving quality of life” may understate the extent to which households are dependent on these devices to avoid hospitalisation or severe health deterioration. The AER’s Life Support Registration Guide recognises this by including a wide “other” category covering equipment such as insulin pumps, medically required refrigeration, and powered wheelchairs, which a medical practitioner may certify as essential for health.¹⁸ CPAP (continuous positive airway pressure) machines, for example, are often dismissed as non-critical because they are used primarily at night, yet sudden withdrawal can trigger serious health deterioration and hospitalisation.¹⁹

Creating a two-tier system risk entrenching a second class of life support customers. The proposal does not clearly articulate what additional protections “critical” households would gain, beyond what is already owed to all life support users. In fact, the creation of two categories does not appear to deliver new or stronger protections for either group. While the rule change proposal identifies that these categories will enable better targeting of ‘additional services’, there is no proposed obligation on retailers or distributors to provide these additional services.

The problems the rule change seeks to address, such as inaccurate registers or poor maintenance processes, sit outside the framework of the rules. Changing the rules to split households into categories is therefore a poor solution as it adds complexity, increases the risk of error and delivers little clear benefit for consumers. What it does make clear is that those deemed “assistive” would face diluted penalties for breaches and weaker enforcement.²⁰ In practice, this means households who rely on

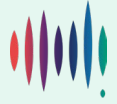
¹⁶ [Use of Oxygen Therapy in COPD | Doctor: Oxygen Therapy as a Treatment for COPD](#)

¹⁷ AER, [Life support registration](#) guide, p. 5.

¹⁸ Ibid.

¹⁹ Australian Sleep Foundation, 2024, [CPAP: Continuous Positive Airway Pressure | Sleep Health Foundation](#)

²⁰ SAPN and Essential Energy, #BetterTogether – Better Protections for Life Support Customers, rule change request, p. 28.



essential equipment could be deprioritised and stigmatised, with no real benefit to those in the “critical” category.

Risk of Unequal Access and Classification

The proposed two-tier framework could unintentionally create uneven outcomes in how consumers are classified. While medical confirmation is already required under the current framework, introducing categories of “critical” and “assistive” may make the consequences of classification more significant. Consumers who face practical barriers, for example, those in rural or remote areas or without a regular GP, or people facing language, cultural or financial barriers may find it harder to obtain timely confirmation, potentially delaying or complicating access to protections. Even with a standardised form, this could delay or complicate their access to protections, even where their underlying need is clear.

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?

Currently, breaches of the life support obligations in the National Energy Retail Rules attract Tier 1 civil penalties, reflecting the gravity of the risks when protections fail for consumers reliant on medical equipment. The regulatory framework recognises breaches of life support obligations as among the most serious breaches of the Rules.

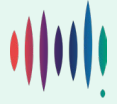
The proposal suggests downgrading some breaches to Tier 2, particularly for households classified as using “assistive” equipment, on the basis that the harm is less severe. ECA strongly opposes this change. Downgrading these obligations to Tier 2 would weaken accountability at precisely the points where accuracy and vigilance matter most. Penalties must remain strong to reflect the serious consequences of error and to drive providers to build inclusive, reliable registers.

Failure to notify a household of a planned outage is not a minor administrative lapse but a direct threat to health and safety. Even if a household is categorised as “assistive”, missing a planned outage notice can mean no time to prepare for refrigeration of medicines, temperature-sensitive conditions, or the charging of powered mobility equipment. The proposal to downgrade this obligation from a Tier 1 to a Tier 2 penalty ignores the fact that the impact of a missed notice can be catastrophic, regardless of classification. Retaining strong penalties reinforces the expectation that retailers and distributors must treat all life support households with equal seriousness, and that the system should be designed for maximum sensitivity rather than minimal specificity.

The same principle applies to deregistration. Accurate registers are the backbone of the life support framework, yet errors in deregistration can strip protections from households without their knowledge or prevent emergency agencies from knowing who needs urgent assistance. The proponents argue that when retailer or distributors fail to deregister a premises after a customer request or when medical confirmation is not provided, it affects the accuracy of the register but does not directly or seriously impact the protections available to life support customers.²¹ On this basis, they propose downgrading deregistration breaches from a Tier 1 to a Tier 2 civil penalty and moving them to half-yearly reporting, aligning their treatment with other lower-risk compliance obligations.²² This change would shift incentives towards cost-minimisation and away from inclusive protections. From a regulatory design perspective, downgrading penalties incentivises a narrower register and heightens the risk that vulnerable

²¹ Ibid.

²² Rule change request 28



households fall through administrative cracks. Given the consequences of excluding a genuine life support customer, deregistration obligations must remain subject to Tier 1 penalties to drive the robust compliance and caution that the framework demands.

Theme 2: Registration and Deregistration Processes

Questions:

- Is there confusion around who may deregister a premise when there is a change in the customer's circumstances?
- Do you have any views on requesting an updated medical certificate every four years?
- Do you have any views on introducing a cap on registration attempts without medical confirmation?
- Is there currently an inconsistency in how life support is assessed between different retailers and DNSPs?

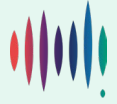
The stakes in registration and deregistration are high because losing registration removes key protections for consumers against disconnections and unplanned outages, putting their health and safety at risk.

ECA-commissioned research shows that each electricity disconnection for missed payments results in a net welfare loss of roughly \$5,500, which adds up to \$157 million every year across Australia and highlights the significant economic and social burden of disconnections.²³ These costs are not confined to energy businesses: governments bear them through emergency payments, households bear them through food spoilage, loss of heating and cooling, and heightened stress, and the health system bears them through ambulance callouts and hospital admissions. While this research focused on disconnections due to missed payments, it illustrates the severe impacts of losing access to energy and provides important context for life support protections. The costs identified in the research therefore provide a conservative measure of the harms that could flow from wrongful disconnection of life support customers.

For households reliant on life support equipment, the consequences are even more acute. Deregistration removes certain protections against disconnection, exposing consumers to the same harms identified in the research but with the added risk that medication becomes unviable, respiratory support stops, and lives are put in immediate danger. Against this backdrop, the design of deregistration processes cannot prioritise administrative neatness over consumer protection.

The proposal seeks to shift the requirements in the NERR from discretionary deregistration to mandatory deregistration where medical confirmation is not provided or where circumstances change. It also introduces a requirement for four-yearly medical reconfirmation unless a doctor designates permanent need, and caps consecutive registrations without medical confirmation at two, after which confirmation must be provided up-front. These changes are presented as a response to overstated registers, with the

²³ Forthcoming report by Reform Now commissioned by ECA, 2025, Disconnections: Counting the cost, p. 5.



proponents pointing to the volume of households without medical confirmation on file as evidence.²⁴ Yet the consultation materials do not distinguish between unactioned customer requests for deregistration, lapsed paperwork, B2B mismatches, and genuine misuse. Even the proponents acknowledge that the scale of unactioned customer-requested deregistration is unknown. The change from “may” to “must” is therefore not evidence-led. A shift to mandatory deregistration is a blunt instrument that removes any discretion to not deregister a premises. There may be a range of reasons for a retailer choosing to exercise this discretion, for example if the retailer is aware of circumstances that may impact the customer’s ability to provide medical confirmation in the time required. There are several reasons why this approach does not solve the problem.

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

Retailers and distributors are currently dual process owners, which could lead to disputes when one deregisters a household and the other reinstates it. Simply replacing “may” with “must” risks embedding this ambiguity into a harder-edged rule without clarifying who acts and how. A rigid requirement also removes necessary discretion in circumstances where flexibility is essential. Households with chronically ill members, those experiencing hospitalisation, or those with limited access to GPs can face genuine barriers to returning paperwork on time. For these consumers, mandatory deregistration is not an administrative detail but the sudden loss of protections that safeguard their health and safety.

The proposal also assumes that “no medical confirmation” means “no need,” yet the evidence does not support this. High volumes of outstanding confirmations largely reflect barriers to engagement, not misuse. ‘Disconnections: Counting the cost’ research has found that many households struggle to respond to notices because of language barriers, disability, mental health issues, or the stigma and shame of seeking help.²⁵ Ombudsman schemes and consumer advocates, including the Consumer Action Law Centre, have similarly reported that disengagement is usually structural, not deliberate.²⁶ Treating all lapsed confirmations as misuse risks stripping protections from precisely the households least able to navigate complex processes. Finally, the proposed rule change ignores the underlying drivers of inaccurate registers, which stem from fragmented ownership, weak information flows, inconsistent practices, and poorly functioning B2B systems, particularly during retailer switches or in embedded networks. Without addressing these systemic issues, a blunt “must deregister” obligation will not deliver the accuracy or clarity that the proponents claim.

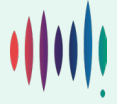
4. Do you have any views on requesting an updated medical certificate every four years?

ECA does not support a blanket requirement for households to obtain an updated medical certificate every four years. This approach risks creating unnecessary barriers and removal of customers who continue to rely on life support equipment. The current framework already requires medical confirmation at the time of registration. For many households, particularly those with chronic or lifelong conditions, repeated certification adds administrative burden without improving accuracy and adds pressure to the health system. It is not clear why customers who have already advised of their life support equipment needs and provided medical confirmation should be subject to this ongoing obligation. The rule change proposal does not identify which life support requirements are likely to only be required temporarily (or

²⁴ SAPN and Essential Energy, #BetterTogether – Better Protections for Life Support Customers, rule change request, pp. 22-23.

²⁵ Reform Now commissioned by ECA, Disconnections: Counting the cost, Page 14

²⁶ Consumer Action Law Centre (CALC), 2024, [CALC-Energy-Assistance-Report-2024-FINAL_WEB.pdf](#), pp.35-37



why it is not reasonable to simply assume most life support needs will be permanent) and the basis for the four-yearly requirement.

The better solution is twofold. 1. Confirmations should be portable, recorded and shared at the distributor level (or within a central register in future) so that customers do not need to re-confirm when changing retailers. We recognise that any move towards portability would raise significant privacy and data management issues that would need to be carefully designed and addressed, including strong safeguards on collection, storage and use of personal health information. 2. The responsibility for maintaining register accuracy should sit with providers as process owners, not with consumers. If retailers or distributors have concerns about whether a household still requires registration, they should be required to proactively check in with the customer. This could be periodic contact (e.g., every year or every few years) to confirm circumstances and, where appropriate, to offer assistance with backup planning.

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

The proposal to cap consecutive registrations without medical confirmation at two risks penalising households for systemic failures beyond their control rather than addressing deliberate misuse. These systemic issues include inadequate follow-up by retailers and distributors, poor data transfer between parties, and practical barriers such as long GP wait times or language access challenges.

The proponents argue that the cap would prevent customers from cycling on and off the register to avoid disconnection.²⁷ However, the request itself concedes that most retailers and distributors do not track this data systematically, meaning the scale of the problem is unknown. It is risky to design blunt rules for the entire market based on anecdotal evidence from a single distributor, without understanding how much of the cycling is driven by misuse and how much by barriers such as limited GP access, disability, or language difficulties.

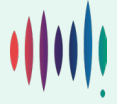
There may also be broader structural factors at play. Life support households must notify their new retailer each time they switch offers, often re-submitting or confirming medical evidence. While the NERR allows re-use of an existing medical confirmation if it is still valid,²⁸ in practice poor information transfer means customers are often asked to provide it again. This makes the process burdensome and may inflate the appearance of repeated registrations when households are simply trying to find a better deal. In this context, the real issue may not be consumers gaming the system but poorly designed processes that penalise households. We do not think the suggestion in the rule change proposal that customers ‘repeatedly misuse life support registration, most likely as a means to prevent being disconnected for non-payment’²⁹ is likely or widespread and are not aware of evidence to support this claim.

Before proceeding with a cap, the Commission should quantify the scale and drivers of the problem across the market. At a minimum, any cap must be paired with assisted pathways such as distributor-led reminders, help with booking medical appointments, clear communications, and portability of confirmations across retailers, to avoid stripping protections from households that are already vulnerable.

²⁷ SAPN and Essential Energy, #BetterTogether – Better Protections for Life Support Customers, rule change request, p.23.

²⁸ National Energy Retail Rules permits a retailer/distributor to accept a medical confirmation signed and dated no more than four years earlier.

²⁹ Ibid, 28.



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

While ECA cannot speak to the extent of inconsistencies in how life support is assessed, if they exist, they are likely the product of structural issues rather than consumer behaviour. Under current arrangements, both retailers and distributors can act as the registration process owner, which creates duplication, gaps, and occasional disputes when one deregisters and the other reinstates a household. Jurisdictional differences add further complexity: Victoria operates outside the NECF framework, embedded networks are governed under separate exemption schemes, and concessions vary across states. These layers of fragmentation make it more likely that consumers will experience inconsistent outcomes depending on where they live or who their retailer is. This is why ECA has consistently argued that broader reforms are needed to deliver consistency, including harmonisation of concessions, a consumer duty for energy providers, and consideration of a Priority Services Register, which is already being explored by DCCEE through the BECE process. These reforms would create a more reliable and nationally consistent foundation for identifying and protecting life support households.

‘Pending deregistration’ phase as an alternative to blunt deregistration requirements

ECA does not support the move to mandatory deregistration proposed in the rule change request. The core problem is not that deregistration is discretionary, but that retailers and distributors do not maintain registers proactively. Rather than compelling deregistration after arbitrary deadlines, we propose a consumer-centred, provider-led model that focuses on accurate registers without putting households at risk.

In line with the proposed roles for retailers and distributors set out in Theme 1, ECA proposes a consumer-centred, distributor-led engagement model. As shown in Figure 1, this model reflects our position that distributors should hold both the enduring data stewardship responsibility and the lead role in ongoing engagement with households. This approach draws on evidence from ECA’s disconnection research, which found that authentic, early engagement builds trust, while clear external triggers can prompt action, but only when protections remain in place.³⁰ While this research focused on customers facing payment difficulties, the principles of proactive communication and safe engagement are relevant to life support registration.

This model transforms a passive process, where customers must request an extension, into a clear trigger for proactive engagement. The pending stage is the point where the distributor escalates contact using a tiered communication approach. Communication begins with plain-language reminders that are simple to act on, followed by multi-channel prompts such as letters, email and SMS, and finally personalised outreach through phone calls and nominated contacts if needed. Protections remain in place throughout. By the time deregistration is considered, the distributor can demonstrate documented efforts to engage, confirm ongoing need, and support back-up planning, making the pending stage a practical safety measure that also improves register accuracy over time.

³⁰ Forthcoming report by Reform Now commissioned by ECA, 2025, Disconnections: Counting the cost, p.28

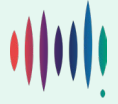
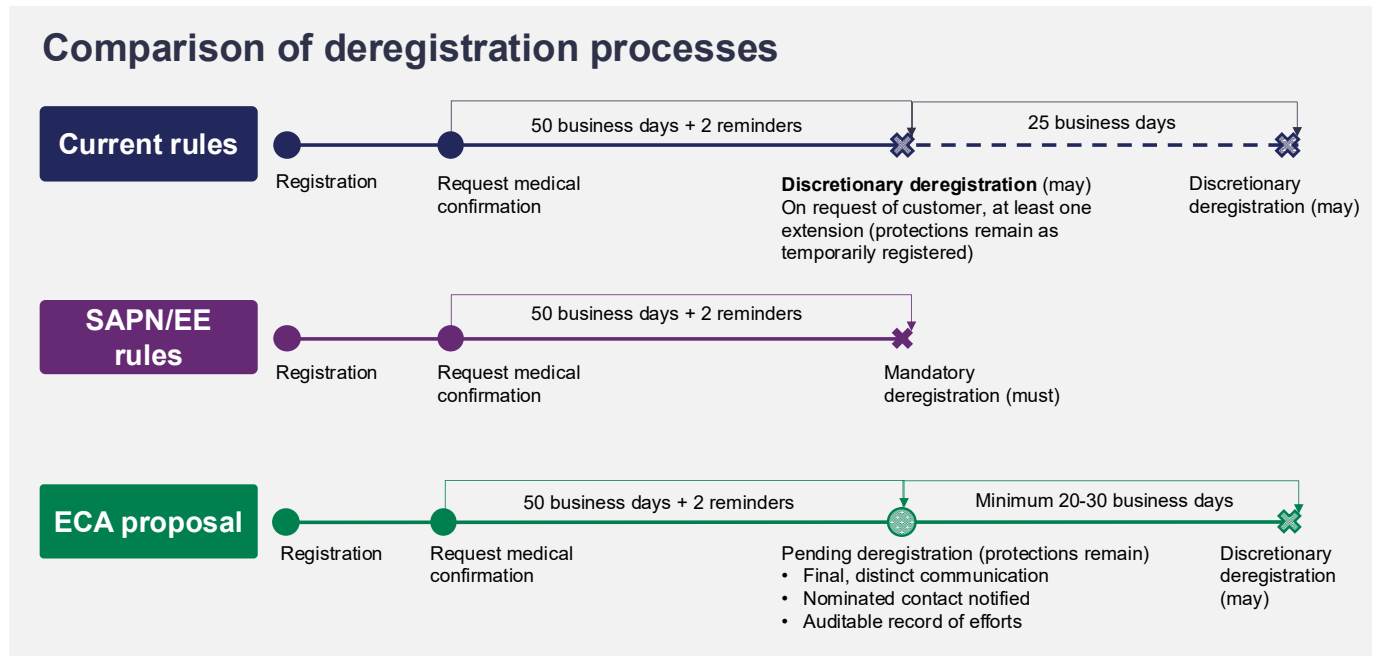
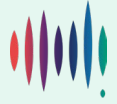


Figure 1 | Timeline for registration and deregistration options



Under the proposed model:

Stage	Retailer role	Distributor role	Consumer outcome
Initial Registration	Collects registrations at sign-up or switch. Issues information pack and medical confirmation form and notifies distributor.	Receives registration data and updates register.	Consumer is automatically protected from disconnection once notified.
Reminder Stage (within 50 business days)	No further action required.	Leads engagement with household: sends multi-channel reminders (letter, SMS, email).	Gentle nudges, in plain language, reminding of the need for confirmation without threatening deregistration.
Pending Deregistration (20-30 business days)	Retailer supports distributor by providing any updated contact info, if available.	Escalates engagement: phone calls, contact with nominated representatives, translated materials, back-up planning discussion.	Protections remain in place until engagement attempts are documented and reasonable efforts made.
Final Deregistration	Confirms with distributor if any recent contact has occurred.	Deregisters only after confirming no response and completing engagement steps. Updates retailer.	Written notice provided; clear pathway to re-register if required.



Ultimately, the current proposal in the rule change request is framed as a solution to register inaccuracy but risks becoming a mechanism for shifting risk onto households. The Commission must recognise that the principal problem is not the permissive “may” in Rule 125 but the fragmented and inconsistent processes that retailers and distributors use to manage life support registration. Reform should aim to build a system that defaults to inclusivity, ensures protections are continuous, and reduces the onus on consumers to navigate administrative hurdles. The guiding principle must be that no one currently eligible loses protections due to administrative barriers. In weighing reforms, the Commission should prioritise sensitivity by ensuring that all households who rely on life support remain covered. This must take precedence over narrow definitions of accuracy than risk wrongful exclusion.

Theme 3: Communications

Questions:

- Would adding a nominated contact person improve the safety and experience of life support users?
- Should customers’ electronic contact details be captured in the medical registration form?
- Should the rules be updated to explicitly clarify that SMS/email notification of planned outages to life support customers is permitted?
- 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?

Context and problem definition

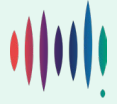
The current framework focuses narrowly on planned interruptions, requiring retailers and distributors to give at least four business days’ written notice to life support customers. There is no explicit requirement for multichannel communication, no provision for a nominated contact person, and no obligation to conduct welfare checks during unplanned outages. Research by the Australian Energy Foundation found that over half of life support customers have no back-up plan, and most believe they will receive priority restoration during outages even though this is not guaranteed by current regulations.³¹ This misalignment between consumer expectations and the protections provided highlights the need for clearer communication and education.³²

It is also important to clarify that the rules already permit better practice. The AER’s *Life Support Registration Guide* confirms that “written” notice can include SMS or email if the customer consents, and several distributors already use these methods effectively.³³ Similarly, there is nothing in the rules that prevents a retailer or distributor from recording and using a nominated contact. The problem is inconsistency, not prohibition. Some households receive rapid electronic notifications and follow-up calls, while others only receive a letter in the post.

³¹ Australian Energy Foundation, 2021, Better outcomes for energy consumers using life support equipment at home, p. 5

³² Ibid. p. 45

³³ AER Life support guide p.20



In this context, the question is not just whether the rules should be updated, but how to ensure consistent, proactive outcomes across all providers. Codification may help, but it risks focusing on paperwork rather than practice.

These reforms must also account for equity. ECA's research with culturally and linguistically diverse (CALD) communities shows that generic, one-size-fits-all approaches leave many consumers without the information they need to stay safe and engaged, and that communication must be tailored through trusted channels and in preferred languages to be effective.³⁴ The AER's 'Strategy for Customers Affected by Family Violence' also highlights that poorly designed communications can create safety risks, including by unintentionally disclosing a survivor's location or contact details.³⁵ A nationally consistent framework must therefore be paired with safe-contact protocols and culturally appropriate communication to ensure protections work for all households.

Codifying the use of nominated contacts and electronic notifications is welcome in principle, but the focus must be on outcomes rather than paperwork. It is not enough to collect contact details if they are not used in practice during critical events. Stronger rules are needed to ensure households are contacted through multiple, safe channels, and that welfare checks are mandated during prolonged outages. Over time, these reforms should be linked to broader measures such as a Priority Support Register, allowing vulnerability information and contact preferences to be shared consistently across retailers, distributors, and emergency services. The aim should be a nationally applied framework that strengthens resilience, reduces inconsistency, and ensures that no life support household is left isolated during an outage.

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

We believe that allowing a household to nominate a secondary contact, such as a carer, neighbour, or relative, would materially improve resilience, especially in emergencies. In practice, if the account holder is unreachable, a nominated contact ensures that outage notifications and welfare checks still reach someone who can act. This reflects disaster risk reduction best practice, where consent-based data sharing is a core tool for protecting vulnerable people.

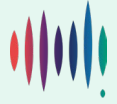
To be effective, however, the rules must go beyond permission and require that nominated contact details are collected, stored securely, and used during both planned and unplanned outages. They should also be used to trigger welfare checks in prolonged outages, coordinated with emergency services. Privacy and family violence risks can be managed by embedding consent into the medical confirmation form (as proposed in Appendix A) and adopting safe-contact protocols already used in Victoria's Code. Without these safeguards, the measure risks being optional in practice rather than a reliable safety net.

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

We believe that capturing mobile numbers and email addresses in the medical registration form would standardise practice and reduce reliance on postal mail, which is slow and unreliable. It would also give providers a clearer baseline for multichannel communications. However, to deliver outcomes, the rules must ensure that providers actively use these details in line with consumer preferences. This means

³⁴ ECA, [CALD communities need urgent supports for the energy transition](#)

³⁵ AER, 2025, [Safety for customers affected by family violence](#).



requiring retailers and distributors to record safe contact channels, ask about preferred communication methods, and use at least two channels simultaneously (for example, SMS plus phone call) to build trust and redundancy.

Electronic contact details must be handled carefully. Clear branding, standardised message formats, and consumer education can reduce the risk of messages being mistaken for scams. Safe-contact options must be offered for family violence survivors, and phone or postal options retained for households with low digital literacy.

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

Yes, updating the rules to explicitly recognise SMS and email would establish consistency across the market and make this the baseline standard for all life support households despite already being permitted under the current framework.

More importantly, the rules should go further than clarification: they should require that providers use safe, multichannel communications that align with consumer preferences. This means delivering messages by at least two channels, ensuring redundancy and legitimacy, and embedding safe-contact protocols to protect consumers affected by family violence. Standardising message formats and requiring clear call-back numbers would also reduce the risk that legitimate notifications are mistaken for scams.

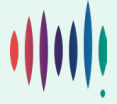
10. Noting a central database for storing medical confirmations is outside the scope of this rule change process, are there recommendations that could be made to progress the issue?

We recognise that a central database for life support registrations is considered out of scope for this rule change, but it is clearly an issue that warrants further work. Today, the existence of multiple registers across retailers and distributors creates duplication, inconsistency, and significant risks when households switch retailers or move premises. These risks are compounded by the fact that vulnerable households are expected to navigate complex processes to ensure their protections transfer correctly.

A centralised database, ideally linked to a PSR, could provide a single authoritative record of life support needs, contact preferences, and consent settings. This would reduce duplication, improve emergency response, and allow better coordination with health and social services.

If the Commission cannot progress a central database directly through this rule change, it could recommend:

- commissioning work to scope the design, governance, and privacy requirements of a national register,
- ensuring that any interim reforms (such as four-yearly confirmation or nominated contacts) are designed to be compatible with future centralisation, and
- coordinating with DCCEEW to align this work with broader consumer protection reforms such as the BECE process.



Conclusion

Life support protections exist to keep people safe, not to tidy up registers. The proposals before the Commission risk pushing complexity and risk onto households while leaving the core problems of fragmented ownership, weak information flows, and inconsistent practice largely untouched. A rule set that is hard to navigate, that relies on busy GPs to police eligibility, and that weakens penalties in the name of “accuracy” will not deliver safer outcomes. It will deliver avoidable harm.

While we support improvements to the accuracy of registers, this should be delivered through improved retailer and distributor processes rather than increasing burdens on consumers and risks of deregistration. An inclusive register that occasionally over-captures is far preferable to a “precise” one that wrongly excludes people who rely on continuous supply. The costs of exclusion are borne by families, health services, and the wider community. The benefits of over-inclusion are modest; the consequences of exclusion are severe.

ECA's view is that reforms must centre consumer outcomes and resilience. Keep penalties strong across all life support obligations. Reject mandatory deregistration as a blunt instrument and adopt a phased, consumer-safe model that preserves protections while driving engagement. Modernise communications so that multichannel contact, nominated contacts, and welfare checks are used as standard practice, not left to chance. Build equity in from the start by requiring safe-contact protocols and culturally appropriate communication, so CALD communities, Indigenous households, people with disability, and those experiencing family violence are not put at further risk.

Finally, align these changes with the longer-term direction. A consumer duty would make proactive, safe practice the baseline rather than the exception. Work with DCCEEW to progress a PSR so that vulnerability information and contact preferences travel with the consumer and are available to those who need them in an emergency. In short, fix the systems businesses use, rather than leaving the burden on households.

ECA recommends that the Australian Energy Market Commission implement the following next steps to strengthen consumer protections

- Maintain Tier 1 penalties for all life support obligations, including notification and deregistration.
- Rather than mandatory deregistration, consider a phased deregistration model that preserves protections during a pending period and requires documented contact attempts.
- Codify multichannel communications, require nominated contacts to be used for planned and unplanned outages, and mandate welfare checks during prolonged outages.
- Require safe-contact protocols and collection of preferred contact methods, with clear portability across retailers and distributors.
- Ensure any new processes are compatible with a future Priority Support Register and coordinated with BECE.

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