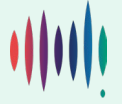


National Energy Retail Amendment (Improving life support processes) Rule 2025

Submission to the Australian Energy
Market Commission Draft Determination

DATE: 16/04/2026

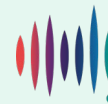


Submitter details

ORGANISATION	Energy Consumers Australia
CONTACT NAME	Caroline Valente
EMAIL	caroline.valente@energyconsumersaustralia.com.au
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Project details

NAME OF RULE CHANGE	Improving life support processes
PROJECT CODE	RRC0064
PROPONENT	SA Power Networks and Essential Energy
SUBMISSION DUE DATE	16 April 2026



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.

Our response to the Draft Determination

Energy Consumers Australia (ECA) welcomes the opportunity to provide input on the Australian Energy Market Commission’s (AEMC) [draft determination on improving life support processes](#).

The draft determination reflects a significant shift from the original proposal and, in ECA’s view, strikes a more appropriate balance between improving the processes and accuracy of life support registers and maintaining strong consumer protections for households that rely on life support equipment. We acknowledge that this draft determination shifts from the proponents’ “accuracy-first” model to a “safety-first” model that aligns with our position in our previous submission that “over-inclusion is far preferable to a ‘precise’ register that wrongly excludes people”. We commend the AEMC for seeking to ensure that life support protections provide a fundamental safety net that remains universal for all consumers dependent on life support equipment, and that consumers do not lose these protections through administrative error.

Life support protections are among the most important safeguards in the energy market. For households that rely on energy-dependent medical equipment, interruptions to supply can create immediate risks to health, wellbeing and, in some cases, survival. In this context, ECA strongly supports an approach grounded in the precautionary principle: where there is a risk of exclusion or administrative error, the system should err on the side of protecting people.

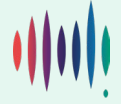
The AEMC’s draft determination demonstrates that it has listened carefully to concerns raised by consumer advocates, health organisations and ombudsmen. In particular, ECA welcomes and strongly supports the Commission’s decision to reject mandatory deregistration, reject the creation of a two-tiered “critical” and “assistive” system, retain Tier 1 civil penalties for all life support breaches, and replace mandatory re-registration with a safer annual check-in process. These changes are critical to ensuring that reforms improve register accuracy without increasing burden or risks for households in vulnerable circumstances.

At the same time, there remain opportunities to strengthen the draft rule further, particularly in relation to multichannel communications, welfare checks, safe-contact protocols, additional monitoring and reporting requirements, and the longer-term development of a Priority Services Register.

ECA supports the AEMC’s rejection of a two-tier life support system

ECA strongly supports the AEMC’s decision not to proceed with the proposed distinction between “critical” and “assistive” life support equipment.

As ECA argued in its initial submission, creating separate categories of life support need risked establishing a two-tiered framework in which some consumers could be deprioritised or seen as less deserving of protections. In practice, many forms of equipment do not fit neatly into binary categories. Equipment that may appear “assistive” in one context may be essential in another, depending on the consumer’s condition and circumstances.



Life support needs are also likely to evolve over time. As climate change drives more frequent, longer and more intense heatwaves, storms and cold snaps, the line between “medical” and “everyday” energy use will become increasingly blurred. For some households, heating and cooling are no longer simply comfort devices. They are essential for managing chronic illness, respiratory conditions, cardiovascular disease, disability, frailty and the impacts of ageing. An air conditioner during a 42°C heatwave, or heating during a cold winter period for someone with severe arthritis or a respiratory illness, can be just as important to health and safety as more traditionally recognised life support equipment.

This is particularly important in the context of an ageing population and the growing number of people receiving care and managing health conditions at home. An electric bed, refrigeration for medication, air filtration, cooling, heating, humidity control, mobility equipment charging, or internet-connected monitoring devices may all play an essential role in maintaining a person’s health, independence and safety.

ECA’s own research suggests there is already a much broader cohort of consumers whose health conditions shape the way they use energy, but who may not identify as life support customers or qualify for existing protections.¹ In our Consumer Energy Report Card, out of the 4,500 households who took part in the survey, 5% identified themselves as life support customers. However, 10% said they (or someone in their household) lived with a health condition or disability which impacted the way they used or interacted with energy at home. Of the 453 households who said they (or a household member) had a health condition that affected their energy use, fewer than one-third (27%), identified themselves as life support customers.

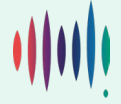
This suggests there is a significant group of consumers whose energy needs are affected by illness, disability or age, but who may not know about life support protections, may not meet the current eligibility requirements, or may not see themselves reflected in the current framework. In the future, an increase in the number of registered life support customers should not necessarily be viewed as a sign of misuse or poor register quality. It may instead reflect greater awareness, broader eligibility, improved registration processes, and a growing understanding of the links between health, energy use and climate resilience.

ECA’s survey also shows that life support customers are significantly more concerned about the cost of electricity and the reliability of the network than non-life support customers. Among the households that said their health condition affected the way they used energy, 71% reported avoiding heating or cooling to save money (compared with a national average of 63%). More than half of those households were extremely concerned about the cost of electricity.

These findings reinforce the need for a life support framework that remains broad, flexible and future-focused. The system should be designed not only for the consumers who rely on traditional medical equipment today, but also for the larger and more diverse group of households whose health, safety and wellbeing increasingly depend on reliable and affordable access to energy.

The draft determination appropriately rejects this approach and instead introduces a “life-threatening condition” flag that can support outage triaging and support without changing the level of protections available to other life support customers. This is a sensible compromise. It enables retailers and distributors to better identify customers with heightened needs during emergencies, while ensuring all life support customers continue to receive the same protections and support.

¹ ECA, [Consumer Energy Report Card](#), December 2025



ECA also supports the AEMC’s decision to maintain Tier 1 civil penalties for all life support breaches. Any failure to notify a life support customer of an outage, register a life support customer correctly, or maintain appropriate protections can have severe consequences. The seriousness of these obligations should continue to be reflected in the compliance and enforcement framework.

ECA welcomes the rejection of mandatory deregistration and registration caps

ECA strongly supports the AEMC’s decision not to proceed with mandatory deregistration where a customer does not return a medical confirmation form.

Mandatory deregistration would have been a blunt instrument. It would have shifted risks onto households already managing complex health conditions, disability, language barriers, digital exclusion, caring responsibilities, or mental health challenges. Consumers can miss deadlines for many reasons that have nothing to do with whether they still require life support protections.

The draft determination rightly preserves retailer discretion to maintain protections where there is reason to believe a household remains eligible, even if medical confirmation has not yet been received. ECA also welcomes the decision not to introduce a cap on the number of registration attempts that can be made without medical confirmation. Both changes help ensure that barriers to entry remain low and that vulnerable households are not excluded from the register through administrative processes alone.

ECA also supports the replacement of the proposed 4-year re-registration process with an annual retailer-led check-in. This is a more proportionate and consumer-safe approach that reflects ongoing concerns about retailers reaching out more proactively to consumers. Importantly, we urge that the annual check-in is intended to confirm details, not create a new trigger for deregistration if a household does not respond. That distinction matters. It turns the process from a cliff edge into a handrail.

However, ECA considers the draft rule could go further by formalising a “pending deregistration” phase, as we outlined in the previous submission.² Under such a model, where a customer has not responded to reminders or annual check-ins, retailers would be required to undertake documented, multi-channel attempts to contact the customer before deregistration is considered. This should include phone calls, SMS, email, contact with nominated persons where consent has been provided, and consideration of whether there are indicators of vulnerability or hardship. Protections should remain in place throughout this pending period.

ECA considers there is merit in expanding who can provide medical confirmation for life support registration

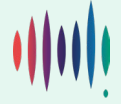
The latest AER data indicates that around 31% of electricity life support customers, over 71,000 of the 228,718 registered customers as of Q2 2025–26, do not yet have medical confirmation recorded.³ For gas life support customers, the gap is even larger, with 70% of the 10,499 registered customers lacking medical confirmation.⁴ These figures should not be interpreted as evidence of misuse or over-registration.

Rather, they point to a combination of practical barriers many households face in obtaining confirmation from a doctor, including long waiting times, workforce shortages, cost pressures, transport barriers, and the difficulty of arranging appointments for people with complex care needs. They may also reflect a broader systemic problem with the process itself, including poor communication from retailers or

² [Submission to the AEMC on National Energy Retail Amendment \(Improving life support processes\) Rule 2025 | Energy Consumers Australia.](#)

³ [Retail energy market performance update for October–December 2025, Quarter 2 2025–26 | Australian Energy Regulator \(AER\) – Schedule 6.](#)

⁴ *Ibid.*



distributors, lack of clarity about what is required, confusion about timeframes or responsibilities, and inconsistent follow-up and support for customers navigating the process. The fact that nearly three quarters of gas life support customers do not yet have medical confirmation recorded suggests this is not simply an issue of individual customer barriers, but a sign that the current process may not be working as intended.

For many life support customers, allied health professionals such as occupational therapists, physiotherapists, respiratory therapists, and specialist nurses may be more involved in their day-to-day care than a GP (general practitioner) or specialist. These professionals may have specific insight into how a person uses energy-dependent equipment in the home, the importance of heating, cooling or mobility supports, and the risks associated with interruptions to supply.

ECA recommends that the AEMC and AER consider whether an expanded group of appropriately qualified allied health professionals should be able to provide, support or co-sign medical confirmations for life support registration to prevent a known bottleneck. This could improve access, reduce delays, and make it easier for life support customers to maintain protections without unnecessary administrative burden.

As noted in the Justice and Equity Centre's (JEC) submission to the same consultation,

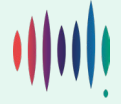
*Under section 26 of the National Disability Insurance Scheme Act 2013, **allied health professionals are authorised to undertake assessments that directly inform eligibility for, and access to, substantial public funding.** These assessments frequently involve detailed clinical judgment regarding functional capacity, medical need and risk management, and are accepted by the National Disability Insurance Agency as sufficiently authoritative for decision-making with significant financial and personal consequences.*

Nonetheless, if this option is pursued, it would be important to distinguish between cases that require medical diagnosis or clinical judgment, and those that are more focused on the use of particular equipment, functional limitations, or the practical consequences of losing supply (including future scenarios related to extreme weather events). In some circumstances, determining whether a person relies on a particular device or support may not necessarily require a medical judgement and could be informed by the expertise of an allied health professional or another suitably qualified practitioner. In other cases, particularly where there is a need to assess the seriousness of a health condition or the medical consequences of an interruption to supply, input from a medical practitioner may still be essential.

Any expansion should therefore be limited to professionals with the qualifications, expertise and scope of practice necessary to assess the relevant risks. It should also be carefully designed so that it does not create confusion about when consumers should still seek advice from a medical practitioner. There may be risks, for example, if a consumer relies on advice from an allied health professional that they are not dependent on life support equipment, or that they do not face serious risk from an interruption to supply, and therefore do not seek further medical advice or register for protections when they should.

If the AEMC chooses to pursue this option further, ECA considers there should be targeted consultation with medical practitioners, allied health professionals, disability organisations and other consumer groups to better understand the opportunities, risks and appropriate safeguards.

ECA also considers there may be value in introducing a lifelong or ongoing medical confirmation option for circumstances that are unlikely to change. For people with permanent disabilities, degenerative conditions, long-term use of essential medical equipment, or lifelong health conditions, obtaining new



medical certificates every four years can be time-consuming, costly and distressing, and potentially an additional reason for not switching providers or not providing new medical confirmations.

In these cases, an enduring medical confirmation, paired with the proposed annual retailer check-in to confirm contact details and current circumstances, may provide a more proportionate and consumer-centred approach. Alternatively, the AEMC could consider the introduction of an additional reporting requirement for retailers to record and submit to the AER the number of life-support customers who did have a medical confirmation (that expired) and didn't re-submit in time. That monitoring could signal whether a permanent status is warranted.

ECA supports the communication reforms, but stronger requirements are still needed

ECA supports the draft determination's focus on improving communication with life support customers.

The ability to nominate a second contact person, such as a family member, carer or neighbour, is a particularly important reform. It recognises that the account holder may not always be the person using the equipment, and that in an outage or emergency there needs to be another route for communication. In the immediate aftermath of an outage or emergency, a nominated contact can be a lifesaver.

ECA also welcomes the clarification that SMS and email notifications can be used according to customer preference. However, ECA considers the draft rule should go further to ensure these measures are not merely optional administrative features.

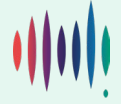
Specifically, ECA recommends that the final rule:

- Require retailers and distributors to use at least two communication channels for planned and unplanned outage notifications where possible, such as SMS plus phone call or email plus SMS.
- Require businesses to collect and record preferred contact methods and safe-contact arrangements for households affected by family violence.
- Require nominated contact details to be actively used during prolonged outages and where a customer is not responding.
- Introduce minimum expectations for welfare checks during extended outages affecting life support households, including escalation to emergency services or local welfare agencies where appropriate.
- Ensure communication materials are culturally appropriate, available in community languages where needed, and designed for people with low digital literacy.

ECA considers there is value in the AER developing guidance on what constitutes a “life-threatening condition” from an energy perspective

The draft determination rightly avoids creating rigid categories of “critical” and “assistive” equipment. However, without additional guidance there may still be inconsistency in how medical practitioners, retailers and distributors interpret the “life-threatening condition” flag. Guidance could help clarify that this concept is not limited to immediate risk of death if power is lost, but may also include situations where loss of supply could create serious and rapid deterioration in health, safety or functioning.

ECA considers the rules should expressly require the AER to develop this guidance through a formal consultation process, rather than attempting to prescribe detailed criteria directly in the rules themselves.



This would allow the guidance to be updated over time as technology, medical practice and consumer needs evolve. The AER should be required to consult broadly with medical practitioners, consumer advocates, retailers, distributors, jurisdictional health bodies and organisations representing people with disability, chronic illness and other relevant cohorts.

This guidance should acknowledge that life-threatening risk can arise not only from traditional medical equipment such as ventilators, but also from the loss of heating, cooling, medication refrigeration, air filtration, mobility supports, charging equipment or internet-connected monitoring systems, depending on the consumer's circumstances.

ECA recommends the AEMC outline additional reporting requirements for distribution networks and retailers that can inform post-implementation reviews

Finally, if one of the key objectives of the original rule change was to help distribution network service providers (DNSPs) better identify and support life support customers with higher needs during planned and unplanned outages, there should be stronger reporting requirements to understand whether this is happening in practice.

ECA supports the draft requirement for retailers to report on the number of customers identified as having life-threatening conditions and for distributors to explain on their websites how this information is used. However, the final rule could go further by requiring retailers and DNSPs to report on matters such as:

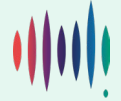
- the number and proportion of those customers contacted during planned and unplanned outages
- average response times and restoration prioritisation practices for these customers
- the number of welfare checks undertaken during prolonged outages
- the use of nominated contacts and multichannel communications
- the successful response rate to the annual check-in ⁵
- the number of complaints, breaches or Ombudsman cases involving life support customers

This would help ensure the new flag becomes more than a data field sitting quietly in a spreadsheet somewhere. It should translate into observable changes in how households with higher needs are identified, supported and protected during outages.

The final rule could also require retailers and DNSPs to provide any additional data requested by the AER. This would give the AER the flexibility and evidence to develop more detailed or targeted reporting requirements over time as implementation issues emerge and new risks or gaps are identified.

These metrics would also provide an important evidence base for a formal post-implementation review of the new rules, which should occur around two or three years after the final rule is adopted. Such a review could assess whether the changes have materially improved the accuracy of life support registers, the overall effectiveness of life support registration and deregistration processes, increased consumer safety and reduced administrative burden for life support customers.

⁵ As proposed by the Essential Services Commission in their Draft Decision - [Review of life support protections in Victoria](#).



Further reform should include a Priority Services Register

ECA welcomes the AEMC's recognition that a central register or Priority Services Register could improve customer outcomes over the longer term.

A Priority Services Register has the potential to reduce duplication, improve portability of protections when customers switch retailers, align support with concessions and rebates, and support emergency responses during major outages or extreme weather events. It would also help ensure that information about contact preferences, nominated contacts and vulnerability indicators can travel with the customer rather than being repeatedly re-collected by different businesses.

ECA understands that such a reform is beyond the scope of the current rule change, but recommends that the AEMC explicitly encourage Federal, State and Territory governments, the Commonwealth Department of Climate Change, Energy, the Environment and Water (DCCEEW), and the AER to continue progressing this work alongside the Better Energy Customer Experiences (BECE) reforms. The final rule should also be designed so that any new data fields and processes are compatible with a future Priority Services Register.

Conclusion

ECA considers the AEMC's draft determination is materially stronger than the original proposal and better reflects the realities of life support households.

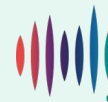
The draft rule has moved away from an "accuracy-first" model that risked excluding consumers in highly vulnerable circumstances, towards a more balanced framework that preserves protections while improving industry processes.

ECA supports the direction of the draft determination and encourages the AEMC to make several targeted improvements before finalising the rule, including:

- codifying multichannel communication requirements
- introducing a formal pending deregistration phase
- requiring welfare checks and safe-contact protocols
- ensuring compatibility with a future Priority Services Register
- maintaining strong accountability for retailers and distributors through Tier 1 penalties and clear compliance expectations.

The final rule should ensure that no household loses access to life support protections because of an administrative gap, missed form, or unanswered reminder.

Lastly, ECA welcomes the strong alignment emerging between the AEMC and the Essential Services Commission Victoria draft decisions. Consumers should not face a patchwork of different life support processes depending on where they live, particularly where customers move between jurisdictions or where medical practitioners are supporting consumers across state borders. A nationally consistent framework will also make it easier for retailers, distributors, regulators and health professionals to develop common systems, forms and practices.



ECA looks forward to continued engagement with the Commission as the Final Determination is made. If you have any questions about this submission, please contact Caroline Valente at caroline.valente@energyconsumersaustralia.com.au.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Caroline Valente'.

Caroline Valente

Executive Manager – Advocacy and Policy

The national voice for residential and small business energy consumers



PO Box A989,
Sydney South NSW 1235
T 02 9220 5500

energyconsumersaustralia.com.au