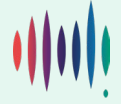


Review of life support protections in Victoria

Submission to the Essential Services
Commission Draft Decision.

DATE: 16/04/2026



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 Decision

Energy Consumers Australia (ECA) welcomes the opportunity to provide input on the Essential Services Commission (ESC) [draft decision on the review of life support protections in Victoria](#). Please see [Table 1](#) at the end of the document for specific page references indicating where each consultation question has been addressed.

ECA strongly supports the overall direction of the draft decision. In our initial submission to the ESC, we argued that reforms should focus on improving retailer and distributor processes, rather than increasing burdens on consumers or shifting responsibility for register accuracy onto households already managing illness, disability or caring responsibilities. We argued that the register must remain inclusive and that some degree of over-inclusion is preferable to the risk of wrongly excluding a customer who depends on continuous energy supply.

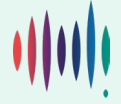
ECA is pleased that the draft decision reflects this approach. The ESC’s draft decision adopts a more balanced framework that prioritises safety, resilience and consumer protection.

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 framework should prioritise consumer safety over register “accuracy”.

ECA welcomes the ESC’s decision to:

- reject a two-tier “critical” and “assistive” framework
- retain equal protections for all life support customers
- reject mandatory four-year re-registration requirements
- maintain retailer discretion not to deregister households who have not provided medical confirmation, while requiring record-keeping of reasons for retaining customers without medical confirmation
- introduce annual check-ins
- allow for secondary contacts and preferred communication methods
- include gas customers within the reforms

Victoria has experienced several major outage events in recent years, including storms, heatwaves, bushfires and other extreme weather events that left many medically vulnerable households without power for extended periods. The ESC’s review is therefore both timely and necessary. It is also important that Victoria’s framework remains closely aligned with the AEMC process, so that consumers, retailers, distributors and medical practitioners are not navigating two completely different systems across jurisdictions.



ECA supports the ESC's rejection of a two-tier life support system

ECA strongly supports the ESC's decision not to proceed with the proposed distinction between "critical" and "assistive" life support equipment.

As ECA argued in its earlier submission, introducing "critical" and "assistive" categories risked creating a two-tiered framework in which some customers would be deprioritised or viewed as less deserving of protections. ECA argued that the distinction between types of equipment is often artificial and does not reflect lived experience. Equipment that may appear "assistive" in one context may be essential in another, depending on the consumer's condition and circumstances.

The ESC has listened to these concerns and rightly rejected the proposal to create separate categories of life support equipment. Instead, the ESC has introduced a "life-threatening condition" flag that can support triaging during emergencies without reducing protections for any group of life support customers. This is a much more balanced approach that ECA can endorse.

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.

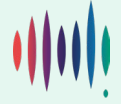
This is particularly important in Victoria, where extreme temperatures are becoming more frequent. In prolonged cold and hot weather extremes, space conditioning can become critical for many households. The ESC rightly notes that Victoria's life support framework applies to both electricity and gas, and that gas heating can be particularly important for some life support customers during winter. This reflects the reality that loss of gas supply can create significant health and safety risks for medically vulnerable households.

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% of households identified themselves as life support customers, but 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 a health condition affected the way they used energy, 71% said they avoided heating or cooling to

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



save money (compared to 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.

ECA also considers there would be value in the ESC providing additional guidance on what constitutes a “life-threatening condition” from an energy perspective. The concept should not be limited to an immediate risk of death following loss of power. It should also include situations where the loss of heating, cooling, medication refrigeration, air filtration, charging equipment, internet-connected monitoring systems or mobility supports could result in rapid deterioration in health, safety or functioning.

This guidance, which could be developed through a formal consultation process in partnership with the AER, could be updated over time as technology, medical practice and consumer needs evolve. The ESC and the AER should 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 supports retailer ownership of the register, with stronger accountability measures

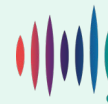
ECA supports the ESC’s proposal to make retailers solely responsible for updating life support registers—including registration, follow-up, updating details and deregistration—while still ensuring there is a “no-wrong-door” approach from the household perspective, whereby customers can still contact distributors directly and receive immediate protections, while distributors notify retailers to undertake the registration process. ECA agrees that having a single party responsible for maintaining the register should improve accountability and reduce duplication.

In our initial submission, ECA argued that mandatory deregistration would operate as a blunt instrument that failed to recognise the structural barriers consumers face in providing medical confirmation, including disability, language barriers, mental health challenges, transport barriers and long waiting times for medical appointments. We are pleased the ESC has listened to these concerns and rejected both mandatory deregistration and a cap on registration attempts without medical confirmation.

ECA particularly welcomes the ESC’s proposal that retailers must record reasons for retaining customers who do not have medical confirmation on file. This is an important accountability measure. It preserves retailer discretion while ensuring there is a documented rationale where households remain on the register without medical confirmation.

The ESC’s proposal is a useful addition beyond the AEMC draft determination. It improves transparency and accountability while remaining consistent with ECA’s earlier recommendation for a more phased and documented approach to deregistration, rather than immediate removal.

ECA also supports the ESC’s proposal that, where a customer has not provided medical confirmation and fails to respond to a yearly check-in, the retailer must commence the existing reminder and



deregistration process. Nevertheless, ECA considers the ESC should formalise a “pending deregistration” phase to ensure protections are still in place, 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 supports a standardised medical confirmation process, but further improvements are needed

ECA supports the ESC’s proposal to develop a standard medical confirmation form in collaboration with the Australian Energy Regulator (AER).

A consistent form across Victoria and the broader National Energy Market would make it easier for medical practitioners to understand the requirements, reduce duplication for customers moving between retailers or jurisdictions, and improve the consistency of information collected.

ECA also welcomes the ESC’s decision not to require existing customers with medical confirmation to repeatedly re-submit certificates. In our original submission, ECA opposed mandatory four-year medical re-confirmation on the basis that it would impose unnecessary administrative, financial and emotional burden on people with chronic or lifelong conditions, while delivering limited improvements to register accuracy. We are pleased the ESC has accepted these concerns and instead adopted annual retailer check-ins as a more proportionate alternative, though we stress that check-ins should be purely intended to ensure that information is up to date and emergency management responses are accurately provided.

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

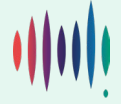
While data from Victoria is unavailable, latest AER data indicates that around 31% of electricity life support customers and 70% of gas life support customers do not have medical confirmation on file.³ This should not be interpreted as evidence of misuse or over-registration.

Rather, they point to a combination of practical barriers many households face in obtaining confirmation from a doctor, including long waiting times, workforce shortages and transport barriers (particularly in regional areas), cost pressures, 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 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 are more involved in their day-to-day care than a GP or specialist. These professionals may have specific insight into how a person uses energy-

² [Submission to the Essential Services Commission \(Victoria\) on Better Protections for Life Support Customers in Victoria: Consultation Paper](#)

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



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 ESC consider whether an expanded group of appropriately qualified health professionals should be able to provide, support or co-sign medical confirmation forms 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.*

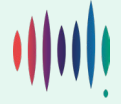
Nonetheless, if this option is pursued, it would be important to distinguish between cases that require medical diagnosis or clinical judgment, and those that are more focused on the use of particular equipment, functional limitations, or the practical consequences of losing supply (including future 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 ESC 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 or lifelong use of essential medical equipment, repeatedly obtaining medical confirmation 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 ESC could consider the introduction of an additional reporting requirement for retailers to record and report on 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 stronger communication requirements

ECA strongly supports the ESC's proposal to require retailers, distributors and exempt sellers to accept a nominated secondary contact and allow customers to choose their preferred communication method.

The draft decision reflects several recommendations made by ECA in our initial submission, including the collection of preferred communication methods, the ability to nominate a secondary contact, and recognition of the need for family violence safeguards.

Allowing a household to nominate a secondary contact, such as a carer, neighbour or relative, can materially improve resilience during emergencies. If the account holder is unreachable, a nominated contact can ensure outage notifications and welfare checks still reach someone who can act.

However, to be effective, the rules must go beyond merely collecting information. Nominated contacts and preferred communication methods must be actively used during planned and unplanned outages.

ECA supports the ESC's proposal to retain hard-copy planned outage notices in addition to electronic communications. This reflects the reality that many life support customers, particularly older consumers, may not always have access to email, SMS or the internet during an emergency event.

However, ECA continues to consider there is value in going further by requiring multichannel communications and welfare checks during prolonged outages, rather than leaving these to retailer discretion.

For example, planned and unplanned outage notifications should be delivered through at least two channels, such as SMS and phone call, or email and hard-copy notice. This would provide greater redundancy and reduce the risk of missed communications.

The ESC should also require retailers and distributors to adopt safe-contact protocols, particularly for customers affected by family violence, and ensure communication approaches are culturally appropriate for First Nations communities, CALD communities, older consumers and people with disability.

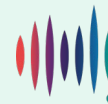
ECA supports the transitional check-in period and further reporting requirements to inform post-implementation reviews

ECA supports the ESC's proposal for a transitional check-in period commencing from 1 July 2026.

Given the increasing frequency and intensity of storms, bushfires and extreme weather events in Victoria, there is value in retailers beginning the process of updating long-standing records as early as possible, rather than waiting until late 2027 for all obligations to commence. The transitional period will help improve register accuracy, enable a feedback loop of learnings early on, and support full implementation by 2027.

However, if one of the key objectives of these reforms is to help retailers, distribution network service providers (DNSPs) and emergency services better identify and support life support customers during prolonged outages, it will be important to monitor whether this is happening in practice.

ECA recommends that the ESC introduce additional reporting requirements for retailers and distributors, including:



- the number of life support customers with and without medical confirmation per retailer, and the number of new life-support registrations in that quarter by retailer.⁴
- the number and proportion of customers identified as having a life-threatening condition
- the number and proportion of those customers contacted during planned and unplanned outages
- average response times and restoration prioritisation practices
- the number of welfare checks undertaken during prolonged outages
- the use of nominated contacts and multichannel communications
- the number of complaints, breaches or Ombudsman cases involving life support customers.

This would help ensure the new “life-threatening condition” flag translates into observable changes in how households with higher needs are identified, supported and protected during outages and emergencies.

The final decision could also require retailers and DNSPs to provide any additional data requested by the ESC. This would give the ESC 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 reform, which should occur around two or three years after the final decision 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.

Further reform should include a Priority Services Register

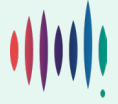
As ECA argued in our original submission, some of the broader functions currently expected of the life support register, such as welfare checks, emergency response coordination and vulnerability management, may ultimately be better addressed through a broader Priority Services Register.

A Priority Services Register could reduce duplication, improve portability of protections when customers switch retailers, align support with concessions and rebates, and support emergency responses during major outages.

It could also help ensure that information about contact preferences, nominated contacts and vulnerability indicators travels 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 review. However, the ESC should ensure that the new processes, data fields and systems introduced through this reform are compatible with a future Priority Services Register.

⁴ As per the latest AER's [Retail performance reporting procedures and guidelines](#) | Australian Energy Regulator (AER).



Conclusion

ECA considers the ESC's draft decision is materially stronger than the original proposal made to the Australian Energy Market Commission (AEMC) by SA Power Networks and Essential Energy and better reflects the realities of life support households.⁵

The ESC draft decision 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 decision and encourages the ESC to make several targeted improvements before finalising the reforms, including:

- introducing stronger multichannel communication requirements
- requiring welfare checks and safe-contact protocols
- considering broader medical confirmation pathways
- providing guidance on "life-threatening conditions"
- strengthening reporting requirements for retailers and distributors
- ensuring compatibility with a future Priority Services Register.

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

Lastly, ECA welcomes the strong alignment emerging between the Essential Services Commission and the AEMC 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 ESC as the Final Decision is made. If you have any questions about this submission, please contact Caroline Valente at caroline.valente@energyconsumersaustralia.com.au.

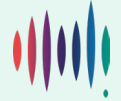
Yours sincerely,

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

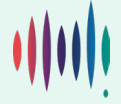
Caroline Valente

Executive Manager – Advocacy and Policy

⁵ [Improving life support processes | AEMC](#).

**Table 1 – ESC Consultation Questions**

Proposed change	Questions	ECA's response
New 'life-threatening' system flag	1. What are your views on the proposed identification of customers with a life-threatening condition to support emergency agencies? Are there any alternative approaches that should be considered?	Pages 3-4
	2. Is the terminology of 'life-threatening condition', including the definition and the term itself, appropriate and useful for the purposes of emergency triage? If not, what other terminology or definition should we use?	<i>We do not have specific comments to provide on this question.</i>
Retailer ownership of registration, deregistration and updating of details	3. Do you have any views on making retailers solely responsible for registration, deregistration and updating life support customers' details?	Page 4
	4. Are there any preferable alternative methods to streamline processes to register, deregister or update life support customer details?	Pages 4-6
	5. Do you have any views on specific components of the proposed updated deregistration process (including mandatory deregistration following changes in a customer's circumstances and the requirement to record reasons for retaining a customer on the register where medical confirmation has not been provided)?	Pages 4-5
Updating medical confirmation processes	6. Do you have any views on our proposal to update medical confirmation processes?	Pages 5-6
	7. Do you have any feedback on mandating retailers to undertake a yearly check-in process to update the information in their life support register?	Pages 5-6



Improving communication methods for contacting life support customers

8. Do you have any views on our proposed approach to enable the nomination of a secondary contact person to receive communications in addition to a life support customer?

Page 6-7

9. Do you have any views on our proposal to mandate energy businesses to collect and use a life support customer and secondary contact's preferred communication method (including electronic communications)?

Page 6-7

Implementation

10. Are there any additional costs and benefits that we should consider for the proposed reforms?

Pages 7-8

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