



Submission to the AEMC

Improving life support processes

Draft determination

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About the Justice and Equity Centre

The Justice and Equity Centre is a leading, independent law and policy centre. Established in 1982 as the Public Interest Advocacy Centre (PIAC), we work with people and communities who are marginalised and facing disadvantage.

The Centre tackles injustice and inequality through:

- legal advice and representation, specialising in test cases and strategic casework;
- research, analysis and policy development; and
- advocacy for systems change to deliver social justice.

Energy and Water Justice

Our Energy and Water Justice work improves regulation and policy so all people can access the sustainable, dependable and affordable energy and water they need. We ensure consumer protections improve equity and limit disadvantage and support communities to play a meaningful role in decision-making. We help to accelerate a transition away from fossil fuels that also improves outcomes for people. We work collaboratively with community and consumer groups across the country, and our work receives input from a community-based reference group whose members include:

- Affiliated Residential Park Residents Association NSW;
- Anglicare;
- Combined Pensioners and Superannuants Association of NSW;
- Energy and Water Ombudsman NSW;
- Ethnic Communities Council NSW;
- Financial Counsellors Association of NSW;
- NSW Council of Social Service;
- Physical Disability Council of NSW;
- St Vincent de Paul Society of NSW;
- Salvation Army;
- Tenants Union NSW; and
- The Sydney Alliance.

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The Justice and Equity Centre office is located on the land of the Gadigal of the Eora Nation.

Consumer Action Law Centre

Consumer Action is an independent, not-for profit consumer organisation with deep expertise in consumer and consumer credit laws, policy and direct knowledge of people's experience of modern markets. We work for a just marketplace, where people have power and business plays fair. We make life easier for people experiencing vulnerability and disadvantage in Australia, through financial counselling, legal advice, legal representation, policy work and campaigns. Based in Melbourne, our direct services assist Victorians and our advocacy supports a just marketplace for all Australians.

Combined Pensioners & Superannuants Association

Combined Pensioners and Superannuants Association of NSW Inc (CPSA) is a non-profit non-party-political membership association that promotes the rights and interests of pensioners of all ages, older people on low incomes and superannuants. Founded in 1931, our aim is to improve the standard of living and well-being of CPSA's constituents.

Council on the Ageing

COTA Australia works alongside people living in Australia aged 50 years and over to promote, improve and protect their wellbeing as citizens and consumers.

Ethnic Communities Council of NSW

The Ethnic Communities' Council of NSW (ECCNSW) is the peak body for all culturally and linguistically diverse communities in NSW. It undertakes a range of activities on behalf of its members and has maintained an energy advocacy officer who operates across the National Energy Market (NEM) for nearly two decades.

South Australian Council of Social Service

The South Australian Council of Social Service is the peak non-government representative body for non-government health and community services in South Australia, and has a vision of *Justice, Opportunity and Shared Wealth for all South Australians*. SACOSS' purpose is to influence public policy in a way that promotes fair and just access to the goods and services required to live a decent life. We undertake policy and advocacy work in areas that specifically affect disadvantaged and low-income households in South Australia.

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Recommendations

Recommendation 1

That the term 'life support equipment user' be introduced rather than the term 'life support user'.

Recommendation 2

That medical confirmation forms are able to be completed by appropriately qualified health professionals - including registered nurses, pharmacists and allied health professionals.

Recommendation 3

That medical certificates be permitted as a means of maintaining life support registration until a medical confirmation form can be completed and returned.

Recommendation 4

That the AEMC consider additional measures to ensure that switching retailers does not create safety risks or administrative barriers for life support households. This should include considering adding life-support registration details to the new retailer as part of the switching process.

Recommendation 5

That the revised registration and deregistration arrangements for life support households should be actively monitored for their effectiveness with key criteria for 'performance' determined in consultation with stakeholders.

Recommendation 6

That a review of new arrangements be undertaken two years after implementation of the final rule to assess whether the amendments have improved the accuracy, consumer safety, administrative burden, communications outcomes and effectiveness of life support registration and deregistration processes. Performance/assessment criteria should be set as part of the final determination, in consultation with stakeholders.

Recommendation 7

That a standardised medical confirmation form is developed to support consistent, clear, and efficient collection of information for life support registration, including clarity about what information is required and what is not. The AER should develop the standardised medical confirmation form in consultation with people with lived experience of life support equipment, consumer advocates and medical practitioners.

Recommendation 8

That the design of the standardised medical confirmation form to include:

- *A list of commonly used life support equipment with tick-box options, alongside free-text fields to allow for other or emerging types of equipment.*
- *Brief, non-prescriptive guidance to assist medical practitioners in assessing whether a person has a life-threatening condition, in relation to the risks associated with loss of electricity/gas supply for a defined period.*
- *Information that encourages awareness of outage preparedness and available energy concessions, such as prompts suggesting that practitioners may discuss back-up plans and financial support options with patients, without creating a mandatory obligation on medical practitioners.*

Recommendation 9

That the final rule reflect a presumption that consumer disclosures of life support needs are valid and that medical confirmation not be characterised as ‘proof’ of life support needs, rather that it is intended to support improved understanding of household life support equipment requirements and enable more effective protection and response by retailers and DNSPs.

Recommendation 10

That retailers be required to conduct an annual, light-touch check-in with life support households to help maintain accurate registration information, provide reminders on concessions and supports, confirm ongoing needs, follow up on back-up planning and support consumer safety.

Recommendation 11

That, consumers be informed to notify their retailer if they have not provided, and are experiencing difficulties, accessing medical confirmation in order to support registration continuity and reduce the risk of inadvertent deregistration.

Recommendation 12

That retailers be required to confirm life support registration status on customer bills, alongside clear information (where relevant) about outstanding medical confirmation, the importance of notifying the retailer if there are barriers to returning forms, potential eligibility for concessions, and the availability of information or assistance regarding back up planning.

Recommendation 13

That rule 124C be amended to explicitly prohibit de-registration in the absence of clear and affirmative confirmation that life support equipment is no longer in use at the premises.

Recommendation 14

That de-registration be explicitly limited to circumstances where the customer or life support equipment user has explicitly confirmed that life support equipment is no longer needed to ensure de-registration does not occur solely as a result of non-return of medical confirmation.

Recommendation 15

That the AER develop guidance for DNSPs to inform the back-up planning services supports and information for people who rely on life support equipment and their carers. This guidance should be developed with input from disability support organisations, consumer advocates, and people with lived experience.

That metrics for monitoring and reporting of life support outcomes be developed in consultation with stakeholders – with appropriate data being captured and reported through the AER's Retail Performance Reporting framework.

Recommendation 16

That the AEMC recommend the BECE workstream and the AER further examine and address life support registration, communication, and protection issues specific to embedded networks.

Recommendation 17

That electricity retailers be required to proactively ask whether gas is also used to support life support needs (and vice versa). Where the relevant energy supply is provided by a different retailer, retailers be required to actively refer the person to the other retailer to support timely registration and appropriate protections across both energy types.

Recommendation 18

That the AEMC continue to support and recommend DCCEEW, Services Australia and jurisdictions explore the establishment of a centralised database(s) at either Commonwealth or jurisdictional level, to manage life support registrations.

Recommendation 19

That retailers be required to ask whether a secondary contact person should be nominated at the time of initial life support registration.

Recommendation 20

That life support users be able to elect the circumstances in which a secondary contact person is contacted – where they have specific preferences - rather than only applying a default approach to communication.

Recommendation 21

That retailers be required to capture electronic contact details and communication preferences at the time of initial life support registration, rather than relying solely on the medical confirmation process.

Recommendation 22

That people registered for life support be able to nominate up to two preferred communication methods for outage notifications, to reduce safety risks associated with missed or unsuccessful contact.

Recommendation 23

That metrics for monitoring and reporting of life support outcomes be developed in consultation with stakeholders – with appropriate data being captured and reported through the AER’s Retail Performance Reporting framework.

Recommendation 24

That reporting by DNSPs be used to improve safety, not just function as an administrative requirement.

Recommendation 25

That the AEMC explore future enhancements to communication arrangements enabling ongoing updates to life support households during unplanned outages.

Recommendation 26

That the recommendation for ongoing work by BECE include review of the terminology used in the life support framework, drawing on consumer research and lived experience to seek improvements.

1. Introduction

The Justice and Equity Centre (JEC), Consumer Action Law Centre (CALC), Combined Pensioners & Superannuants Association (CPSA), Council on the Ageing (COTA), Ethnic Communities Council NSW (ECC) and the South Australian Council of Social Service (SACOSS) welcome the opportunity to respond to the Australian Energy Market Commission's (AEMC) National Energy Retail Amendment (*Improving life support processes*) Rule 2025 Draft rule determination (the Draft).

We support efforts to improve the effectiveness of the life support register as a protection for vulnerable consumers, as well as ongoing measures to ensure it is accurate, fit-for-purpose and easy to use for consumers. Overall, we consider the Draft a sound and considered response to the proposal. For the most part, we see it appropriately prioritising the safety of people who rely on life support equipment while seeking to address a number of well-documented administrative issues.

Beyond indicating our broad support, this submission responds to each of the rule change themes with detailed recommendations aimed at further strengthening outcomes for people who use life support equipment.

In assessing further changes and finalising a preferable rule, we encourage the AEMC to take a precautionary approach, recognising that 'under-protection' carries far greater risk of impact to consumers than any potential costs resulting from 'over-inclusion' through systemic inaccuracies or inefficiencies.

2. Theme 1: Definitions and related penalties

We broadly support the AEMC's decisions in *Improving definitions to better serve life support customers, and related civil penalties for breaches (Theme 1)*. In particular, we note our support for the following elements of the draft determination:

- **Retaining existing civil penalty arrangements**

We agree it would not be appropriate to reduce penalties for breaches. Doing so could undermine compliance with obligations critical to the safety of people who use life support equipment.

- **Retaining the life support equipment list**

We support maintaining the current approach, noting decisions regarding life support equipment are appropriately guided by medical practitioners rather than prescribed through regulatory instruments.

- **Implementing a process to identify individuals with high life support equipment needs**

We support the establishment and phased implementation of this process, and the AEMC's decision not to adopt a tiered approach to medical equipment needs. The AEMC's proposed approach will enable Distribution Network Service Providers (DNSPs) to provide additional and targeted support to people at high-risk without risking reduction of support for other consumers with life support equipment needs. It also establishes an appropriate mechanism

should life support information be used for related purposes, such as emergency response planning.

2.1 Introducing a term to describe the life support equipment user

We support the inclusion of a term to distinguish between the energy customer and the person who requires life support equipment. Enabling identification of the person who uses life support equipment improves clarity in the application of protections. However, we consider it more appropriate to use the term 'life support equipment user', rather than 'life support user' as this better describes the basis for the protections, that is, the use of specific equipment dependent on a continuous energy supply, rather than defining the individual by their medical condition. It is also important to note that there may be more than one life support equipment user in a home and retailer systems will need to accommodate this.

Recommendation 1

That the term 'life support equipment user' be introduced rather than the term 'life support user'.

2.2 Concerns regarding the medical confirmation framework

We retain concerns regarding the continued narrow approach to medical confirmation and who is able to complete a medical confirmation form for life support registration purposes.

2.2.1 Minimising potential harm in the approach to confirmation

We see persistently low rates of returned medical confirmation forms resulting (at least partially) from structural impediments to life support equipment users completing this process in a timely manner. We understand that compromises accuracy of life support registers and increases the risk that individuals who rely on life support equipment may be incorrectly removed from protections.

Accordingly, we see removing impediments to maintaining accurate and up-to-date registers as a high priority. However, this must not come with unreasonable burden, cost or risk to people who depend on life support equipment (or their carers). We see the proposed framework as striking the wrong balance. It continues to place a disproportionate onus on life support equipment users - who are often particularly vulnerable - to navigate a process which is often expensive, time-consuming and difficult (or impossible) to access. This is particularly relevant for people in regional areas.

2.2.2 Enabling confirmation through a wider range of qualified professionals

Permitting a broader range of appropriately qualified health professionals, such as registered nurses, pharmacists and allied health professionals, to complete medical confirmation forms would materially reduce these impediments. These professionals are often more accessible – particularly in regional areas – and regularly interact with people who require life support equipment. They possess relevant clinical knowledge, are responsible for undertaking similar processes, and are well-placed to confirm ongoing medical need to the level required, in a manner that is both timely and proportionate to the risks involved.

The AEMC's draft position is inconsistent with broader Commonwealth regulatory practice. Under section 26 of the *National Disability Insurance Scheme Act 2013* (CTH), 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.

By comparison, life support registration confers considerably more limited benefits and protections. It is disproportionate to impose a narrower evidentiary threshold - restricted solely to medical practitioners - for life support confirmation than applies to National Disability Insurance Scheme access decisions. This misalignment risks creating unnecessary access barriers without a commensurate increase in safety or accuracy.

The priority for the life support framework should be to ensure that people who rely on life support equipment are safely and promptly registered, and that retailers and DNSPs have accurate, up-to-date information about consumer needs. Expanding the cohort of appropriately qualified health professionals who can complete medical confirmation forms would better support this objective by removing avoidable barriers.

Should the AEMC not proceed with this recommendation, we would appreciate further explanation as to why this is considered an unreasonable or inappropriate measure.

Recommendation 2

That medical confirmation forms are able to be completed by appropriately qualified health professionals - including registered nurses, pharmacists and allied health professionals.

2.2.3 Enabling interim confirmation through medical certificates

Medical certificates should be accepted as an interim means of maintaining life support registration where a completed medical confirmation form cannot be promptly obtained. At a minimum, medical certificates provide credible evidence of ongoing medical needs and would allow people to remain safely registered while they seek to complete the formal confirmation process. This approach would reduce the risk of inadvertent deregistration arising from procedural delay, rather than any substantive change in circumstances.

As we have noted throughout this process, the protections associated with life support registration are modest in scope and impose limited costs on energy retailers and DNSPs.

There is also no evidence to indicate material misuse or fraudulent registration under the existing framework, nor a demonstration that where 'misuse' exists it is resulting in material costs to energy businesses. In this context, we consider a 'precautionary approach' to be justified. That is, taking consumer safety and continuity of 'coverage' as a starting point. Changes to improve accuracy and administrative effectiveness should not unduly increase the burden on applicants to the point that ongoing registration is difficult to access and results in reduced protection and coverage for those who would otherwise need it.

We consider our recommended changes – or alternatives aimed at addressing the identified issues - would better align the life support framework with the National Energy Retail Objective by promoting consumer protection and safety, while maintaining appropriate regulatory integrity.

Recommendation 3

That medical certificates be permitted as a means of maintaining life support registration until a medical confirmation form can be completed and returned.

3. Theme 2: Registration and deregistration processes

3.1 Registration process ownership

We support responsibility for registration and deregistration sitting with the party with most incentive to do so accurately and efficiently, and where responsibility enables the most efficient and streamlined processes. In the current framework we consider this likely to be DNSPs, but support measures to clarify responsibility regardless.

3.1.1 Longer term reform of registration responsibility

We support the recommendation that Better Energy Customer Experience (BECE) and jurisdictions explore options for a centralised, third-party managed life support register (or registers on a jurisdictional level). Centralised, third-party managed life support registers present the most scope to provide streamlined, efficient, effective and appropriate life support equipment registration. It could deliver clearer accountability, improved data integrity, and more consistent consumer protections across the energy market (or across jurisdictions), irrespective of retail arrangements. It would also enable more coordinated system-wide (or jurisdiction-wide) outcomes, with potential benefits extending beyond the energy sector, including improved information-sharing to support emergency response and disaster management.

3.1.2 Clarifying retail responsibility

While we consider DNSP responsibility likely to be more appropriate, we acknowledge the potential benefits in asserting retailer responsibility for managing life support registration. Retailers currently manage the majority of life support registrations and have established customer communication systems which can support this function if given clearer direction and guidelines.

3.1.3 Issues with retail responsibility

We are concerned that commitment to a retail-centred model of registration responsibility creates (or perpetuates) structural challenges for life support households. Under the proposed framework, households relying on life support equipment will be required to re-register each time they switch retailers. While existing medical confirmation forms may be reused where they remain valid, the need to actively re-engage in the registration process adds further impediments and acts as a barrier to retail switching, or a barrier to effectively maintaining continuity of life support registration coverage. There is a risk that life support households may be discouraged from switching retailers, even where doing so would result in better pricing or service outcomes. The

regulatory framework should seek to ensure that consumer protections do not inadvertently undermine consumer choice or present consumers with a choice between continuous protection and more affordable energy.

This means that additional measures are required to ensure retailer switching processes are smooth and safe for life support households. Ideally, this should include upgraded information provision between retailers handling life support registered customers. The proposal requiring retailers to check whether a household requires life support equipment as part of the switching process is a positive and necessary step but does not go far enough. The AEMC should further consider scope for life-support registration to be included as data provided to the new retailer as part of the customer transfer process. In any case, ongoing monitoring will be essential to ensure retailer performance and determine whether reforms are adequately delivering on their intent to maintain registration continuity and protection for consumers.

Recommendation 4

That the AEMC consider additional measures to ensure that switching retailers does not create safety risks or administrative barriers for life support households. This should include considering adding life-support registration details to the new retailer as part of the switching process.

3.1.4 Deregistration

We support requiring additional steps prior to deregistration, without mandating customer deregistration in any specific circumstances. However, this model raises concerns about misaligned incentives. Retailers do not necessarily have a strong incentive to ensure registers remain accurate over time and may be able to satisfy procedural requirements without necessarily ensuring register accuracy. DNSPs, by contrast, rely on accurate registration data to identify and support households with medical needs, including during outages and emergencies. However, particularly under the new proposals, they may have limited capacity to remedy inaccurate or incomplete information in retailer-maintained registers.

Given these dynamics, we consider it important to review registration and deregistration arrangements once implemented, regardless of their final form. A scheduled review would enable the AEMC and stakeholders to assess whether the changes have resulted in improved registration accuracy, reduced administrative burden for life support households, and better alignment between retail and network responsibilities. The final determination could nominate key measures of effectiveness – in consultation with stakeholders – which will be monitored and assessed as part of the implementation review.

Recommendation 5

That the revised registration and deregistration arrangements for life support households should be actively monitored for their effectiveness with key criteria for 'performance' determined in consultation with stakeholders.

Recommendation 6

That a review of new arrangements be undertaken two years after implementation of the final rule to assess whether the amendments have improved the accuracy, consumer safety, administrative burden, communications outcomes and effectiveness of life support registration and deregistration processes. Performance/assessment criteria should be set as part of the final determination, in consultation with stakeholders.

3.2 Restricting registration attempts

We support the AEMC's draft decision not to require consumers who have previously failed to provide medical confirmation on multiple occasions to submit medical confirmation before being registered as a life support customer. We agree that the risks associated with restricting access to registration are unacceptably high for people who rely on life support equipment and outweigh the costs involved in potentially registering someone who should not be eligible.

Making medical confirmation a pre-condition for registration would expose vulnerable people to the risk of remaining unregistered, not because their medical needs are in doubt, but because of a range of administrative and other - well-documented – impediments to accessing and returning medical documentation. These risks include the potential withdrawal of potentially critical protections for life support registrants during outages, which could have severe or life-threatening consequences.

We again note there is no evidence of widespread misuse or fraudulent registration under the current framework, nor any evidence the costs of such misuse would be so material as to justify imposing more restrictive entry requirements. In the absence of such evidence, a precautionary approach prioritising consumer safety and continuity of protection is both appropriate and consistent with the objectives of the National Energy Retail Law. Maintaining a low-barrier pathway to registration ensures that administrative processes do not override the primary purpose of the life support framework: protecting people whose health and safety are more reliant on uninterrupted energy supply.

3.3 Medical confirmation

3.3.1 Medical confirmation form

We support introducing a standardised medical confirmation form. A single, consistent form has the potential to improve the quality, clarity and usefulness of information collected for life support registration, while also reducing confusion for life support users, their carers, and medical practitioners. Standardisation can make clear what information is required, and, importantly, what information is not required, thereby reducing administrative burden and the risk of incomplete or rejected forms.

A standard form is likely to assist medical practitioners in providing the relevant information efficiently and consistently, particularly where practitioners may complete such forms infrequently. Over time, improved consistency in data collection may also support broader system objectives, including the use of life support information for coordinated emergency management and disaster response, subject to appropriate safeguards.

We consider the design of the standardised form critical to achieving these benefits and support the proposal for the Australian Energy Regulator (AER) to develop the medical confirmation form in consultation with people with lived experience of life support equipment, consumer advocates and medical practitioners.

Recommendation 7

That a standardised medical confirmation form is developed to support consistent, clear, and efficient collection of information for life support registration, including clarity about what information is required and what is not. The AER should develop the standardised medical confirmation form in consultation with people with lived experience of life support equipment, consumer advocates and medical practitioners.

We make further recommendations to improve the functionality and utility of the standardised medical confirmation form, including:

- That the form could be strengthened by including a structured method for identifying life support equipment. This could include a 'white list' list of commonly used life support equipment with tick-box options, alongside free-text fields to allow for less common or emerging equipment types. This approach would support consistency and ease of completion, while retaining flexibility to reflect individual circumstances and clinical judgement.
- That brief guidance for medical practitioners be included on how to approach the question of whether a person has a 'life threatening condition' - for example by focusing on the risks associated with loss of electricity / gas supply for a defined period. This type of guidance, similar to approaches used in other essential service priority frameworks (such as [Telstra Priority Assistance](#)), would support more consistent assessments without imposing regulatory obligations on clinicians.
- That the form be considered for its potential role in promoting awareness of related consumer protections, without creating new obligations for medical practitioners. While it would not be appropriate or possible to require clinicians to advise on energy concessions or back-up power arrangements, the form could include a prompt encouraging practitioners to discuss, where appropriate, the importance of outage preparedness and the availability of financial support. For example, explanatory text could note that patients may benefit from having a back-up plan for outages – and provide information on where to seek this guidance - and that energy concessions or assistance may be available to help manage increased energy usage associated with life support equipment. Such prompts would support informed decision-making and consumer safety, while recognising the limits of the regulatory framework.
- That the form provides an opportunity to elect the circumstances in which any nominated secondary contact person should be contacted, to account for the different assistance needs that life support equipment users have (see below for further explanation).

Taken together, these refinements would support the AEMC's objectives of improving registration accuracy and consumer protection, while ensuring that the medical confirmation process remains accessible, proportionate and focused on the safety of people who rely on life support equipment.

Recommendation 8

That the design of the standardised medical confirmation form to include:

- *A list of commonly used life support equipment with tick-box options, alongside free-text fields to allow for other or emerging types of equipment.*
- *Brief, non-prescriptive guidance to assist medical practitioners in assessing whether a person has a life-threatening condition, in relation to the risks associated with loss of electricity/gas supply for a defined period.*
- *Information that encourages awareness of outage preparedness and available energy concessions, such as prompts suggesting that practitioners may discuss back-up plans and financial support options with patients, without creating a mandatory obligation on medical practitioners.*

3.3.2 Medical confirmation form reminders

We support providing timeframes for retailers to issue medical confirmation form reminders, as this would help ensure life support registers remain accurate, up to date and reflective of households' ongoing medical needs. Mandated timeframes also promote consistency across retailers and reinforce the precautionary nature of life support protections.

3.3.3 Medical confirmation should not be considered simply as proof

We are concerned with the draft determination's characterisation of the medical confirmation form as 'proof' of a consumer's life support needs. This framing risks undermining the consumer-protection purpose of the life support framework by implying that households' disclosures cannot be relied upon without external verification. This would be inconsistent with the principles informing rules relating to domestic and family violence.

People who notify their retailer that they rely on life support equipment should be believed by default. Life support registration is sought in circumstances of genuine medical need. Given there is no evidence of widespread misuse or fraudulent claims – or material cost resulting from such misuse - a default position of 'scepticism' is neither justified nor consistent with a precautionary approach. Treating medical confirmation primarily as 'proof' risks prioritising administrative verification over safety and may contribute to existing impediments which leave vulnerable people unregistered or incorrectly deregistered.

Medical confirmation should instead be understood as a mechanism to support better protection, rather than as a gatekeeping device. This is also most likely to support more consistent uptake. The purpose of the medical confirmation process should be to provide retailers and DNSPs with clearer, more detailed information about a household's life support equipment needs, including the type of equipment in use and the risks associated with interruptions to supply. This

information enables more effective outage planning, prioritisation, and emergency response, and supports the safety of life support equipment users.

Reframing medical confirmation in this way is consistent with a precautionary approach to life support protections, reflects the low cost and limited scope of those protections, and the absence of evidence of systemic abuse. It would also better align the rule framework with its underlying objective: ensuring that administrative processes do not impede timely access to protections that are critical to health and safety.

We consider the language and structure of the final rule should reflect a starting presumption that consumers' disclosures of life support needs are valid, with medical confirmation serving to enhance understanding and system responsiveness rather than to establish entitlement.

Recommendation 9

That the final rule reflect a presumption that consumer disclosures of life support needs are valid and that medical confirmation not be characterised as 'proof' of life support needs, rather that it is intended to support improved understanding of household life support equipment requirements and enable more effective protection and response by retailers and DNSPs.

3.4 Annual check-in with life support households

We support requiring retailers to undertake an annual check-in with registered life support households. Regular contact is an appropriate mechanism to support and maintain the accuracy of life support registers and to ensure that protections continue to reflect households' current circumstances. It also enables follow up on back-up planning and other measures which improve safety for the life-support household. An annual frequency strikes a reasonable balance between maintaining up-to-date information and avoiding unnecessary administrative burden for consumers.

It is critical that any check-in process is light-touch, supportive and minimally intrusive. Life support households often experience significant health, caring and administrative pressures, and engagement processes should not be framed or experienced as unnecessarily demanding, interrogative or compliance-focused. The primary purpose of the check-in should be to support safety, continuity of registration, and informed decision-making.

As noted, an annual check-in presents an important opportunity for retailers to provide practical and safety-focused information. In particular, the process can be used to:

- Remind the household of the role of medical confirmation and whether a form needs to be returned, where applicable;
- Reinforce the importance of having an appropriate back-up plan in the event of an outage, and direct the customer/life support user/secondary person to where they can get assistance to develop this plan; and
- Raise awareness of potential eligibility for energy concessions or other forms of assistance associated with life support equipment use.

Recommendation 10

That retailers be required to conduct an annual, light-touch check-in with life support households to help maintain accurate registration information, provide reminders on concessions and supports, confirm ongoing needs, follow up on back-up planning and support consumer safety.

The annual check-in should include an explicit prompt for households who have not been able to return a medical confirmation form to contact their retailer if they are experiencing difficulty accessing medical confirmation. This provides a critical safety mechanism, enabling retailers to be aware of access barriers and helping to ensure that the household is not deregistered due to circumstances beyond their control.

Recommendation 11

That, consumers be informed to notify their retailer if they have not provided, and are experiencing difficulties, accessing medical confirmation in order to support registration continuity and reduce the risk of inadvertent deregistration.

We note that bills offer an additional, low-burden opportunity to reinforce life support protections. Confirming life support registration status on customer bills, alongside targeted reminders and information, can help ensure that critical messages are not missed and that households remain aware of their protections and options.

Recommendation 12

That retailers be required to confirm life support registration status on customer bills, alongside clear information (where relevant) about outstanding medical confirmation, the importance of notifying the retailer if there are barriers to returning forms, potential eligibility for concessions, and the availability of information or assistance regarding back up planning.

The proposed rule 124C is silent on whether or not a household not responding to the annual confirmation notice should remain registered as requiring life support. As outlined elsewhere in this submission, de-registration should only occur where there is clear and affirmative confirmation that electricity or gas is no longer required to operate life support equipment at the premises. The Rule should therefore be explicit that de-registration must not occur solely because a household has not responded to an annual confirmation notice, including where a medical confirmation has not been returned.

Recommendation 13

That rule 124C be amended to explicitly prohibit de-registration in the absence of clear and affirmative confirmation that life support equipment is no longer in use at the premises.

3.5 Re-registration requirements

We support not requiring periodic re-registration in order to maintain access to life support protections. Re-registration requirements would introduce unnecessary administrative complexity and create a heightened risk that vulnerable households could lose critical protections due to process failures rather than any change in medical need.

Requiring re-registration would disproportionately affect people already impacted by impediments navigating administrative systems - including people with disability, chronic illness or significant caring responsibilities. The consequences of an administrative lapse in these cases are potentially severe, and the risks associated with re-registration outweigh any marginal benefits it may provide in improving register accuracy.

We support the AEMC's position not to introduce a separate category for permanent life support needs, given the other measures being introduced. The combination of continuous registration and regular, light-touch engagement provides a more flexible and consumer-centred approach that accommodates both permanent and changing circumstances without imposing rigid classifications and the administration this would require.

Together, the AEMC's proposed approach appropriately balances the need for accurate life support registration with the overriding objective to protect households whose health and safety depend on uninterrupted access to energy. By avoiding compulsory re-registration and unnecessary categorisation, the framework reduces administrative risk while preserving strong, precautionary consumer protections.

3.5 De-registration process

We support allowing discretion in de-registration decisions and adopting an approach which prioritises consumer safety. Given the potentially severe consequences to consumers associated with loss of life support protections, de-registration processes must be approached with caution and sensitivity.

There are many legitimate reasons why a medical confirmation form may not be returned, including cost, difficulty accessing medical practitioners, acute or deteriorating health, disability, caring responsibilities and geographic barriers. As detailed elsewhere in this submission, non-return of medical confirmation should not be interpreted as an indication that life support equipment is no longer required. Treating non-return as an indicator of reduced medical need risks disproportionately affecting people who are already vulnerable and facing impediments to navigating required administrative processes.

Retailers should be required to actively encourage people registered for life support to contact them where there are difficulties accessing or returning medical confirmation. This encouragement should occur as part of annual check-ins and be reinforced through billing communications. Providing a clear and supported pathway for people to signal access barriers is a critical safeguard against inappropriate or premature de-registration.

We would be deeply concerned by any circumstances in which a household is de-registered without confirmation that life support equipment is no longer required. De-registration should only occur where there is clear and affirmative confirmation that electricity / gas is no longer needed to operate life support equipment at the premises. A precautionary approach and continuity of protection must be prioritised over administrative completeness.

Recommendation 14

That de-registration be explicitly limited to circumstances where the customer or life support equipment user has explicitly confirmed that life support equipment is no longer needed to ensure de-registration does not occur solely as a result of non-return of medical confirmation.

We support the Energy Charter's proposal for a public awareness campaign focused on life support protections. Improving awareness would empower people who rely on life support equipment, as well as their carers, to better understand available protections, registration processes, and the steps they can take to keep themselves safe. A coordinated public awareness initiative would complement the proposed rule changes by supporting informed engagement and shared responsibility for safety across households, retailers and network service providers.

3.6 Back up planning

The Draft does not propose changes to the current back-up planning framework. While we acknowledge the Commission's position, we remain concerned inadequate back-up planning for people who rely on life support equipment was a key driver of the rule change proposal and continues to be a significant and unresolved risk to the safety objectives at the heart of the life-support register. We strongly recommend further measures to support and enable back-up planning for life support registrants.

Evidence provided in the Australian Energy Foundations report [Better outcomes for energy consumers using life support](#) highlights many people relying on life support equipment do not have an effective back-up plan in place, despite the potentially severe or life-threatening consequences of supply interruptions. Back-up planning is therefore not a peripheral issue, but a central component of ensuring that life support measures offer the protection they intend.

The improvements proposed under this rule change, particularly annual check-in requirements, create clear opportunities to strengthen back-up planning outcomes. However, these need to be augmented by explicit measures to support and enable back-up planning.

We recommend the AER be required to develop general guidance on back-up planning and supporting information for people who use life support equipment (and their carers). This guidance could inform specific DNSP-developed products and information to be provided to registrants and would ensure that consistent and considered information is provided to households.

The AER work should be undertaken with input from disability support organisations, advocates, carers and people with lived experience of life support needs. The purpose of this resource would be to guide the provision of a practical and accessible starting point for households, prompting action and supporting the development of individualised back-up plans that reflect each household's / individual's circumstances and according to the circumstances and services of the relevant DNSP.

Recommendation 15

That the AER develop guidance for DNSPs to inform the back-up planning services supports and information for people who rely on life support equipment and their carers. This guidance should

be developed with input from disability support organisations, consumer advocates, and people with lived experience.

3.7 Embedded networks

We support the proposal to require retailers to notify embedded network managers / embedded network service providers where a person who relies on life support equipment is registered at a premises within an embedded network. We also support the proposed deregistration process. This measure addresses a long-standing gap in current arrangements and is an important step in consistently applying life support protections, regardless of market structure.

Notification requirements are particularly important in embedded networks because responsibility for supply interruptions, communications, and on-site responses often sits outside the standard retailer–distributor relationship. Ensuring that embedded network managers / embedded network service providers are aware of life support needs improves visibility of risk and supports safer planning and response during outages or other disruptions.

We support recommendations for the BECE workstream and the AER to consider broader issues affecting life support protections in embedded networks. Embedded networks raise distinct regulatory and operational challenges, and further work is needed to ensure that people who rely on life support equipment receive equivalent protections, information and support regardless of how their premises are supplied.

Recommendation 16

That the AEMC recommend the BECE workstream and the AER further examine and address life support registration, communication, and protection issues specific to embedded networks.

3.8 Gas as an energy source for life support equipment

We support continued inclusion of gas within the life support protections framework. Gas can play a critical role in supporting medical needs, particularly where it is used for air heating, water heating, or other functions essential to maintaining safe and stable conditions for people with medical needs.

Awareness of the underlying energy source of a particular appliance on the part of a life-support registrant or carer should not be assumed. Many life support needs are met through integrated household systems where the distinction between electricity and gas may not be obvious. As a result, reliance on medical confirmation alone (particularly where confirmations are not always returned or returned promptly) to identify gas life support needs risks under-identification and gaps in protection.

Accordingly, inquiries about gas life support needs should form part of the initial life support registration process for electricity, rather than being deferred solely to the medical confirmation stage. Early identification helps ensure that appropriate protections and information are in place across energy types and reduces the risk that critical needs are overlooked.

Similarly, where a person contacts their gas retailer to register life support requirements, the process should support identification of any related electricity needs.

Where a person indicates that gas / electricity is required to support life support needs and their gas supply is provided by a different retailer to their electricity retailer, it is appropriate for the retailer contacted first to actively refer the person to their other retailer. This would support continuity of protections and reduce the burden on individuals to navigate complex retail arrangements during what is often an already challenging process.

Recommendation 17

That electricity retailers be required to proactively ask whether gas is also used to support life support needs (and vice versa). Where the relevant energy supply is provided by a different retailer, retailers be required to actively refer the person to the other retailer to support timely registration and appropriate protections across both energy types.

3.9 Centralised life support register

We broadly support the intent of the recommendation for the Department of Climate Change, Energy, the Environment and Water (DCCEEW), Services Australia and jurisdictions to explore the establishment of a centralised database, or jurisdictional databases, to manage life support registrations. Rationalisation in a central register(s) is the preferred long-term model for life support registration, as it would address many of the structural limitations inherent in retailer-based arrangements.

From a consumer perspective, more centralised registers – at either Commonwealth or jurisdictional level - would provide greater continuity of protections by decoupling life support registration from retail relationships. This would eliminate the need for households to re-engage with registration processes when switching retailers and reduce unnecessary administrative burden and risk of accidental loss of protections. It would support genuine consumer choice by ensuring that people relying on life support equipment are not deterred from switching retailers due to safety concerns or process complexity. It would also ensure more robust application of concessions/rebates and better alignment with other supports and assistance and protection measures.

A central database(s) would also improve data integrity and accuracy by establishing more authoritative sources of life support information. This would reduce duplication, inconsistencies, and gaps in information sharing between retailers, distributors, and other relevant parties, including embedded network operators and government agencies. Improved data quality would better support outage planning, prioritisation, and emergency response, particularly during extreme weather events or disasters.

Importantly, more centralised registers have the potential to deliver benefits beyond the energy market. With appropriate governance and safeguards, central register(s) could facilitate more coordinated support across utilities and emergency and government services, improving preparedness and response for people whose health and safety depend on uninterrupted energy supply.

A centralised register at a Commonwealth level, while preferable, would require coordinated action across jurisdictions and market bodies and involve a range of complexities which mean central registers at a jurisdictional level are more practical.

Regardless, the case for such a reform is increasingly urgent. Climate change is expected to result in more frequent and severe extreme weather events, increasing the likelihood of prolonged and unplanned outages. At the same time, demographic trends, including an ageing population and the growing prevalence of in-home medical care, are likely to drive increased reliance on life support equipment within households. In this context, the limitations of fragmented, retailer-based registration arrangements are likely to become more pronounced. A centralised life support register – at either Commonwealth or jurisdictional level - would enhance system resilience, improve continuity of protections, and better position the energy sector to respond to escalating safety risks for people whose health depends on reliable energy supply.

Recommendation 18

That the AEMC continue to support and recommend DCCEEW, Services Australia and jurisdictions explore the establishment of a centralised database(s) at either Commonwealth or jurisdictional level, to manage life support registrations.

4. Theme 3: communication and contact methods

4.1 Secondary contact person

We support enabling the nomination of a secondary contact person for people relying on life support equipment. The inclusion of a secondary contact is an important safeguard which recognises the realities faced by many life support households, including periods of ill health, hospitalisation, cognitive impairment, or reliance on carers or family members to manage essential communications.

However, we are concerned that reliance on the medical confirmation process for nomination of the secondary person may result in missed opportunities to record a secondary contact, particularly given that not all people are able to return medical confirmation forms in a timely manner.

At the point of initial life support registration, retailers should be required to ask whether a secondary contact person should be nominated. While a secondary person's consent will always be required and it will not be possible in all circumstances for retailers to capture this information, a requirement to actively ask the question would materially improve the inclusion of secondary contacts. Capturing this information early would ensure that an additional point of contact is available from the outset, rather than contingent on later administrative steps that may be delayed or inaccessible. This may also aid in ascertaining medical confirmation or other valuable information.

Recommendation 19

That retailers be required to ask whether a secondary contact person should be nominated at the time of initial life support registration.

Further, life support users should be able to determine the circumstances in which the secondary contact person is contacted. The use of a secondary contact should not automatically default to being contacted for planned outages and the annual check in from retailers. Instead, individuals

should be able to elect when that person is contacted – where they have specific preferences - for example, during outages, emergencies, or where the retailer has been unable to establish contact through primary channels. This approach respects autonomy and privacy, while still enhancing safety and reliability of communication.

Recommendation 20

That life support users be able to elect the circumstances in which a secondary contact person is contacted – where they have specific preferences - rather than only applying a default approach to communication.

Overall, enabling the nomination of a secondary contact person, coupled with clear and consumer-directed controls over how and when that contact is used, will improve communication outcomes and reduce the risk of critical information not reaching households who rely on life support equipment.

4.2 Electronic contact details and communication preferences

We support the AEMC’s proposal to enable greater use of electronic communication methods to contact people who rely on life support equipment, provided these align with the individual’s expressed communication preferences. Electronic communications can improve timeliness, efficiency and accessibility, particularly for planned interactions and notifications.

We note that communication preferences and electronic contact details appear primarily linked to the medical confirmation process in the Draft. Given not all life support households are able to return medical confirmation forms, relying on this process alone risks missing critical information about how people wish to be contacted. Retailers should be required to capture communication preferences and electronic contact details at the time of initial life support registration. Doing so would be more efficient, reduce administrative barriers, and ensure that appropriate communication channels are in place as early as possible.

Recommendation 21

That retailers be required to capture electronic contact details and communication preferences at the time of initial life support registration, rather than relying solely on the medical confirmation process.

Notification requirements relying on a single communication method, particularly in relation to outages, are a concern. From a safety perspective, people who rely on life support equipment should be able to elect more than one method of contact, such as SMS and email, to reduce the risk that critical information is missed due to technical issues, accessibility barriers or temporary unavailability. Allowing households to nominate two communication methods would provide an important additional safeguard at minimal cost, as most communication methods are electronic.

Recommendation 22

That people registered for life support be able to nominate up to two preferred communication methods for outage notifications, to reduce safety risks associated with missed or unsuccessful contact.

5. Other issues

5.1 Review of effectiveness

As detailed above, we recommend a review be undertaken two years after the commencement of the final rule to assess its effectiveness in practice, with the evaluation criteria to be established in consultation with stakeholders.

Given the safety-critical nature of life support protections, it is essential that the impacts of the rule are evaluated against real-world outcomes rather than assumed benefits. A scheduled review would provide an opportunity to examine whether the changes have improved registration accuracy, reduced administrative barriers, enhanced communication and strengthened protections for people who rely on life support equipment.

5.2 Monitoring, measurement and data collection

We support more robust and consistent data collection against effective criteria as it is critical to understanding whether the life support framework is functioning as intended. Systems should be put in place to enable consistent measurement, monitoring and reporting on key life support indicators over time. As well as collecting the number of life support customers and customers with life threatening conditions, retailers should also be required to collect other relevant data. Additional relevant data should be determined in consultation with stakeholders but could include:

- the number of life support registrations without current medical confirmation;
- the types of life support equipment in use;
- geographic distribution of life support registrations (for example, by postcode);
- the number of households with sufficient back-up plans; and
- switching behaviour of households registered for life support equipment, compared with households not registered for life support.

Collecting and reporting this information would help identify systemic barriers, unintended consequences, and areas requiring further reform or support. Much of this information could be appropriately captured through the AER's existing Retail Performance Reporting framework.

Recommendation 23

That metrics for monitoring and reporting of life support outcomes be developed in consultation with stakeholders – with appropriate data being captured and reported through the AER's Retail Performance Reporting framework.

The proponents sought improved registration accuracy in large part to enable DNSPs to more effectively support households relying on life support equipment. We support this intent. Accordingly DNSPs should be required to publish information regarding how they use life support information on their websites.

DNSPs should begin to track and report on the support activities they undertake in order to build transparency, accountability and evidence for future improvements. This approach would help ensure more accurate registration information leads to tangible safety benefits, rather than functioning solely as an administrative improvement.

Recommendation 24

That DNSPs reporting on measures and performance relating to life support registrants be required, and used to inform and improve safety.

5.3 Updates during unplanned outages

While the draft determination focuses on planned outage notification requirements - and noting that it can be difficult to be prescriptive in emergencies - we encourage the AEMC to consider future pathways to enhance communication during unplanned outages. [Research indicates](#) that people who rely on life support equipment value not only initial notification of unplanned outages, but also regular updates to support decision-making and back-up planning. Exploring mechanisms to provide ongoing status updates during unplanned interruptions would further improve safety and confidence for life support households.

Recommendation 25

That the AEMC explore future enhancements to communication arrangements enabling ongoing updates to life support households during unplanned outages.

5.4 Future consideration of terminology

Future policy work should explore the terminology used within the life support framework. [Previous research](#) undertaken by the Australian Energy Foundation has identified concerns that existing terminology may not adequately reflect lived experience, may be confusing, or may unintentionally deter engagement. Revisiting terminology in a future reform process - such as through BECE - could support clearer communication, reduce stigma, and better reflect the diversity of needs associated with energy-dependent medical equipment.

Recommendation 26

That the recommendation for ongoing work by BECE include review of the terminology used in the life support framework, drawing on consumer research and lived experience to seek improvements.