

16 September 2025

By email: [energyreform@esc.vic.gov.au](mailto:energyreform@esc.vic.gov.au)

Energy Consumer Reform  
**Essential Services Commission**

Dear Essential Services Commission,

## **Better protections for life support customers in Victoria review**

We welcome the opportunity to provide the Essential Services Commission (ESC) our submission in partnership with Westjustice, to the consultation on 'Better protections for life support customers in Victoria'<sup>1</sup>. In this submission, we discuss the proposed changes outlined in the #BetterTogether rule change request<sup>2</sup> submitted to the Australian Energy Market Commission (AEMC) in August 2024, and the AEMC's consultation in response<sup>3</sup>.

We support stronger protections for life support customers across Australia and agree that harmonisation across energy market jurisdictions could support this outcome. We agree with the central issue identified in the discussion paper and rule change request that the current life-support registers are inaccurate and do not adequately identify customers who require priority support. However, the proposed approach, that requires documentation and imposes strict default timeframes and removal of potentially at-risk consumers from a lifeline, is heavy handed. The consequences of this approach could cost lives – and appears to run counter to the overall purpose of the register itself.

We support further progress of recommendations from the Network Resilience Review and Network Outage Review<sup>4</sup>, which we consider provide expansive, outcomes-based, detailed views of the cross-sectoral measures needed to support people using life support equipment during an emergency event, without resorting to restricting life support register eligibility and introducing burdensome registration processes. We discuss recommendations throughout this submission to that end.

A summary of recommendations is available at **Appendix A**.

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<sup>1</sup> Essential Services Commission, [Better protections for life support customers in Victoria | Engage Victoria](#), July 2025

<sup>2</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024,

<sup>3</sup> Australian Energy Market Commission, [Consultation paper: Life support rule change](#), July, 2025

<sup>4</sup> The State of Victoria Department of Environment, Land, Water and Planning, [Electricity Distribution Network Resilience Review Final Recommendations Report](#), 2022; The State of Victoria, [Network Outage Review: February 2024 Storm and Power Outage Event, Independent Review of Transmission and Distribution Businesses Operational Response – Final Report](#), June 2024

## **About Consumer Action**

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.

## **About Westjustice**

Westjustice is a community organisation that provides free legal help to people in the Western suburbs of Melbourne. We can help with a broad range of everyday legal problems including consumer disputes, credit and debt, family law and family violence, fines, motor vehicle accidents, tenancy, youth criminal law and more. We have offices in Sunshine and Werribee, as well as a number of outreach services.

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## Introduction

Life support customers are some of the most vulnerable people in Australia, especially during power outage events. We agree that failure to accurately maintain life support registers can result in challenges to provide emergency response services during unplanned outage events. However, we are concerned that the proposed rule changes do not address the underlying causes of inaccurate life support registers. If implemented as drafted, these reforms could exclude existing and prospective life support customers from the register, without providing any additional material outcomes to those who need it most.

In our view, proposed changes to life support rules should be assessed as to whether they provide any additional protections or material benefits to people with life support needs, now and into the future, if they are to meet the intention of strengthening life support protections. We don't believe that the rule changes as they are currently proposed increase benefits or protections for life support customers. Instead, we hold the view that the proposed rule changes would shift the burden of maintaining accurate registers onto life support customers, their families and carers, and their medical practitioners.

We provide some overarching concerns in this introductory section and respond to the consultation questions in sections 1 – 4 of this submission.

### **The need for review**

In the context of climate change and the consequent increase in emergency weather events and power outages, it is important that emergency response planning is prioritised. Victoria will likely experience more extreme weather and unplanned outages, and these events pose a higher risk for regional or rural areas, where the impacts of disasters may be more severe and existing infrastructure and network coverage is less developed than metropolitan areas.

We also agree with the importance of distributors being able to identify people who would die or face debilitation within 48 hours of a power outage, in order for this information to be provided to emergency services to respond rapidly and assist those identified households in an outage event. However, we submit that this outcome can be achieved without the proposed changes to definitions, eligibility and processes outlined in the rule change request for all life support customers.

### **New definitions cause risks to life support customers**

We hold the view that no one should have their health or life put at risk because their electricity or gas supply has been disconnected. Based on this view, we oppose the proposed categorisation of some life support needs as being assistive, and therefore less critical. We consider that defining some life support equipment as assisting someone's quality of life obfuscates and minimises the risk of harm caused to people if they lose access to it. If these two definitions are established, it could result in people with life support needs having to live with higher risk of harm to their health and life, by defining necessary conditions (such as liveable temperatures; refrigeration of medicine or ability to use motorised accessibility equipment) as merely 'assisting' quality of life. Similarly, restricting life-long registration for people with permanent conditions to only those who have met the eligibility requirements of 'critical' needs places unnecessary barriers to registration and risks excluding current or prospective life support customers who have lifelong conditions, who require life support registration. We discuss the recommendation of a priority service register in sections below, as an alternative to ensure rapid response is provided as relevant to life support customers' needs.

### **Responsibility of retailers**

The rule change request identifies that existing life support registers are inaccurate, and that at least in part, this is due to retailers re-registering life support customers who have requested (on many occasions multiple times) to

be deregistered<sup>5</sup>. The rule change request also identified that 48% of premises found out about registering for life support through their doctor<sup>6</sup>. This highlights that retailers efforts to inform prospective and existing customers about life support registration are ineffective. While we support medical practitioners being able to provide this information to their patients, we are concerned that due to ineffective customer engagement by retailers, the proposed rules shift the responsibility and risk of maintaining accurate registration on to life support customers, their families and medical practitioners.

We are also concerned that the rule change request proposes to reduce penalties for non-compliance in circumstances where retailers have not accurately registered life support customers<sup>7</sup>. Given that non-compliance in this area is literally a matter of life and death, we strongly oppose these proposed changes as we believe any reduction in penalties would be counterproductive to strengthening life support protections and prioritising the accuracy of life support registers.

### **Misuse of life support registers**

Proponents of the rule change request state that one of the reasons for their proposal is misuse of the life support registration process by consumers, citing limited data from a single distributor<sup>8</sup>. We strongly reject this claim and submit that such significant changes to life support protections should not be made based on the small possibility of misuse of the register. We don't support rule changes that would require all prospective and current life support customers to provide private medical evidence to a non-medical provider because of the small risk of misuse of the system. Instead, we contend that those instances should be taken on a case-by-case basis, and rule changes should aim to make the system as accessible and frictionless as possible. We note that the proposed Medical Confirmation form requires completion by a specialist medical practitioner, not a general practitioner, which we believe could likely create further barriers to registration for marginalised and vulnerable consumers. We discuss these potential barriers further in response to questions 16 to 18.

### **Establishing a priority service register**

The Network Resilience Review's expert panel recommended that the Department of Environment, Energy and Climate Action (**DEECA**, formerly DELWP) and the ESC develop definitions of 'vulnerable persons', 'critical infrastructure' and 'community assets' for the purposes of establishing a Priority Service Register (**PSR**)<sup>9</sup>. The PSR would be developed and maintained in partnership with distribution and retail businesses, to help inform restoration priorities, with the view of ensuring people who require immediate assistance and power restoration are prioritised in outage events.

It is important to note that the expert panel's recommendation to establish these definitions was stated with the view that vulnerable customers are not only those on life support, and that other vulnerable customers including children, the elderly and people with disabilities are exposed to significant risks during outage events<sup>10</sup>. The review identified that a PSR would assist in ensuring relief measures and rapid response to vulnerable people, in addition to those registered for life support needs. It further recommended a more expansive set of information regarding vulnerable consumers (in addition to life support registered people) should be required to be recorded by distribution businesses, as well as information regarding identified critical infrastructure and community assets. Recording this information would help inform their restoration priorities and other relief efforts<sup>11</sup>.

We strongly support further consideration and prioritisation by DEECA and the ESC to improve targeted delivery of emergency response needs by area, through the development of a PSR. While we agree there must be a system

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<sup>5</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.23

<sup>6</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p12

<sup>7</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.28

<sup>8</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.28

<sup>9</sup> [Electricity Distribution Network Resilience Review, Final Recommendations Report](#), p.49

<sup>10</sup> *Ibid* p.51

<sup>11</sup> *Ibid* pp.51-52

where people who are more at risk of death due to power outage are provided rapid response, this should not come at a cost to all life support customers, which is what we consider the proposed rule change imposes

We support the Network Resilience Review recommendations as a means to improve reaching vulnerable consumers during outages, as we believe that these recommendations would improve emergency planning and result in the material outcome of ensuring energy resources such as back-up generators and assistance in transporting people to hospital, are provided to life support customers as required and appropriate to those customers during unplanned outage events.

## Section 1: New definitions to provide better life support protections to customers

1. Do you have any views on the proposed definitions? Would they appropriately capture all life support customers' needs, including those that do not involve equipment, such as refrigeration for insulin pumps?

### a. Critical vs. assistive

We agree that there should be a method for distributors, and health and energy departments to identify households with people who are at risk of immediate death or debilitation in the first hour of a disconnection from an energy source (gas or electricity). As noted above, we support the establishment of a PSR to this end.

We are concerned with the proposed definitions of 'critical' and 'assistive' in the rule change request, as we do not believe that the proposed creation of two definitions of life support customers will result in the outcome of assuring rapid delivery of back-up energy resources to people in instances of critical need. Instead, we are concerned that the two definitions would create a tiered system that minimises some people with life support needs as having merely 'assistive' needs, which are therefore non-critical to their health. For example, these definitions could exclude or deprioritise some life support customers who require refrigeration of medication, heating and cooling, or motorised aids such as electric-powered wheelchairs, beds or chairlifts.

In its recent report, the Australian Energy Foundation (AEF) found that over two fifths of customers felt that a category-based model would result in the risk that their needs would be underestimated by their distributor, resulting in them being placed lower on the priority list<sup>22</sup>.

We agree that ensuring people who are at risk of death or debilitating injury within the first hour of a power outage or disconnection should be prioritised for rapid response. To this end, we support the development of a PSR owned by DEECA and the ESC as mentioned earlier in our submission. This register would ensure that rapid response by emergency services is provided to those who would be at risk of death or debilitation in the first hour of an unplanned outage.

As identified above, we don't conclude that the proposed categories of 'critical' and 'assistive' will provide the same outcome of ensuring rapid response priority to life support customers with differing needs during an emergency. We further hold the view that the development of an 'assistive' category risks devaluing the needs of some life support customers unnecessarily. With regard to the life support register, we submit that all people on the register should continue to be considered as life support equipment users and retain having equal, strong protections.

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<sup>22</sup> Australian Energy Foundation, [Better outcomes for energy consumers using life support equipment at home](#), August 2021, p30. "When asked about their views if distributors created a category-based Life Support Customer model for identifying and providing support to those most in need, over two fifths of customers felt this would create a level of anxiety. These customers felt there was a risk their needs would be underestimated by their distributor, resulting in being placed lower on the priority list than they should be"

In the following two sections, we provide some examples of life support needs that could be considered 'assistive' under the proposed definition, and the risks that people with these conditions could face if they are disconnected from an energy source required for their equipment.

### **b. Medical equipment vs. any other equipment**

Within the Energy Retail Code of Practice (ERCoP), and Victorian energy retail law, the definition of life support equipment includes 'any other equipment (whether fuelled by electricity or gas) that a registered medical practitioner certifies is required for a person residing at the customer's premises for life support'<sup>13</sup>. The proposed list of life support equipment in the rule change states 'any other **medical** equipment that a registered medical practitioner certifies is required for a life support customer'<sup>14</sup>. We are concerned with the proposed rule changes replacement of 'any other equipment' with 'any other medical equipment' and the potential implications for people living with serious health conditions.

#### Excluding current and prospective life-support customers

Through our casework supporting Victorians on the National Debt Helpline (NDH), we are aware that some of our clients live with illnesses such as cancer, and type 1 and 2 diabetes, who require their treatment to be continuously refrigerated. For example, for type 2 diabetics, improperly stored insulin can result in diabetic ketoacidosis and death from hyperglycaemia. Furthermore, people with health conditions such as cancer and arthritis commonly require heating or cooling of the home to manage the severity of their symptoms. We are concerned that this change to the definition of eligible equipment will likely restrict life support customers who require refrigeration, heating and cooling, or other electricity or gas dependent equipment used by customers for their medical conditions from being on the register.

For example, as identified in the case study below, Simon has arthritis which requires him to have particular temperatures in his home. Under the proposed definitions Simon's heater would not be considered medical equipment. Further, his needs may not be considered 'critical' under the proposed definitions.

### **Case Study**

Simon\* is around 40 years old and has recently moved back home to live with family in regional Victoria. Simon has been receiving the Disability Support Pension, which is around \$1,000 per fortnight, as his sole income for many years. Simon lives with chronic health conditions, including arthritis, and is taking medications that have resulted in significant and permanent side effects. However, his medications allow him to maintain mobility. Simon is a registered life support customer as his arthritis requires him to have the heater on most of the time.

Simon contacted the NDH after speaking to his retailer about an accrued debt of several thousand dollars from a closed energy account from his previous rented home. Simon had informed his retailer that he couldn't afford to make payments towards the closed account debt. Simon shared with the NDH financial counsellor that he had been too unwell to manage his finances, he was struggling to manage his bills due to his health, and his low-income wasn't sufficient to cover his essential costs.

\*name changed

<sup>13</sup> *Electricity Industry Act 2000 (Vic) Part 2 Div. 5C s 40SA & Gas Industry Act 2001 (Vic) Part 3, Division 4AA*

<sup>14</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.10

We are concerned that if these new definitions are adopted, the proposed list would remove existing life support customers from the register who require non-medical equipment for their health conditions, as well as restricting and disincentivising prospective life support customers from registration.

### c. Positive airways pressure respirator and non-invasive ventilation

The proposed medical confirmation form (Appendix A of the consultation paper) provided within the rule change request includes 'non-invasive ventilation (e.g. positive airways pressure respirator PAP)' and footnotes that this equipment is only considered eligible for adults when it is ventilator dependent; and must include back-up power<sup>15</sup>. For children, it is only eligible when prescribed by a treating paediatrician<sup>16</sup>. The footnotes in this proposed form go beyond the definition of 'life support equipment' under the *Electricity Industry Act (Vic)* which states that a chronic positive airways pressure respirator is life support equipment, and that a person who *requires* such equipment is a life support resident<sup>17</sup>. The footnotes of the medical confirmation form shouldn't overcomplicate or accidentally undermine what the legislation sets out. We believe this definition to be excessively prescriptive, to the extent that it is punitive to people who require non-invasive ventilation, including Continuous Positive Airway Pressure (CPAP) machines. The proposed definition would also prevent children who require this equipment but don't have a treating paediatrician from being registered life support persons<sup>18</sup>.

Overwhelming medical research has found that sleep apnoea can cause significant health impacts, in some cases with life-threatening consequences. Peer-reviewed medical research has found sleep apnoea is strongly correlated with type 2 diabetes<sup>19</sup>, cardiovascular strain resulting in strokes<sup>20</sup>, mental health issues and sleep-deprivation impairment resulting in injuries and accidents. One medical study has found that untreated sleep apnoea increases the risk of sudden death by 30%<sup>21</sup>. Peer reviewed medical research has also found that global warming may increase obstructive sleep apnoea, estimating a loss of over 1 million healthy life years (in 29 countries)<sup>22</sup>. This provides strong grounds to ensure that the inclusion of CPAP machines and other forms of equipment to address obstructive sleep apnoea (OSA) should be captured as registerable equipment.

We submit that the restrictive definition of non-invasive ventilation currently proposed will exclude people who require CPAP machines, and if implemented, would likely cause deregistration of people with life support needs from the register, exposing them to higher risk of health detriments. For these reasons we are opposed to the restriction of eligibility for forms of non-invasive ventilation, and recommend that the requirements listed in the proposed medical confirmation form (shown as footnote 26) be removed.

### d. Future life support equipment considerations

In addition to these issues, we propose that the prescriptive nature of the equipment list presents a future risk, in that as technology advances and new types of equipment become available for life support users, the list would require further amendments and additions. This would create unnecessary administrative burden on customers, industry and regulators to continue updating or amending the list. The requirement to submit specific medical equipment lists to a retailer presents a barrier to customers who require ongoing connection due to life support needs. These barriers are reduced by allowing for a non-prescriptive list. We view that the existing definition under

<sup>15</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.40

<sup>16</sup> *Ibid* p.40

<sup>17</sup> *Electricity Industry Act 2000 (Vic)*, Part 2, Division 5C, s 40SA

<sup>18</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.40

<sup>19</sup> Pamidi S, Aronsohn RS, Tasali E. Obstructive sleep apnea: role in the risk and severity of diabetes. *Best Pract Res Clin Endocrinol Metab.* 2010 Oct;24(5):703-15. doi: 10.1016/j.beem.2010.08.009. PMID: 21112020; PMCID: PMC2994098.

<sup>20</sup> Marshall N.S, Wong K.H, Cullen S, Knuiam M, Grunstein R. Sleep Apnea and 20-year follow-up for all cause mortality, stroke, and cancer incidence and mortality in the Busselton Health Study Cohort, 2014 April 15, <https://doi.org/10.5664/jcsm.3600>

<sup>21</sup> Young T, Finn L, Peppard PE, Szklo-Coxe M, Austin D, Nieto FJ, Stubbs R, Hla KM. Sleep disordered breathing and mortality: eighteen-year follow-up of the Wisconsin sleep cohort. *Sleep.* 2008 Aug;31(8):1071-8. PMID: 18714778; PMCID: PMC2542952.

<sup>22</sup> Lechat, B., Manners, J., Pinilla, L., Reynolds, A. C., Scott, H., Vena, D., Bailly, S., Fitton, J., Toson, B., Kaambwa, B., Adams, R. J., Pepin, J. L., Escourrou, P., Catcheside, P., & Eckert, D. J. (2025). Global warming may increase the burden of obstructive sleep apnea. *Nature Communications*, 16, Article 5100. <https://doi.org/10.1038/s41467-025-60218-1>

Victorian energy retail law supports consumer dignity and privacy and minimises barriers to registration for people requiring life support.

We support the existing definition of life support equipment including *'any other equipment (whether fuelled by electricity or gas) that a registered medical practitioner certifies is required for a person residing at the customer's premises for life support'*<sup>23</sup>. We further recommend that this definition be included in any template medical confirmation form. We believe this definition provides the flexibility required to meet the complexity and variety of needs, circumstances and health conditions of people who require connection due to life support. Retaining this clause allows for a person-centred approach, wherein their medical professional can account for the varying needs of their patient, from a holistic view, rather than a prescriptive, restrictive approach. This also ensures that in the inevitable event of new equipment being developed in future, relevant life support customers will be eligible for registration without continual updates to the list of qualifying equipment.

As is current practice, we support the ESC retaining guidelines on examples of eligible medical or non-medical equipment, and hold the view that these guidelines are appropriate and expansive enough to avoid the risk of excluding people with particular equipment needs, without the need for the introduction of a restrictive definition of qualifying equipment

**RECOMMENDATION 1.** Maintain the current definition of life support equipment, and include within the medical confirmation form *'any other equipment (whether fuelled by electricity or gas) that a registered medical practitioner certifies is required for a person residing at the customer's premises for life support'*

**e. Children – only under the age of 16.**

Under Victorian energy retail law, a life support resident is a person who requires life support equipment, regardless of their age<sup>24</sup>. The medical confirmation form included in the rule change request states that children are considered children up to 16 years of age<sup>25</sup>. It is challenging to assess the benefits of this proposed change without being provided data on the numbers of children requiring life support, and we believe it is hard to see the rationale for cutting children off at 16. We are opposed to the inclusion of a definition of children within energy retail law or the ERCoP. The rule change request also defines some life support equipment including nebulisers and apnoea monitors as being for children only. We do not believe that these types of equipment should be unnecessarily restricted.

We are concerned that in practice, the proposed definitions would mean children who reach the age of 16 would face the deregistration process due to no longer meeting the definition of a child, causing those customers and their family or carers to have to undertake an additional registration process when they reach the age of 16. We submit that this age restriction would create additional barriers for an already significantly vulnerable group of people and their families and carers. We are yet to observe in the rule change request or consultation paper what additional benefits or outcomes this age definition would provide to life support customers who are children.

We submit that the existing definition of life support resident adequately captures the relevant needs and information required to register someone, regardless of their age, to the life support register and therefore recommend it be retained

<sup>23</sup> *Electricity Industry Act 2000 (Vic) Part 2 Div. 5C s 40SA & Gas Industry Act 2001 (Vic) Part 3, Division 4AA*

<sup>24</sup> *Electricity Industry Act 2000 (Vic) Part 2, Div. 5C s.40SA & Gas Industry Act 2001 (Vic) Part 3, Division 4AA*

<sup>25</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.40

**RECOMMENDATION 2.** Remove eligibility exclusions for types of medical equipment which restrict their use to children only from the proposed medical confirmation form.

**RECOMMENDATION 3.** Retain the existing definition under Victorian energy retail law of life-support resident, which includes people under the age of 18.

2. Is it appropriate to have the same list of equipment from which to draw the definitions of assistive and supportive life equipment? Are two different sets of lists needed, one for each type of equipment?

As outlined earlier in this submission, we're concerned that distinguishing between 'critical' and 'assistive' life support equipment needs will create a tiered system of life support users. We believe it is not appropriate to separate lists of life support equipment, as this could further entrench a tiered system resulting in differing treatment of life support users.

3. Are there any specific needs related to equipment that requires gas connection that we need to capture?

We consider that the existing definitions in the ERCoP and Victorian energy retail law provide adequate protection for people with specific needs related to equipment requiring gas connection. As recommended above, we believe that the ESC should retain the existing clause to include *'any other equipment (whether fuelled by electricity or gas) that a registered medical practitioner certifies is required for a person residing at the customer's premises for life support'*. We believe that this clause adequately accounts for people who use gas-dependent equipment for life support needs to remain eligible for life support registration.

## Section 2: Improving registration and deregistration processes

The rule change proposal asserts that life support customers who fail to provide medical confirmation resulting in their deregistration, who then reapply as requiring life support are 'misusing' life support registration 'most likely as a means to prevent being disconnected for non-payment'<sup>26</sup>. We strongly disagree with this claim and note that the provision of medical confirmation is not necessarily a simple or accessible task, particularly for people who require life support registration who are marginalised and vulnerable in other intersecting ways, such as hearing or sight impaired; living regionally or remotely, or receive low incomes.

We note that the rule change proposal provides an example of 700 Ausnet customers who have been registered and deregistered five times from the life support register nationally. If this figure was for Victoria alone, this would represent less than 0.043% of all Ausnet customers, based on their service to 1.6 million Victorians<sup>27</sup>. We submit that this is not a significant number of customers, to warrant such considerable changes to registration requirements. Instead, the proposed changes would likely cause additional barriers to access for the most vulnerable cohorts, placing them at higher risk of disconnection.

As indicated in the rule change proposal, there have been numerous instances where a customer has requested to of distributor to be deregistered, however the retailer re-registers the premises. In some cases, re-registration by retailers is recurring automatically<sup>28</sup>. We submit that the issue of inaccurate registers are a product of more structural issues related to retailers' compliance with their life support obligations. We submit that businesses responsible for managing life support registers may be motivated to continue to re-register life support customers,

<sup>26</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.28

<sup>27</sup> Ausnet services [Our customers and communities - AusNet](#) accessed 2<sup>nd</sup> September 2025

<sup>28</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.24

due to their concern with receiving consequent penalties in the event that they inaccurately de-register a person. We discuss this further in response to question 11.

## Registration and medical confirmation processes

5. Do you have any views on requesting an updated medical confirmation form from life support customers every four years? Is four years a reasonable timeframe?

We oppose the requirement on life support customers to provide medical confirmation every four years, and we question whether establishing a mandate on customers to provide a medical confirmation form every four years will assist in making life support registers more accurate.

In the previous review of life support protections, the ESC outlined a requirement for retailers to provide a template medical confirmation form to their customer, with the view that it would lessen the likelihood of a customer being inadvertently de-registered<sup>29</sup>. These changes came into place in 2020<sup>30</sup>, and yet the data provided in the rule change request indicates that the life support register has not improved in accuracy since the introduction of this requirement<sup>31</sup>.

The rule change request indicates that part of the inaccuracy stems from re-registration by retailers, even in cases where the customer has requested deregistration<sup>32</sup>. We do not believe that requiring an updated medical confirmation form addresses this issue. We submit that placing the onus on consumers to provide medical confirmation every four years is an unfair burden for reconfirmation and creates additional administrative barriers to people who are often in the most vulnerable circumstances. People with significant health conditions are likely requiring their medical appointments for treatment, and expecting their appointments to prioritise the completion of medical forms detracts from treatment time (or requires the booking of additional appointments) to complete administrative tasks.

*"Customers believe that energy companies and government should trust that the need for the life support equipment remains until informed otherwise by the customer themselves."<sup>33</sup>*

– 'Better Outcomes for energy consumers using life support equipment at home' Australian Energy Foundation

The AEF's recent research into to how life support customers can be best supported by the energy industry found only 0.5% of survey respondents indicated that their medical condition was temporary<sup>34</sup>. This provides strong evidence to indicate that people who are registered for life support have a permanent need for this registration. The AEF found that 95% of life support customers surveyed stated they would support a medical confirmation form that clearly states they require their equipment for their whole life. Importantly, they stated this preference particularly if it meant it the reapplication process would be repealed<sup>35</sup>.

If the motive behind this proposed process is to ensure the life support register is up to date, we instead suggest that in addition to their current obligations to deregister a customer when they are provided notice from that customer, retailers must also provide a notice to all customers once a year with information regarding life support registration, and a reminder to make sure customers' details are up to date. Customers who no longer require life support registration can contact their retailer to request deregistration as per the current process.

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<sup>29</sup> Essential Services Commission, [Strengthening protections for life support customers Final Decision](#), December 2019, p.46

<sup>30</sup> Essential Services Commission, [Strengthening protections for life support customers Final Decision](#), December 2019

<sup>31</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.23

<sup>32</sup> *Ibid* p.23

<sup>33</sup> Australian Energy Foundation, [Better outcomes for energy consumers using life support equipment at home](#), August 2021, p.88

<sup>34</sup> Australian Energy Foundation, [Better outcomes for energy consumers using life support equipment at home](#), August 2021, p.61

<sup>35</sup> Australian Energy Foundation, [Better outcomes for energy consumers using life support equipment at home](#), August 2021, p.88

**RECOMMENDATION 4.** Do not include a requirement for medical confirmation every four years for life support customers to remain registered

**RECOMMENDATION 5.** Adopt a requirement within the ERCoP for retailers to provide a notice to all customers once a year with information regarding life support registration, and a reminder to life support customers to make sure their details are up to date.

6. Should customers with a permanent condition be exempt from the requirement to update their medical confirmation form every four years?

We don't support the requirement for medical confirmation every four years for the reasons outlined above. However, in the event that the ESC adopts a medical confirmation requirement every four years, we strongly recommend the adoption of an exemption for people with permanent conditions, as a protection against people with permanent life support needs being deregistered, or having to periodically reapply. We note that this could include up to 95% of life support customers, as referenced above from AEF's survey findings.

In practice, we are concerned that in implementing this exemption (if required), people with permanent conditions will be required to provide unreasonable amounts of medical information in order to demonstrate their eligibility for an exemption. We consider that this would place an unfair burden on people seeking an exemption, as well as being invasive. For example, there may be some conditions that do reach the medical definition of permanent, however the person may be very unlikely to recover from their condition. Requiring a person (and their medical practitioner) to provide this detailed level of information regarding their condition and likelihood of recovery in order to prove eligibility for a permanent condition exemption (if adopted), would be excessive. We consider the harm and benefit of any evidence requirements be carefully weighed.

7. Do you have any views on mandating life support customers to provide a medical confirmation form no older than four years to a prospective or new retailer when changing retailer?

We do not support mandating life support customers to have to provide a medical confirmation form when they change retailer. We consider that requiring customers to provide their medical confirmation to prospective or new retailers places the burden on customers experiencing vulnerability, and instead suggest retailers and distributors be required to communicate life support registration and relevant documentation through the business to business (B2B) process.

In Victoria, under energy retail law and the ERCoP the B2B process requires retailers to inform distributors that a person residing or intending to reside in a premises requires life support equipment, unless a distributor has already received this information from the customer<sup>36</sup>. If a distributor has received this information, the distributor is obligated to inform the retailer, in order for the retailer to meet their obligations and register the life support customer. This process ensures that the relevant businesses update their registers and ensure disconnection does not occur for these customers. Requiring consumers to provide a medical confirmation form as an obligation – or face deregistration and be exposed to potential future disconnection – places the onus and the risk of non-compliance onto the person that the rule should be protecting.

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<sup>36</sup> The ERCoP outlines in clause 163 (1) (b): *For the purpose of sections 40SG(4)(a) and (b) of the Electricity Industry Act and sections 48DI(4)(a) and (b) of the Gas Industry Act, the following details are specified as the details that the retailer must give to the distributor: (i) that a person residing or intending to reside at the relevant customer's premises requires life support equipment; and (ii) the date from which the life support equipment is required.*

We do not support this proposed mandatory obligation on customers. Instead, if the proposed requirement for medical confirmation forms to be provided is included, we submit that retailers should be able to receive the medical confirmation from the previous retailer or distributor, removing the unnecessary burden from customers. If there are barriers due to privacy, the retailer can include a request to the customer for consent for this documentation to be shared, during the sign-up process, provided that the retailer or distributor meets the obligations to uphold the principles under privacy law<sup>37</sup>.

**RECOMMENDATION 6.** Retain existing protections and processes of life support registration for customers with new retailers, and ensure life support customers are not mandated to provide medical confirmation forms to new or prospective retailers

**RECOMMENDATION 7.** If medical confirmation form is required, establish a process for retailers to receive consent from their customer or prospective customer to be provided their medical confirmation form from the customers' previous retailer.

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

We don't support the introduction of a limit on registration attempts without a medical confirmation. This creates further barriers to vulnerable consumers and could result in people who require life support registration being denied access, due to documentation requirements. This could result in situations where people who require energy for their medical conditions are cut off from registering their needs, placing them at risk.

The rule change states that only one in five life support registered premises have no medical confirmation<sup>38</sup>. We believe that these figures outlined in the rule change proposal are not substantial enough to warrant the significant adjustments to life support rules, and consequential risks to customers.

We discuss our recommendations regarding mandatory deregistration in response to question 13 below.

11. Are there any other issues that contribute to the inaccuracy of the life support register that we should consider addressing as part of this reform?

### **Retailers' role in maintaining accurate registers**

We agree with the central issue identified in the consultation paper that life support registers maintained by energy businesses are currently inaccurate<sup>39</sup>. We submit that many of the issues identified in the rule change proposal are a result of multiple registers that are not properly maintained by retailers. The onus should not be on consumers requiring life support, many of whom are among the most vulnerable in our community, to ensure that retailers and distributors are maintaining accurate records.

The Network Resilience Review identified that a review of the life support register arrangements was urgently needed, with the view of improving the efficiency of relief activities during a prolonged outage. The expert panel's recommendations included for the ESC to:

<sup>37</sup> For example, to provide information to the consumer about the manner and purpose of collecting their personal information; how their information is stored, and who has access to their information. [Privacy Act 1988 - Federal Register of Legislation](#) (Cth), Part III, Section 14, Information Privacy Principles)

<sup>38</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), August 2024, p.23

<sup>39</sup> Essential Services Commission, [Better protections for Life Support Customers in Victoria – consultation paper](#), July 2025, p.15

- *improve business to business arrangements to ensure retailers are required to provide up to date information to Distribution businesses for use in emergencies; and*
- *drive regular audits of the life support registration and register maintenance processes of Distribution businesses and retailers<sup>40</sup>.*

We believe that in order to address the underlying issue of inaccurate life support registers, the focus must be on the practices of retailers and distributors to determine if they are meeting their obligations. In the event that they are not, priority must be given to implementing measures that set measurable targets for improvements to the accuracy of their registers, including through specific metrics in the reporting to regulators of their registers.

**RECOMMENDATION 8.** For the ESC to establish requirements for retailers to provide their life support registers to the ESC to be audited regularly, including specific and outcomes-based reporting metrics.

### Accurate contact information for communication to all energy customers

The Network Outage Review final report recommended that the ESC require energy retailers to collect the phone and email contact details of all customers for the purpose of sharing with distributors, to facilitate information about power outages. Further, that retailers should be required to check data quality and share with distribution businesses regularly<sup>41</sup>. These recommendations were made with the view that they will (among other benefits) improve the quality of customer contact details held across energy businesses and improve information sharing about outage events to all households. We support these recommendations and consider that the focus for action should be on distributors and retailers improving the accuracy of their customer records and registers, before introducing measures that could deregister existing life support customers.

### Establish a central database

A strong majority of customers believed it would be useful if there was a central protected database where their information was kept, so as to reduce the need to provide their details to multiple energy companies (distributors and retailers).<sup>42</sup> This could be established, similar to other existing central databases such as the Australian Organ Donor Register, managed by Services Australia<sup>43</sup>, however we support a centralised database being held by the ESC and DEECA or state-based equivalent.

We support the development of a centralised life support register, that all distributors and retailers are able to maintain and update. We believe that the technology to do so in a safe and secure manner is available, and a centralised register would prevent duplication, inaccuracies across different databases, and enable relevant parties to cross-check information for accuracy across jurisdictions or sectors. For example, if a person changes retailer, a centralised register would be able to update their record, without multiple points of re-registration across different distribution network service providers (DNSPs), retailers, distributors and government departments.

<sup>40</sup> The State of Victoria Department of Environment, Land, Water and Planning, [Electricity Distribution Network Resilience Review Final Recommendations Report](#), 2022, p.50

<sup>41</sup> The State of Victoria, [Network Outage Review: February 2024 Storm and Power Outage Event, Independent Review of Transmission and Distribution Businesses Operational Response – Final Report](#), June 2024, p. 42

<sup>42</sup> Australian Energy Foundation, *Better outcomes for energy consumers using life support equipment at home*, August 2021, p. 30

<sup>43</sup> Australian Federal Government, Services Australia, [Australian Organ Donor Register - Services Australia](#)

We are aware that industry have raised concerns with a centralised register model due to privacy concerns. In response, we believe that this can be adequately addressed by requesting the consent of the consumer at the point of registration, provided that the retailer or distributor meets the obligations to uphold privacy principles<sup>44</sup>.

This register would also provide benefits to local government agencies and emergency services, in that it could provide localised contact information for people in a given area that is experiencing an outage event. This would support the progression of a PSR, in including information about vulnerable persons, as well as people with critical needs.

**RECOMMENDATION 9.** Establish a centralised state-based life support register that life-support register process owners (DNSPs); DEECA and ESC are able to access, maintain and update.

### Exempt persons and Embedded network customers

12. Are there any specific issues we should consider in relation to exempt persons (including embedded networks)?

We hold the view that all energy consumers should be provided with equal protections regardless of the type of energy connection they hold. In the case of embedded networks, consumers who require life support registration should be provided equivalent protections against disconnection, and obligations to uphold those protections must be extended to Embedded Network Service Providers (**ENSPs**) and Exempt Embedded Network Service Providers (**exempt ENSPs**). We reaffirm our recommendation to the previous life support customers review that all businesses that could bring about a disconnection or outage should be required to be notified and be subject to relevant requirements to give the life support protections effect<sup>45</sup>.

**RECOMMENDATION 10.** Ensure that all businesses that could bring about a disconnection or outage should be required to be notified and be subject to relevant requirements to give the life support protections effect.

### Mandatory deregistration

13. Do you have any views on mandating deregistration when customers have not provided medical confirmation or when customers' circumstances have changed?

We do not support the proposal that a distributor or retailer *must* deregister a customer if they don't provide medical confirmation of their requirement for life support registration. We are concerned that this proposal could result in the wrongful removal of people from life support registers. This could cause significant risks to people's lives, for those most vulnerable who may have not provided medical confirmation, for whatever reason.

In addition to the risk to life this proposal causes, it also transfers the burden of maintaining accurate life support registers onto consumers, instead of strengthening the requirements and implementation measures for distributors and retailers to maintain accurate records.

We are concerned that this approach runs counter to recent policy and strategic priorities of the ESC that acknowledges people – particularly vulnerable consumers – have significant barriers to engaging in systems. As

<sup>44</sup> [Privacy Act 1988 \(Cth\)](#), Part III, Section 14, Information Privacy Principles: For example, to provide information to the consumer about the manner and purpose of collecting their personal information; how their information is stored, and who has access to their information.

<sup>45</sup> Consumer Action, [Strengthening protections for life support customers draft decision](#), September 2019, p.9

outlined in the ESC's Compliance and Enforcement priorities for 2025-26, that 'Victorians experiencing vulnerability should have fair and equitable access to essential services'<sup>46</sup>. One example of the recent reforms to address inequity for vulnerable consumers is to ensure retailers are supporting consumers to access their best offer. The upcoming ERCoP Stage 1 reforms address these barriers, including in requiring retailers to automatically switch consumers to the best offer, except in limited circumstances<sup>47</sup>. We believe that this rule change is at odds with the progressive reforms being implemented in Victoria through the ERCoP Review, and submit that if implemented, would be at the cost of safety to the most vulnerable Victorians who require life support protections.

In our submission to the ESC's previous life support protections review, we recommended that businesses should be required to take households at their word, and not require medical confirmation to register for life support protections<sup>48</sup>. We shared the view that this would be consistent with other expectations on energy businesses to take customers at their word in regard to vulnerability or disadvantage. This position is supported by life support customers, as found in the AEF's survey<sup>49</sup>.

In line with this principle, we recommend retaining one method where distributors or retailers must deregister a life support customer, and that is solely if the life support customer or their nominated representative contact the distributor or retailer and request to remove the life support customer. We affirm that this process will enable people who require life support registration to be registered and remain registered safely.

**RECOMMENDATION 11.** Life support customers or residents should only be deregistered when they have informed the register process owner (retailer or distributor) that registration is no longer required

### Publication of a medical confirmation form template

We agree that a template form could enable consistency and improved accuracy of life support registers across jurisdictions under the National Energy Market (NEM) and Victoria. This could ensure that consumers are informed and provided equal life support protections and registration requirements across jurisdictions. This said, the proposed template does not meet existing Victorian definitions and requirements under energy retail law, including for example the date from which the support is required, or information regarding the process of entering the life support register<sup>50</sup>. As the proposed template form does not meet existing ERCoP rules, if adopted as currently drafted, this could result in exclusions to Victorian life support customers.

We believe this template requires further consultation with a number of consumer cohorts and the broader consumer sector, as we hold the view that in the event that this registration form template is adopted as written, consumers could face significant issues with the registration process. We provide our recommendations regarding consultation with particular consumer cohorts in response to questions 16 – 18 below.

16. Does the medical confirmation form template capture all relevant information to ensure an accurate life support registration and to effectively protect and prioritise customers during planned and unplanned power outages? Is there any information that should be added or removed?

<sup>46</sup> Essential Services Commission, Our Energy compliance and enforcement priorities 2025-26, <https://www.esc.vic.gov.au/electricity-and-gas/victorian-energy-market-reporting-hub/compliance-activities/our-energy-compliance-and-enforcement-priorities>

<sup>47</sup> Essential Services Commission, [Energy Retail Code of Practice | Essential Services Commission](#)

<sup>48</sup> Consumer Action, [Strengthening protections for life support customers draft decision](#), September 2019, p.5

<sup>49</sup> Australian Energy Foundation, [Better outcomes for energy consumers using life support equipment at home](#), August 2021, p.88

<sup>50</sup> Essential Services Commission, [Energy Retail Code of Practice](#), clause 163 (5); [Electricity Distribution Code of Practice](#), clause 12.2.3; [Gas Distribution Code of Practice](#), clause 7.5

#### **a. Key information**

The proposed form should include key information such as the required timeframes or limitation periods, for example the allowed timeframe to return the document. Definitions of key terms such as 'outage'; 'residence' and 'life support' should be included in the form, or provided in a proscribed supplementary information document. Information regarding assistance, including contact information for translation and interpretation services should also be included.

#### **b. Retailer and distributor obligations**

The template form includes a list of consumer obligations, however there is no information provided regarding retailer or distributor obligations<sup>51</sup>. This obfuscates the responsibilities and obligations of businesses, which could lead to prospective or current life support users to incorrectly believe that they are responsible for meeting the obligations regarding life support customer protections. Further, the list of obligations are provided with a checkbox to confirm whether the information has been discussed with the person and are understood, to be undertaken by the medical practitioner<sup>52</sup>. This again obfuscates that a retailer or distributor should be providing this information to their customer. We also consider that this may have the perverse outcome of making it harder for consumers to get this form completed. Through casework experience, Westjustice has found that medical practitioners are (correctly) reluctant to step out of their area of knowledge and claim to have advised or discussed other rights and responsibilities with their patient. This has been found when requesting practitioners provide support letters about a legal problem, and we believe it could likely be an issue here. An acknowledgment of the obligations or asks, if any, should be communicated directly to the customer by the retailer. We consider that further information regarding the obligations of retailers and distributors regarding life support registration and protections for consumers should be included in an updated form.

#### **c. Plain English and language consistency**

The template form does not use consistent language throughout, for example, the words 'house' 'premises', 'property' and 'address' are used throughout the document in different sections, without explanation, to refer to the consumers' residence requiring life support registration. Similarly, the words 'power outage', 'energy outage' and 'planned interruption' are all used throughout the form, without explanation<sup>53</sup>. The person being addressed throughout the form also changes, sometimes within the same sentence, such as '*life support concessions provided by your State or Territory Government have been discussed with the person*'<sup>54</sup>. This could likely cause confusion about who is obligated to confirm this, and as outlined above regarding obligations, creates the impression that the obligation to provide this information to a life support customer is not necessarily held by a retailer or distributor (in addition to the person reading or completing the form). These are just some examples of the issues of clarity, plain English and consistent language that are likely to cause confusion and potentially mislead consumers who are required to complete this form.

#### **d. Accessibility for First Nations, disabled and culturally and linguistically diverse communities**

The proposed form does not include any information about accessing this document in a language other than English, nor does it include access numbers for free translation and interpreter services. This could impact First Nations communities as well as culturally and linguistically diverse (CALD) communities. We would support the development of a template form that is able to be appropriately translated to multiple languages, and plain English.

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<sup>51</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), Appendix A – Medical Confirmation Form, August 2024, pp.39-43

<sup>52</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), Appendix A – Medical Confirmation Form, August 2024, pp.39-43

<sup>53</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), Appendix A – Medical Confirmation Form, August 2024, pp.39-43

<sup>54</sup> [Rule Change Request #BetterTogether – Better Protections for Life Support Customers](#), Appendix A – Medical Confirmation Form, August 2024, p.40

### e. Digital accessibility

We are not aware if this form will be provided in a digitised version, or in a language and format that would allow for screen readers, for people who are blind or visually impaired. We support multiple methods for consumers to be able to read and complete this form, including digital versions that allow for docu-signing, and screen-reader friendly formatting.

17. Should the form allow life support customers to identify as Aboriginal or Torres Strait Islander? Are there any special considerations the form should include in relation to these customers?

We hold the view that if the form was to include the option to identify as Aboriginal or Torres Strait Islander, it would be on the condition that there be information included as to the purpose and aim of collecting this information from consumers. In collaboration with the First Nations Clean Energy Network (**FNCEN**), we provide some identified risks with including identification in the medical confirmation form below.

**Privacy and Data Sovereignty** - First Nations communities should have control over how their information is collected, stored and used. If this data were to be mishandled, it could lead to perceptions of surveillance, or if poorly designed may exclude people who identify as First Nations but do not want to disclose it to energy companies. In addition, this could result in underrepresentation or inequitable access to support services for those who don't want to disclose.

**Discrimination and stigmatisation** - Linking First Nations identity to life support customers could unintentionally reinforce stereotypes or customers to discriminatory treatment. There is a risk the data could be used to cause further harm or stress to vulnerable customers, such as questioning eligibility or increased scrutiny.

**Security and Scam risks** - If this data were to be leaked, vulnerabilities could be exposed leading to increased risks of targeted scams, fraud or exploitation.

#### **Considerations for regional, remote areas**

In areas prone to extreme heat, there are additional considerations regarding life support needs. For people living in poorly insulated homes who have conditions that require liveable temperatures, the ability to maintain this need is challenging. Both financial issues (such as energy usage costs) and life support registration requirements can create barriers to people in these circumstances.

In remote communities such as Borooloola, Tennant Creek and Marlinja it is common for extreme heat, such as temperatures averaging 50 degrees for extended periods of time. When speaking at the First Nations Clean Energy Symposium, Scott McDinny – a Director of the Borrooloola Ngardara Cooperative – raised that *'the prepayment system areas have high-usage AC, using 4kW an hour. They use too much power, which costs even more on the prepayment card. The housing conditions (without decent insulation) also causes more need for higher usage.'* Scott shared that in these pre-payment areas during planned outage events, the prepayment system reverts to a 'credit' system, where the electricity supply is continuous regardless of the amount of credit purchased. In these cases, households can end up accruing \$1,000-\$2,000 in energy debt during 'energy credit' periods, resulting in a significant debt that must be paid off before they can utilise standard usage charges again. While prepayment meters are banned in Victoria, considerations as to the necessity and importance of heating and cooling systems as part of life support equipment are crucial for people who live in areas with extreme heat or cold.

#### **Barriers to life support registration requirements**

In remote or regional areas, the ability to access medical appointments can be a much harder process than for people living in metropolitan areas. The costs associated with a medical appointment can be obstructive to low-income households, particularly if it includes the travel costs associated with an appointment.

We note that the proposed medical confirmation form requires completion by a specialist medical practitioner, not a general practitioner. It is hard enough to see a general practitioner in rural and remote areas within a 25 business daytime limit. Wait times for specialists, and how that time then needs to be used can be influenced by the geographical area a given customer lives, with some Victorians waiting more than eight years to see a specialist<sup>55</sup>. This emphasises the importance that rule changes need to be accessible, frictionless, and account for customer geographic and financial circumstances.

18. Should the form allow life support customers to identify as Culturally and Linguistically Diverse (CALD) customers? Are there any special considerations the form should include in relation to these customers?

We would support at minimum the inclusion of a helpline contact number for further information or support, for First Nations consumers and people from CALD communities, that is culturally relevant to First Nations customers and customers from CALD communities respectively.

For the reasons identified in our responses to questions 17 and 18, we recommend that further consideration should be given to the proposed requirements, and how they may impact marginalised communities including First Nations and CALD communities, as well as remote and regional households. We believe that further consultation with First Nations communities and CALD communities should be undertaken by the ESC and Australian Energy Regulator (AER) in order to examine what specific information should be included in the template form. Most importantly, we believe that this consultation and engagement with First Nations and CALD communities would also assist in establishing what support services are available and appropriate for these communities, and strengthen knowledge about gaps in services and emergency response processes that require addressing.

## Section 3: Improving communication methods

### Secondary contact person

20. Should we allow the nomination of a secondary contact person to receive notifications and information about planned interruptions? Should the secondary contact person also receive communications about unplanned interruptions?

We support the inclusion of a nominated secondary contact person to receive notifications and information for both planned and unplanned outages or interruptions. We support this inclusion on the condition that it is in addition to the life support customer, and the account holder.

In the AEF report, 33% of life support customers identified that they live alone, with their carer or support person residing elsewhere<sup>56</sup>. We believe that allowing life support customers to nominate a secondary contact will provide a safety net for life support customers who may require additional support in the event of an outage, to receive support from someone they have nominated. This could also assist the life support customer in the development of a back-up plan, should they choose to include the nominated contact person to assist in some way within their back-up plan.

21. Do you have any views on allowing exempt sellers and distributors to provide information on planned interruptions to life support customers and secondary contacts through electronic channels? Should this be done in addition to or in replacement of a letter by post?

We hold the strong view that all obligated businesses who are required to provide information regarding planned interruptions must do so via electronic channels such as SMS and email, in addition to a letter by post. Westjustice has found through their Settlement Justice Partnership program and Burmese financial counselling clinic experience, a strong indication that SMS is the most likely option other than post to be seen. Many clients,

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<sup>55</sup> ABC News, [Specialist wait times data show patients are waiting years for crucial appointments - ABC News](#), 20<sup>th</sup> April, 2023

<sup>56</sup> Australian Energy Foundation, [Better outcomes for energy consumers using life support equipment at home](#), August, 2021, p.64

including older people and those with disabilities, may have had an email set up by a family member or worker due to a form requirement, however the client doesn't access or check this email address. Further, as postage services have changed standard delivery times from daily to every 48 hours, it is increasingly important that electronic communication methods are adopted in addition to standard post. We hold the view that this should not replace postage communication, to account for people who may be digitally less-literate, or less inclined to checking digital communications.

## Family violence considerations

22. For life support customers affected by family violence, does having to nominate a secondary contact person create any challenges? What additional rules or safeguards could better support these customers?

People experiencing family violence are exposed to considerable risks to their safety if they do not have nominated people they can contact. For life support customers, this may include a contact person listed in a life-support registration. For people experiencing family violence, it is crucial that they are aware of external support contacts and services, including those who can assist them in safety planning.

In Victoria, the Multi-Agency Risk Assessment and Management framework (**MARAM framework**) includes a responsibility for specialist family violence practitioners to support comprehensive risk management and safety planning for someone affected by family violence<sup>57</sup>. A nominated secondary contact person for life support customers could be integrated within this framework; however it should be considered as part of the planning conducted by a specialist family violence practitioner, with the guidance and agency of the person experiencing family violence.

This said, there are risks to people who require life support registration if nominating a contact person becomes mandatory. If this is established as a requirement, people experiencing family violence may be pressured into nominating someone that may not be safe, merely for the purpose of registration. Essential services can be used as a tool of abuse, including through industry or perpetrators putting the perpetrators' contact on an account<sup>58</sup>, which can cause privacy breaches and introduce processes that require contact with the perpetrator. In their recent handbook, the ESC has outlined safety and choice as key principles in best practice in responding to family violence, stating that business policies and processes should enable flexibility to support victim-survivors' individual needs<sup>59</sup>. For these reasons, we don't agree that all life support customers should be required to nominate a secondary contact person, however we agree that the option to do so should be provided to all customers. By providing the option (rather than a mandate) this promotes safety and choice for victim-survivors, even if the retailer is not aware that family violence is occurring.

A better safeguard would be to ensure that all industry is routinely providing information about financial abuse and family violence support services to all customers<sup>60</sup>, and that this information is easily accessible including at the point of enquiry regarding life support registration. For life-support customers, there is an opportunity to include the option of a nominated secondary contact person as part of safety-action planning, which could be integrated with a life-support registration form. We highlight that family violence and elder abuse can occur where a person who is no longer an appropriate contact person may remain on outdated records, and constitute a privacy or safety risk. We believe that this risk further demonstrates the value of a centralised database, in preventing this issue from being more likely to occur.

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<sup>57</sup> State of Victoria, Department of Health, [Implementing the family violence MARAM Framework in mental health and wellbeing services](#), February 2025, p.24; State of Victoria, [Responsibility 8: Comprehensive Risk Management and Safety Planning](#), accessed 9<sup>th</sup> September 2025

<sup>58</sup> Fitzpatrick, C *Designed to Disrupt: discussion paper; Safety by design for essential services.2025*, p.19

<sup>59</sup> Essential Services Commission, [Better practice in responding to family violence handbook](#), September 2025, p.40

<sup>60</sup> *Ibid* p.66

**RECOMMENDATION 12.** Provide the option to nominate a secondary contact person in the life support medical confirmation form.

**RECOMMENDATION 13.** Require energy retail businesses to provide accessible information regarding family violence and specialised support services to their customers using best practice guidance provided by the ESC

## Section 4: Implementation considerations

As indicated throughout our submission, we are concerned that if the proposed reforms are implemented, there could be considerable harm and exclusion caused to consumers who require life support registration.

We propose that the ESC and AEMC extend the timeframe of their review, to reconsider the proposed changes, consult with affected communities and prioritise the recommendations of the Victorian Government network outage enquiries that focus on addressing business to business issues as identified in the rule change proposal.

24. Do you have any views on our proposed implementation approach? Are there any alternatives we should consider?

With regard to the proposed timing outlined on page 26 of the consultation paper, we submit the following considerations.

**a. Four-year limit on medical evidence**

We do not support the proposed four-year timeframe to be considered to have commenced from the date when last medical evidence was provided. For people with permanent need of life support, this medical evidence may have been provided prior to that four-year period. This would mean that people with permanent conditions and ongoing life support needs would be targeted first to provide medical confirmation again. This would mean that the new rules would be tested on those likely most vulnerable, and least likely to require deregistration. Instead, we propose that any new rules that result in requiring medical evidence being provided, should come into place on the date of the rule being published, and that the medical evidence be required four years from that date. This would allow for regulatory efficiency in establishing a standardised timeframe for adherence, and provide all current life support customers equal time and opportunity to adjust to any new requirements. This would also allow life support customers to provide medical evidence prior to this date without facing deregistration.

**b. Requirements for energy businesses**

With regard to requirements on energy businesses over an 18-month period, we submit the following amendments:

- Within 12 months from the publication of new rules, energy businesses must:
  - Contact all customers to confirm if they require life support equipment
  - Follow up with existing life support customers to confirm if they still require life support registration
  - Only deregister customers who have indicated that they no longer require life support registration.

**RECOMMENDATION 14.** If the requirement for a medical confirmation form every four years is established, set a specific date four years after the implementation date that medical confirmation is required to be resubmitted by all life support customers.

**RECOMMENDATION 15.** Require all energy businesses to meet the new rule requirements within 12 months

**RECOMMENDATION 16.** Establish a requirement for energy businesses to contact all customers to prompt if they require life support equipment annually



## APPENDIX A - SUMMARY OF RECOMMENDATIONS

- RECOMMENDATION 1.** Maintain the current definition of life support equipment, and include within the medical confirmation form *'any other equipment (whether fuelled by electricity or gas) that a registered medical practitioner certifies is required for a person residing at the customer's premises for life support'*
- RECOMMENDATION 2.** Remove eligibility exclusions for types of medical equipment which restrict their use to children only from the proposed medical confirmation form.
- RECOMMENDATION 3.** Retain the existing definition under Victorian energy retail law of life-support resident, which includes people under the age of 18.
- RECOMMENDATION 4.** Do not include a requirement for medical confirmation every four years for life support customers to remain registered
- RECOMMENDATION 5.** Adopt a requirement within the ERCoP for retailers to provide a notice to all customers once a year with information regarding life support registration, and a reminder to life support customers to make sure their details are up to date.
- RECOMMENDATION 6.** Retain existing protections and processes of life support registration for customers with new retailers, and ensure life support customers are not mandated to provide medical confirmation forms to new or prospective retailers
- RECOMMENDATION 7.** If medical confirmation form is required, establish a process for retailers to receive consent from their customer or prospective customer to be provided their medical confirmation form from the customers' previous retailer.
- RECOMMENDATION 8.** For the ESC to establish requirements for retailers to provide their life support registers to the ESC to be audited regularly, including specific and outcomes-based reporting metrics.
- RECOMMENDATION 9.** Establish a centralised state-based life support register that life-support register process owners (DNSPs); DEECA and ESC are able to access, maintain and update.
- RECOMMENDATION 10.** Ensure that all businesses that could bring about a disconnection or outage should be required to be notified and be subject to relevant requirements to give the life support protections effect.
- RECOMMENDATION 11.** Life support customers or residents should only be deregistered when they have informed the register process owner (retailer or distributor) that registration is no longer required
- RECOMMENDATION 12.** Provide the option to nominate a secondary contact person in the life support medical confirmation form.
- RECOMMENDATION 13.** Require energy retail businesses to provide accessible information regarding family violence and specialised support services to their customers using best practice guidance provided by the ESC
- RECOMMENDATION 14.** If the requirement for a medical confirmation form every four years is established, set a specific date four years after the implementation date that medical confirmation is required to be resubmitted by all life support customers.
- RECOMMENDATION 15.** Require all energy businesses to meet the new rule requirements within 12 months
- RECOMMENDATION 16.** Establish a requirement for energy businesses to contact all customers to prompt if they require life support equipment annually

Please contact Senior Policy Officer **Eirene Tsolidis Noyce** at **Consumer Action Law Centre** [REDACTED] or at [REDACTED] if you have any questions about this submission.

Yours Sincerely,

**CONSUMER ACTION LAW CENTRE**

**Stephanie Tonkin** | Chief Executive Officer

