4 September 2025

Rachel Fry
Acting Executive Director, Energy
Essential Services Commission Victoria
Level 8, 570 Bourke Street
Melbourne VIC 3000

**Via email**: energyreform@esc.vic.gov.au

Dear Ms Fry,

**Response to Essential Services Commission Consultation Paper – Better protections for life support customers in Victoria**

CitiPower, Powercor and United Energy welcome the opportunity to comment on the Essential Services Commission's (**ESC**) proposed life support (**LS**) reforms. We support the intent to strengthen protections for life support customers (**LSCs**) and are committed to working with the ESC and other market participants to ensure the proposed reforms provide meaningful benefits for customers whilst remaining practical to implement.

Whilst we are supportive of the proposed reforms, we wish to highlight a few important considerations:

- **clarity of definitions:** clear and consistent definitions are required for medical practitioners, nominated contacts and *critical* versus *assistive* LSCs. Definitions must clarify the parties with authority to classify equipment categories. This should be medical practitioners, who are best placed to make these decisions
- **roles and responsibilities:** successful implementation of the reforms requires clearly delineated responsibilities for customers, retailers, distributors (**DNSPs**), medical practitioners and Australian Energy Market Operator (**AEMO**). The absence of ambiguity ensures accurate registration, effective communication and efficient management of LSCs
- **registration processes and ownership:** retailers act as custodians of customer information, including LSC registration. Allowing both retailers and DNSPs to register LSCs risks duplication, errors and confusion. A centralised register administered by AEMO would provide the ideal solution. If a centralised register, is not recommended, retailers should be the single point of registration
- **communication framework:** outage communications should default to digital channels (SMS, email, or app notifications). Postal services should be reserved for only those customers without digital access
- **system and B2B process changes:** system upgrades and process changes are necessary to support the reforms. A phased implementation, aligned with broader industry programs such as AEMO's 2027 B2B updates, should be adopted to ensure an orderly and efficient change process
- **customer privacy and safety:** DNSPs should not be required to retain detailed medical information. Only simplified classifications ("critical" or "assistive") should be exchanged, with sensitive data residing with retailers. Secondary contacts should be limited to outage notification purposes and safeguards must be embedded for customers affected by family violence
- **operational limitations:** while critical LSCs should be identifiable during emergencies, DNSPs cannot guarantee customers priority restoration or generator support. Restoration decisions must focus on restoring supply to as many customers as quickly and safely as possible. The emphasis for LSCs should remain on resilience planning, accurate information-sharing and customer preparedness.

Our detailed responses to each consultation question is provided in **Attachment A – Response to ESC Questions**. These responses draw directly on the operational, technical and customer-facing impacts observed across our networks.

Should you wish to discuss our submission further, please contact Simran Kaur, Manager Compliance on [redacted] or at [redacted]

Yours sincerely,

[redacted]

Lauren Fetherston

Head of Regulatory Policy and Compliance
**CitiPower, Powercor and United Energy**

**Attachment A – Response to ESC questions**

## CONSULTATION QUESTIONS

### 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?**

We support the introduction of clearer definitions to distinguish between critical and assistive life support customers. The proposed definitions will help focus operational responses and communications, ensuring that support is directed to those most at risk during outages.

Clearer definitions will enable us to prioritise communications (for example, express post outage notifications for critical life support customers and standard notifications for assistive life support customers), improve focus during escalations and outage events and provide greater clarity when engaging with external government agencies.

While DNSPs are well placed to operationalise the definitions, they do not have the expertise to determine which equipment should be classified as critical or assistive or whether a third category such as "Other" is required to fully capture customer needs (e.g., refrigeration for insulin pumps). This responsibility should reside with medical practitioners, who are best placed to assess the medical importance of equipment and customer needs.

**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?**

We support having separate lists. The primary role of the lists should be to guide medical practitioners, who are best placed to determine whether equipment is critical or assistive. DNSPs are not medical experts and should not be making clinical judgments about equipment classifications.

It is important that the device categories are clearly defined. For example, some equipment, such as CPAP machines, may reasonably fit into both categories. The registration form should provide explicit guidance on how such equipment is classified (e.g., within the Assistive category) to ensure consistency, accuracy and fairness through the customer registration processes.

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

Not applicable.

**4. Are there any other terms that need updating or defining?**

The proposed term "nominated contact person" duplicates the role of a life support notifier (LSN) that DNSPs already accommodate. Further clarification is required on whether this term differs from the current LSN definition and whether it introduces new obligations.

If the intention is to create a new category separate from the LSN, this would have system and process implications. Specifically, system changes would be required to capture, manage and maintain this new contact type.

### Improving registration and deregistration 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 support strengthening the registration and medical confirmation processes for LSCs.

Regarding the proposed 4-year cycle for updating medical confirmation forms, we recommend extending the timeframe to 5 years. A 5-year interval strikes a balance between maintaining clinically relevant information and reducing unnecessary administrative burden for all parties. It is also important to have a consistency across industry participants by ensuring all parties operate to the same cycle, reducing the risk of confusion or misalignment.

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

We do not support an exemption for customers with permanent conditions. A streamlined approach for all customers ensures the accuracy of the life support register. Regular updates are essential to confirm ongoing circumstances and identify for example when a customer may have passed away.

To support compliance, reminders to update medical confirmation forms should be issued by the retailer, as the primary point of contact for customers.

**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 support mandating that LSCs provide medical confirmation forms no older than 4 years, both when switching retailer and as a general requirement. This ensures that retailers and DNSPs have up-to-date information to manage each customer's life support needs.

Retailers will need to develop system capabilities to trigger notifications to customers as their medical forms approach expiry. We note implementation may face challenges when customers switch retailers, particularly with name mismatches (e.g., "Tom Smith" vs. "Mr Tom Smith"). Resolving these mismatches will require system investment and careful consideration of matching rules, to ensure accurate identification of LSCs across systems.

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

We support introducing a limit on registration attempts without medical confirmation. For example, 2 attempts in total, to prevent misuse of the life support process. A cap must be clearly defined, including whether it applies per retailer, per address, or per customer. It is critical that all parties have visibility of registration attempts to prevent customers attempting multiple registrations with different retailers.

A cap will have implementation challenges. This includes name discrepancies e.g., "Mr Tom Smith" vs. "Tom Smith" making matching difficult, the lack of coordination between individual retailer systems increasing the risk of repeated registration attempts and allowing secure, direct access to life support registration data to emergency services.

**9. Who should be responsible for sending reminders to customers prior to the expiry date of medical confirmation forms (distributors/exempt distributors or retailers/exempt retailers)?**

Reminders for customers to update their medical confirmation forms should be issued by the retailer, to maintain the accuracy of the life support register. Assigning this responsibility to DNSPs will cause customers confusion, as most are unfamiliar with their DNSP.

**10. Are there special considerations or implementation issues we should consider if we request life support customers to provide updated medical confirmation form every four years or introduce a cap on registration attempts without medical confirmation?**

Several considerations and implementation challenges arise if medical confirmation forms are required every 4 years or if a cap on registration attempts is introduced. These include:

- **system interoperability:** differences in customer name formats and lack of coordination between retailer systems may lead to multiple registrations and inaccurate life support records
- **customer churn:** without coordination between retailers, customers changing retailer may face repeated requests for medical confirmation. Mechanisms like credit checks could mitigate this risk
- **reminders:** retailers require system capabilities to trigger timely notifications to customers approaching the expiry of their medical confirmation forms
- **costs and effort:** implementing these reforms, including system upgrades and B2B process coordination and enhancements, will require additional effort and costs on retailers and DNSPs
- **information sharing:** secure channels for emergency services to access up-to-date life support information directly will reduce reliance on manual communication operated by DNSPs today but will require further system development
- **defining roles and responsibilities**: clear definitions are critical for effective implementation:

- **customers and/or their representatives:** define who is responsible for providing medical confirmation
- **medical practitioners:** define who qualifies as a medical practitioner (e.g., doctor, nurse, or other healthcare professional)
- **retailers and DNSPs:** specify who receives the confirmation, in what format and within what timeframe.

These considerations highlight the need for careful planning and investment to ensure that proposed measures are practical, effective and preserve the integrity of the life support register.

**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?**

We note several factors that contribute to inaccuracies in the life support register, which should be considered as part of this reform:

- **multiple NMIs per customer:** only the customer's principal place of residence should be registered as a life support premise. Additional NMIs linked to one account holder (e.g., farm sheds, irrigation pumps) should not be registered as life support premises. We note often that life support status is applied at an account level rather than the NMI/MIRN level. This results in all NMIs or MIRNs linked to the account being incorrectly flagged as life support, leading to inaccuracies in the life support register

One example where one customer has six premises listed as LSC all properties are right next to each other along the same road!

| NMI | Postcode | LSC Active From Date | Life Support Status | Distributor: Distributor Name |
|---|---|---|---|---|
| [redacted] | [redacted] | 20/6/2022 | Registered - No Medical Confirmation | Powercor |
| [redacted] | [redacted] | 17/6/2024 | Registered - No Medical Confirmation | Powercor |
| [redacted] | [redacted] | 17/6/2024 | Registered - No Medical Confirmation | Powercor |
| [redacted] | [redacted] | 20/6/2022 | Registered - No Medical Confirmation | Powercor |
| [redacted] | [redacted] | 17/6/2024 | Registered - No Medical Confirmation | Powercor |
| [redacted] | [redacted] | 17/6/2024 | Registered - No Medical Confirmation | Powercor |

- **inaccurate retailer data**: errors in customer addresses, contact details or other information supplied by retailers can undermine life support register accuracy
- **misconceptions regarding life support registration**: misunderstanding by LSCs regarding the implications of life support registration such as priority restoration or reduced outages can add to confusion
- **multiple registration roles**: allowing multiple parties to register LSCs complicates the process and increases the risk of errors. While enabling registration through either the retailer or DNSP may be customer-friendly, it can lead to duplicated or conflicting records. A single responsible party should manage registration.

The above factors may contribute to inaccuracies in the life support register. For instance, by 2025, life support customer registrations have increased, with analysis indicating certain suburbs showing disproportionately high numbers of registrations without corresponding medical forms.

[redacted]

[redacted]

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

There is no justification for exempting embedded networks from life support obligations. Embedded networks should be subject to the same requirements as retailers and DNSPs to ensuring consistent treatment of LSCs.

### 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 support mandating deregistration where medical confirmation has not been provided, or where a customer's circumstances has changed. This is essential to ensure life support registers remain accurate and credible. The

current life support registers are inflated because retailers and DNSPs are reticent to deregistering customers. Clear, enforceable rules will give retailers stronger guidance when administering deregistration processes.

We support the proposed temporary 'assistive' default categorisation, provided there are firm time limits (e.g. 3 months). After this period, customers should be deregistered unless confirmation is received.

**14. Are there other measures that we could consider to increase the accuracy of life support registers?**

We suggest the following additional measures could improve the accuracy of the life support customer register:

- **principal place of residence**: limit registrations to the customer's primary residence, rather than multiple properties/NMIs. This would reduce duplication across registers and ensure that protections are directed to the location where the life support equipment is needed
- **mandated registration**: making registration a mandatory requirement, rather than optional, would improve consistency across the industry
- **cap on registration attempts**: introduce a cap to prevent repeated registration attempts without medical confirmation
- **system interoperability**: it is unclear how capping of life support registrations would work in practice. For example, would it apply per address, per customer or per retailer and how DNSP would be able to monitor compliance. A particular concern arises where a customer switches retailer. In this scenario, the registration process restarts allowing a customer to bypass requirements for medical confirmation. This loophole creates inconsistencies and may artificially inflate the number of customers on the register.

  To address this, life support registration systems across retailers should be interoperable. This would enable the seamless transfer of life support information, including the status of any pending medical confirmation, between retailers.

**15. Are there any implementation challenges or any other issues that we need to consider?**

A key challenge is enabling visibility of life support information across all parties (retailers, DNSPs and exempt sellers). Achieving this will require system upgrades and interoperability solutions to ensure data is accurate, consistently updated and accessible in real time. Without these enhancements, there is a risk of duplication, inconsistent records and delays in critical customer protections.

To address these issues, we recommend a phased implementation approach with an appropriate transition period. This allows time for all parties to develop and/or update systems and train staff. Funding support and clear guidance from the ESC is critical to ensuring the changes are implemented effectively and consistently.

### Publication of a medical confirmation form template

**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?**

We support the introduction of a standardised medical confirmation form provided:

- **sensitive information**: DNSPs not be required to retain detailed medical information (e.g., type of equipment or underlying condition). This information should be provided to retailers and then passed to DNSPs in a simplified format (e.g., "critical" or "assistive"). Retaining unnecessary sensitive data poses privacy and cybersecurity risks and provides no operational benefit for DNSPs
- **communication channels**: section 4 of the form should place stronger emphasis on electronic communications (e.g., SMS, email, apps) rather than postal services. During unplanned outages, or extreme weather events, postal services are not a viable or timely communication method
- **secondary contacts**: secondary contact details are presently managed digitally through platforms such as myEnergy, where any individual can be registered as an "interested party" and receive outage communications. We recommend that the form utilises this functionality and does not duplicate information already captured

- **accessibility and inclusivity**: the form should be available in multiple languages to support accessibility. It should not however collect unnecessary demographic information (e.g., Aboriginal or Torres Strait Islander identification, culturally and linguistical diverse (CALD) background), as is not relevant to operationally managing outage response or customer safety.

**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?**

It's not necessary for the medical confirmation form to capture whether a customer identifies as Aboriginal or Torres Strait Islander. Life support obligations apply equally to all customers and prioritisation of connection or reconnection is determined by life support status, not cultural background.

Collecting this information would also constitute sensitive personal data, which we do not wish to retain in our systems unless there is a clear operational or regulatory requirement.

The form should remain standardised and simple. Any special considerations for Aboriginal, Torres Strait Islander or CALD customers should be addressed through general customer interaction policies and obligations, rather than via the life support registration.

**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?**

It is not necessary for the medical confirmation form to capture whether a customer identifies as CALD. Life support obligations are based on the customer's need for critical or assistive services, not their cultural or linguistic background.

**19. Are there any issues in relation to publishing and mandating the use of a medical confirmation form template that we should consider?**

We support the publication and mandatory use of a standardised medical confirmation form to ensure consistency across the industry.

As the template is developed and published by the ESC and made available on energy businesses websites, we do not see additional issues with its use, provided that once submitted, sensitive personal and health information is securely handled and destroyed in accordance with privacy obligations.

### Improving communication methods to contact life support customers

**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 allowing customers to nominate secondary contacts to receive notifications for both planned and unplanned interruptions. We emphasise the following considerations:

- **digital communication as default**: communications to secondary contacts should be managed digitally by default. Postal notifications should only be used where no digital option is available
- **coverage for unplanned outages**: the nominated contacts should receive notifications for unplanned outages via electronic communications
- **existing platform functionality**: our current platform, myEnergy, already allows customers to add multiple "interested" contacts and manage their notification preferences. We support this functionality being maintained, and enhanced, to ensure a customer's preference is not inadvertently overridden by retailer updates
- **separation of communication types**: retailer systems should be able to differentiate between invoices and other communications. Currently, if a customer opts to receive bills by post but is happy to receive other communications digitally, the system defaults all notifications to post. Retailers should implement separate categories for invoices and operational communications to reflect customer preferences for outage notifications, as DNSPs only require the method relevant to these notifications

- **purpose of secondary contacts**: secondary contacts should be used solely for outage notification purposes. Emergency services should not request or access this information to protect customer privacy.

This approach supports operational efficiency, protects customer privacy and aligns with digital engagement best practices.

**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?**

Exempt sellers and DNSPs should be required to follow the same notification rules. This ensures consistency across the industry and aligns with operational best practice.

We support digital channels (e.g., SMS, email or portal notifications) as the default method for communicating planned and unplanned interruptions to life support customers.

**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?**

Family violence presents unique challenges for life support customers. However, the requirement to nominate a secondary contact is not the primary issue. Current systems require the customer's name and contact information to comply with LSC rules, which prevent anonymity for customers affected by family violence.

That said, safeguards should be implemented to allow customers to decline nominating a secondary contact if they wish. Systems should provide flexibility with respect to the privacy and safety of customers affected by family violence whilst still ensuring that life support obligations are met.

Additional considerations could include customers should have the choice to opt out of nominating secondary contacts and systems preventing the disclosure of sensitive information regarding the customer's status as a family violence victim. These measures would better support customers experiencing family violence whilst maintaining compliance with life support obligations.

**23. Are there any other issues in relation to communicating with life support customers that we should consider as part of this reform?**

Relying on postal services for LSCs presents operational challenges. Postal services are slow, particularly in rural areas where mail may only be delivered twice a week. Even in urban areas, postal services may be delayed. Digital notifications should be the preferred method for communicating with LSCs. Digital channels provide greater flexibility and timeliness, allowing energy businesses to manage outage impacts closer to the planned outage time and ensure customers receive critical notifications reliably.

### Implementation considerations

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

We wish to draw attention to the need for system enhancements across all energy businesses to support the accuracy and reliability of life support registers. We support the majority of the proposed implementation approach but would like to highlight some practical considerations that require careful planning. Implementing the proposed changes will impact multiple systems and processes. These system changes are not insubstantial. New processes, technology and resourcing will be needed to ensure temporary flags, confirmations and data updates are handled efficiently.

Key considerations include:

- **data management and B2B notification**: changes may require updates to data schemas and notification processes, including new enumerated fields to distinguish critical and assistive life support customers. Existing notification mechanisms should be utilised for transmitting updates wherever possible to ensure the efficient implementation of changes

- **retailer-DNSP coordination**: systems should exchange data seamlessly to prevent duplicate or multiple registrations when a customer switches retailer. This may require mechanisms like credit checks or development of a database for life support customers to ensure data integrity
- **customer notification preferences**: retailer systems should differentiate between types of communications (e.g., invoices vs. outage notifications). Current defaults may override customer preferences if this is not addressed. Retailer systems should restrict registrations to a customer's primary residence, rather than multiple properties or NMIs/fuel types
- **retention of sensitive health information**: DNSPs should not store or view detailed health/medical records. Only simplified flags (critical/assistive) should be transmitted via retailers
- **default categorisation and temporary registration**: temporary "assistive" default registration may leave customers exposed during outages if medical confirmation is delayed. A time-limited temporary registration (e.g., three months) with mandatory evidence submission is a balanced approach.
- **prioritisation of critical life support customers**: we support the intent to identify critical life support customers during emergencies. It should be stressed though that priority restoration cannot be guaranteed, nor can generator support necessarily be provided. Our operational priority is restoration of supply to as many customers as quickly and safely as possible
- **alignment with Network Outage Review recommendations**: We support alignment with the Network Outage Review recommendations, in particular the 72-hour guidance for critical infrastructure. This ensures consistency with government policy and provides clear guidance for DNSPs managing critical life support customers.
- **financial implications**: implementing system and process changes will incur costs including system modifications, integration, and operational testing.

We support the ESC's proposed approach in principle, provided implementation balances operational feasibility, privacy considerations and system impacts. Leveraging existing B2B processes, using simplified critical/assistive flags and maintaining temporary time-bound registrations will help ensure safe, accurate and consistent management of life support customers across the market.

**25. Are there any further changes required to ensure that communications between energy businesses are effective and support the accuracy of life support registers?**

System changes and B2B process enhancements are essential to ensure the accuracy, consistency, and reliability of life support registers. In particular, retailers should be able to access a customer's life support registration history when processing new registration requests and expired or capped registrations should be identifiable, either through a database, or via system checks like credit checks.

These measures will support effective communications between energy businesses, maintain the integrity of the registers, and enable consistent management of life support customers.

**26. Are there any specific issues we should consider in relation to exempt persons and embedded networks?**

The proposed reforms should apply consistently to all parties, including exempt persons and embedded networks. The same system, operational, and B2B process considerations outlined for DNSPs and retailers should apply to these entities to ensure the accuracy and reliability of life support registers.

**27. Are there any other issues we should consider as part of this review?**

- **implementation timeframes**: given the scale of required system and process changes, and the broader National Electricity Market reform program, we recommend a minimum implementation period of 18–24 months, with late 2027 as the earliest feasible commencement date. Sufficient lead time is critical to allow the delivery of the necessary system and process changes. We recommend the bundling of the reforms with other industry changes, such as AEMO's B2B updates in 2027, to minimise duplication and optimise delivery.
- **sensitive load sites**: the sensitive load (SL) flags serve an important operational purpose (e.g., preventing disconnections of hospitals, prisons and refineries) and are not customer-facing protections. We caution

against expanding the framework to require DNSPs to use retailer-initiated SL flags. This would be complex and operationally infeasible. We recommend the ESC should carefully distinguish between life support customers and sensitive load sites to avoid confusion

- **clear role and responsibilities**: successful implementation requires clear delineation of roles and responsibilities. Avoiding ambiguity is critical to ensure accurate registration, effective communication and reliable management of LSCs.