

4 September 2025



[REDACTED]

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Essential Services Commission,
Level 8, 570 Bourke Street,
Melbourne Victoria 3000

Submission via: [Engage Victoria](#)

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Dear Aaron,

Better protections for life support customers in Victoria – Consultation paper

Jemena Electricity Networks (Vic) Ltd (**Jemena**) welcomes the opportunity to make a submission in response to the Essential Services Commission's (**ESC**) consultation paper on better protections for life support customers in Victoria.

We appreciate the opportunity to engage constructively with the ESC in relation to this consultation. Jemena's comments in relation to the consultation paper are set out below.

New definitions to provide better life support protections to customers

- We support the proposed definitions and the clear separation between Critical Life Support Customers and Assistive Life Support customers. This would ensure that resources, communication, and emergency response efforts are directed first and foremost to individuals whose lives are immediately at risk if electricity supply is interrupted.
- We believe it would be clearer and more effective to maintain separate lists of equipment for Critical and Assistive life support classifications, which would provide greater transparency and help set realistic expectations for customers throughout the registration process.
- We recommend that gas-related equipment be considered only under the Assistive Life Support Equipment category, unless a medical practitioner provides specific certification to the contrary. We also recommend including a field in the medical confirmation form to clearly indicate the fuel type for the life support equipment, i.e. Electricity or Gas.

Improving registration and deregistration processes

- We support the periodic updates to medical confirmation forms; however we recommend a 5-year cycle to align with other health-related review periods and reduce administrative burden.
- We do not recommend exempting customers with permanent conditions from the requirement to update their medical confirmation form every four years. While we acknowledge that permanent conditions are unlikely to change, the

purpose of the update is to ensure the life support register remains current and accurate.

- We support introducing a cap on registration attempts without medical confirmation. This approach reinforces the integrity of the life support register and ensures that protections are reserved for those with verified medical needs. However, we also raise concern that the new retailers may lack access to a customer's deregistration history, which could allow customers to re-register for life support without medical confirmation and seek further guidance in this regard.
- We believe that retailers should be responsible for sending reminders for medical confirmation expiry and managing life support registrations and communications. This ensures consistency in communication, reduced risk of confusion or missed reminders as well as alignment with customers' expectation.
- We recommend introducing a mandatory reconciliation process between retailers and distributors on the life support register. As part of this process, distributors should have the right to request that retailers follow up with life support customers regarding deregistration, where there is reason to believe the customer failed to provide a medical confirmation form following the two attempts or the customer's circumstances may have changed.
- While the proposed medical confirmation form template includes a broad range of relevant information, we have some concerns about its structure, clarity, and compliance with privacy obligations and propose some changes to both Parts A and B of the form for further consideration.

Improving communication methods to contact life support customers

- We support the optional nomination of a secondary contact for planned outage notifications, provided the role is clearly defined.
- We support explicitly allowing SMS and email notifications for planned interruptions to life support users and their secondary contacts. However, we believe this should be treated as a best endeavours approach, rather than a mandatory requirement. Additionally, we do not recommend providing the life support users and the secondary contacts with the hard copy notice as this would introduce unnecessary time and cost burdens, particularly for those located remotely, interstate, or overseas.
- We do not support enabling the life support user or their secondary contact person to dynamically manage communication preferences, as this could result in unauthorised access to the customer's information. Instead, we believe communication preferences should only be managed in through limited actions, such as opting out of notifications in real time.
- We recommend retaining the current hard copy notification requirement for life support customers, while continuing to allow electronic notifications where life support customers have nominated them as their preferred communication method. Furthermore, distributors typically do not have a direct relationship with customers and rely heavily on retailers to provide accurate and up-to-date contact information for life support customers, including mobile numbers and email addresses. Therefore, we strongly recommend that retailers be responsible for maintaining accurate contact information for life support customers and for notifying distributors in a timely manner.
- We propose that notifications to life support users and secondary contacts during unplanned interruptions be treated as a best endeavours approach, rather than a mandatory requirement.

Implementation considerations

- We are supportive of the intention to ensure life support users remain protected during any transitional period, including the approach to classify existing life support customers as requiring assistive life support equipment after the rule change goes into effect.
- We support the proposed requirement for the energy businesses during the transitional period to contact life support customers to confirm whether they still require life support equipment; and follow up with customers who have not yet provided a medical confirmation form, with deregistration to occur where confirmation is not received within the prescribed timeframes. These actions are critical to maintaining the accuracy and integrity of the life support register and ensuring that protections are appropriately targeted to customers with verified needs. Given the systems are already in place to send out reminders for confirmations and notices of deregistration, we strongly recommend that this process be undertaken as early as possible and carved out as a separate process from any broader system upgrade.
- We believe that the proposed reforms will require significant technical and process changes which include significant system enhancements, development and automation of new data fields and workflows, updates to market B2B protocols, testing and data integrity validation across all systems. Moreover, the current proposed 18 months transitional period overlaps with several other major reform programs already underway in the industry, each demanding substantial resources, coordination, and attention. Compressing these efforts into such a short window significantly heightens the risk of system failures, customer disruption, and regulatory non-compliance. As a result, we propose that at least two years will be required for the energy businesses to carefully scope the required changes, avoid overreach and ensure practical implementation and full compliance.

A more detailed response addressing the questions on the proposed reforms can be found in **Attachment** of the letter.

Should you have any questions regarding this submission, please contact Catherine Chen, Regulatory Compliance Manager, at [REDACTED].

Yours sincerely,

[REDACTED]

Ana Dijanosic
General Manager Regulation

Attachment – Detailed responses to questions in the ESC consultation paper

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 proposed definitions and the clear separation between Critical Life Support Customers and those with less urgent needs. This distinction would ensure that resources, communication, and emergency response efforts are directed first and foremost to individuals whose lives are immediately at risk if electricity supply is interrupted.

The *Critical Life Support* category rightly prioritises customers who rely on equipment such as ventilators, dialysis machines, or oxygen concentrators—devices where even short outages can result in life-threatening consequences. These customers must be the focus of the most robust protections, including medically guided back-up plans and priority restoration protocols.

While we acknowledge that some customers have important but less critical needs—such as refrigeration for insulin or mobility aids—these do not pose the same immediate risk to life. Including them in a separate category allows for recognition and support without diluting the urgency and focus required for those in the critical group.

Expanding the definitions beyond the two proposed categories risks creating ambiguity and operational inefficiencies. It could lead to over-registration, misallocation of resources, and reduced effectiveness in responding to genuine emergencies. The proposed two-tiered approach is both practical and medically sound, and additional categories would likely add complexity without delivering proportional benefit.

- 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 believe it would be clearer and more effective to maintain separate lists of equipment for Critical and Assistive life support classifications. This approach would provide greater transparency and help set realistic expectations for customers throughout the registration process.

A single list may lead to confusion, particularly if customers assume that the presence of their equipment on the list automatically qualifies them for Critical Life Support status. In reality, many types of equipment, such as refrigeration units or mobility aids, may be essential but not life-sustaining in the immediate sense. Without clearer differentiation, customers may take a subjective view of their eligibility, which could lead to frustration or misinformed reliance on protections that are not applicable to their situation.

Separate lists would also support medical practitioners by providing a clearer framework for assessment and classification. If a customer's equipment is not listed under the Critical Life Support category, it would be evident that they do not qualify for that level of support - helping streamline the registration process and reduce ambiguity.

This clarity is essential to ensure that the most vulnerable customers, i.e. those whose lives depend on uninterrupted electricity, are prioritised appropriately, while still recognising and supporting those with important but less critical needs.

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

We do not believe there are. The proposed list of life support equipment in the consultation paper includes only electrically powered devices, and no gas-connected equipment is identified as essential to sustaining life or preventing irreversible harm.

While gas may support comfort and wellbeing, such as for heating or cooking, it does not typically serve a direct life-sustaining function. Therefore, we recommend that gas-related equipment be considered only under the Assistive Life Support Equipment category, unless a medical practitioner provides specific certification to the contrary.

Additionally, we suggest reviewing the current practice of flagging gas accounts with life support solely because a customer requires life support for an electrical appliance. This approach may lead to confusion and misclassification, and does not align with the intent of the proposed Critical Life Support framework.

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

We believe the definition of “nominated contact person” requires further clarification. While the consultation paper introduces this as a new role, it is not entirely clear whether this person is intended to be:

- A third party distinct from the life support customer (account holder) and the life support user (person requiring the equipment)
- A role that can be fulfilled by either of those individuals, or
- A role that is optional.

We are also unclear whether the intention is to allow for only one person to be nominated for each of the roles of life support user and nominated contact person. These distinctions are critical because they directly affect system design and data management, and the cost to implement.

Under this proposal, energy businesses will need to be able to register and manage the details of multiple distinct roles and classifications:

- Life support customer – assistive – not medically confirmed
- Life support customer – assistive – medically confirmed – not permanent
- Life support customer – assistive – medically confirmed - permanent
- Life support customer – critical (medically confirmed by default) – not permanent
- Life support customer – critical (medically confirmed by default - permanent
- Life support user
- Nominated contact person

For classifications 1–5, market participants must clearly identify whether the customer was registered by a retailer or a distributor, to ensure accurate customer management and role accountability. These would require updates to customer systems, data structures, and communication workflows. It would also introduce additional privacy and consent considerations, particularly if the life support user and/or nominated contact are not the primary holder of the energy account.

We recommend that the final framework:

- Clearly defines whether the nominated contact is a third party or may overlap with the other roles.
- Clarifies the number of people that may fill the role of life support user and nominated contact person.
- Provides guidance on how to manage and store this information securely and in compliance with privacy obligations.

- Considers the operational and cost implications of managing and supporting three separate contact roles.
- Clearly defines retailer and distributor obligations for each of these roles, including how they should be verified, modified, and/or deleted over time.

Improving registration and deregistration processes

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 agree with the need for periodic updates to ensure the accuracy of life support registers. However, we suggest extending the timeframe to five years instead of four. A five-year cycle would:

- Align better with other health-related review periods (e.g. some disability support plans).
- Reduce administrative burden on customers, especially those with stable conditions.
- Still provide sufficient frequency to maintain register accuracy and support emergency response efforts.

This small adjustment could improve customer experience without compromising safety or data integrity.

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

We do not recommend exempting customers with permanent conditions from the requirement to update their medical confirmation form every four years. While we acknowledge that permanent conditions are unlikely to change, the purpose of the update is to ensure the life support register remains current and accurate. The process is not overly burdensome, particularly given that most customers with permanent conditions are likely to see a medical practitioner regularly, and a four-year interval allows ample time for reconfirmation.

That said, we support a more streamlined approach for these customers. For example, where a permanent condition has been verified by a medical practitioner, the customer could simply be required to confirm their continued residency at the premises, rather than resubmitting full medical documentation. This would maintain the integrity of the register while reducing unnecessary administrative burden.

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?

When a customer was originally registered for life support by a retailer, we see no alternative but to require that the medical confirmation form be provided to the new retailer upon transfer. We acknowledge that this may place an additional requirement on the customer, however, they should be able to resubmit the same medical confirmation form they provided to their previous retailer, provided it is no older than four years.

This approach ensures that the new retailer has the necessary documentation to accurately maintain the customer's life support status, while minimising unnecessary duplication or inconvenience for the customer.

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

We support introducing a cap on registration attempts without medical confirmation. If a customer has failed to provide medical confirmation after two registration attempts especially after receiving multiple reminder notices over an extended period, they should not be permitted to re-register a third time without supplying the required documentation upfront.

This approach reinforces the integrity of the life support register and ensures that protections are reserved for those with verified medical needs. It also helps prevent misuse of the system and reduces administrative burden for retailers who must manage repeated, incomplete registrations.

By requiring medical confirmation at the time of a third registration attempt, the process becomes more accountable and efficient, while still allowing genuine life support customers to access the support they need, provided they engage with the process appropriately.

We would like to raise a concern regarding the ability of retailers, particularly new or prospective ones, to access a customer's history of life support de-registrations. While distributors and the current retailer may have visibility of this information, a new retailer does not. This limitation could enable customers to "shop around" and re-register for life support protections without medical confirmation, even after multiple prior de-registrations. Such a gap in information sharing may undermine the integrity of the life support register and the intent of the proposed reforms.

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)?

We believe that retailers should be responsible for sending reminders to customers prior to the expiry date of medical confirmation forms for three key reasons:

- Retailers have registered greater than 98% of Jemena's total electricity life support customers. This indicates that customers overwhelmingly view retailers as their primary point of contact for life support-related matters. If the process is revised to make distributors responsible for retailer registered life support obligations, this would require a substantial increase in resourcing to effectively manage the additional workload. This may result in an additional funding request from the distribution businesses.
- Retailers typically maintain the ongoing relationship with their customers, via the cyclical billing process, and are the primary point of contact for service-related communications. This positions them best to handle sensitive and time-bound notifications such as medical confirmation form reminders and renewals.
- We should also note that the current energy framework has been set up in a way that the retailers bear the costs of the customer relationship and maintain the obligations of customer contact/communication, as they have systems in place to bill and contact customers and can reflect the costs and risk in their prices. Imposing these obligations on distributors would require distributors duplicate systems and processes of retailers.

- When customers' personal information has been withheld by retailers due to family violence, distributors would be unable to reconcile details on a medical confirmation form, thus preventing registration and confirmation of life support status.

Delegating this responsibility to retailers ensures consistency in communication and reduces the risk of confusion or missed reminders. It also aligns with the customer's expectations - most life support customers would reasonably assume that their retailer, not the distributor, is managing their account and associated obligations.

Centralising this responsibility with retailers would streamline the process, improve accountability, and enhance the overall customer experience, particularly for vulnerable individuals who rely on timely and accurate communication.

We also note that some retailers appear to have a disproportionately high number of life support customers relative to their overall customer base. This raises questions about whether life support status is being used strategically as a product feature and whether all retailers take due care to ensure the life support register is accurate and only reflects customers who qualify and have provided medical confirmation. Reassigning the responsibility for managing medical confirmation form reminders and de-registrations to distributors would not address this underlying issue.

Any significant cost increases resulting from new obligations placed on distributors should be subject to review and consideration by the Essential Services Commission (ESC).

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?

The consultation paper raises several important considerations and potential implementation issues regarding the proposal to require life support customers to provide updated medical confirmation every four years or to cap registration attempts without such confirmation:

- The paper proposes an exemption for customers with permanent critical conditions. While this reduces burden, it introduces complexity in determining eligibility and may require additional guidance for medical practitioners. Without periodic updates, registers may become outdated, listing individuals who no longer reside at the premises or no longer require life support.
- Energy businesses would need to update their systems to track confirmation expiry dates, send reminders, and manage deregistration workflows. This includes ensuring IT systems, inclusive of B2B, can handle the new requirements and that staff are trained accordingly.
- Clear and timely communication with customers will be essential. Businesses must ensure that customers understand the new requirements and are reminded well in advance of deadlines to avoid unintended deregistration.
- The process must be accessible to all customers, including those from Culturally and Linguistically Diverse (CALD) backgrounds, Aboriginal and Torres Strait Islander communities, and those affected by family violence. The form and process should be inclusive and sensitive to these needs.
- The current system allows repeated registration without medical confirmation, which can be exploited to avoid disconnection. Introducing a cap (e.g. two attempts) aims to address this but must be balanced to avoid penalising genuine customers who face delays in obtaining confirmation.

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?

Several operational and systemic issues contribute to the inaccuracy of life support registers:

- Customers may register but fail to provide medical confirmation, or their condition may change without updates being submitted.
- The current frequent use of the "other" category on the medical confirmation form suggests that essential equipment types may not be adequately represented within the predefined options. This is unhelpful when assessing the needs of life support customers during emergencies.
- When life support users move premises or switch retailers, their registration details may not be transferred accurately or at all.
- Retailers and distributors may not consistently follow up with customers whose medical confirmation is pending or expired, leading to outdated entries remaining on the register.
- Current systems may not be designed to manage multiple roles (life support customer, user, and nominated contact), which can result in incomplete or misclassified records.
- Distributors rely on retailers to provide accurate and timely contact information via B2B processes. Whilst these exchanges are technically reliable, they only work if the information is accurately entered upon registration. If it is not, this can lead to gaps or errors in the register.
- Where secondary contacts are involved, lack of clear consent protocols may prevent businesses from updating or using their details effectively, raising privacy and consent concerns.
- Some customers may register for life support protections without genuine need, particularly to avoid disconnection for non-payment. This inflates the register and undermines its purpose.

Addressing these issues will require coordinated improvements in system design, data governance, customer communication, and regulatory clarity.

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

Embedded networks often involve complex customer relationships, where the exempt seller or distributor may not have the same level of infrastructure, systems, or customer engagement capabilities as licensed retailers or distributors. This can lead to challenges in:

- Maintaining accurate life support registers in line with requirements
- Licensed retailers and distributors have no visibility of the life support customer or number of customers residing within the embedded network
- Communicating effectively with their life support customers
- Ensuring timely medical confirmation and deregistration processes
- Providing consistent protections across different network types

Given these complexities, it is critical that any reforms ensure uniform obligations across both licensed and exempt entities. This includes:

- Clear expectations for registration, confirmation, and communication
- Access to the same tools and templates (e.g., the proposed medical confirmation form)
- Support and guidance to help exempt persons meet compliance requirements

Without these considerations, there is a risk that life support customers in embedded networks may receive inconsistent or lower levels of protection, which undermines the intent of the reforms.

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 the mandatory de-registration to improve the accuracy of life support registers and ensure protections are directed to those in genuine need. However, we have concerns particularly for elderly and infirm customers with serious health conditions who may face barriers in completing or returning medical confirmation forms. Removing protections without adequate safeguards could put these vulnerable individuals at risk.

To balance integrity with compassion, we suggest:

- As part of their cyclical billing process, retailers should make available support services or outreach for customers flagged as high-risk or elderly.
- Grace periods and escalation protocols before final deregistration.
- Clear guidance for medical practitioners to indicate permanent conditions, reducing unnecessary paperwork.

We also acknowledge that some customers may misuse the system to avoid disconnection. Addressing this requires a fair but firm approach that protects genuine life support users while maintaining register accuracy.

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

We wish to highlight the importance of ensuring that the medical confirmation form accurately records the specific type of life support equipment required at the premises. This information is essential for determining whether a customer's needs are critical (i.e. equipment essential to sustaining life) or assistive (i.e. equipment that supports but is not essential for life). Accurate classification helps ensure that customers receive the appropriate protections and notifications.

Additionally, it is vital that customers, or their representatives, promptly notify either their retailer or distributor if their circumstances change - such as if the type of equipment changes, the equipment is no longer required, or the life support resident moves out. Keeping the register up to date is critical for both customer safety and regulatory compliance.

Distributors should also have the right to request that retailers follow up on deregistration with life support customers once there is reason to believe the customer's circumstances have changed. This could be limited to a reasonable interval (e.g., once every four years), This measure would support proactive data management while respecting privacy considerations.

It will be important to clarify the requirements relating to who completes the medical confirmation form, who is required to gain and give consent, and who can update the form in the future. This is unclear in the current proposal and will need to be resolved from practical, but safety and risk perspectives.

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

These proposed reforms represent significant changes from both an administrative and systems perspective. Businesses will need to update internal processes, customer communication protocols, and IT systems to accommodate new definitions, registration rules, and data handling requirements.

We strongly contend that the proposed 18-month timeframe to design, build, test, and implement major system and industry-wide changes is wholly inadequate. The scale and complexity of these reforms demand careful planning, robust testing, and coordinated execution across multiple stakeholders – not just retailers and distributors. Compressing this into just 18 months significantly heightens the risk of system failures, customer disruption, and regulatory non-compliance. Critically, this timeline does not exist in isolation. The industry is already managing several other major reform programs in parallel, each requiring substantial resources, attention, and coordination. Overlapping delivery schedules create compounded risks, stretch workforce capacity, and reduce the ability to respond to unforeseen issues. Without a more realistic and sequenced approach, the success of all these reforms is jeopardised.

Implementation timing must allow sufficient lead time for energy businesses to:

- Modify and test systems to support new registration and deregistration workflows.
- Train our people and update customer-facing materials.
- Coordinate with medical practitioners and external stakeholders.
- Ensure compliance with privacy and data-sharing obligations.

Additionally, we have the following considerations:

- Confirm accountability and responsibility between retailers, market bodies, medical practitioners and distributors.
- Consider the impact to existing customers registered with life support and the requirement for re-evaluation and migration to the appropriate 'critical' or 'assistive' category, which may require significant effort in regards to awareness campaigns, customer medical reassessment, managing customer backlash/feedback, and transition of customers across to the new statuses.
- There may be an interim or transitional period or status required for existing LS customers to enable continuation of current protections whilst undertaking this assessment and evaluation period.
- Processes and systems are not currently in place to capture, share, maintain and notify multiple contacts (e.g. for planned or unplanned interruptions) for a premise. The changes required extend beyond the initial changes to enable sharing and validation of LS information between the retailer and distributor.
- The current EDCoP obligations remain applicable only to the 'customer' i.e. the LS Customer and that where reasonable and appropriate the DB will only send electronic planned outage notifications to the LS Customer, LS User and Nominated contact person for the premise.
- Privacy concerns in terms of how a nominated contact person can be validated as a nominated contact person with both the retailer and distributor and any other market participant.
- Additionally, the cost implications for industry participants. Support mechanisms or transitional funding may be needed to ensure equitable implementation across the sector.

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?

While the proposed medical confirmation form template includes a broad range of relevant information, Jemena has concerns about its structure, clarity, and compliance with privacy obligations.

- **Order of Information**
The form should begin with the type of life support equipment required. This is the most critical piece of information for prioritisation and should be presented upfront to guide the medical practitioner's assessment.
- **Clarity on Equipment Classification and fuel type**
The form does not clearly distinguish between critical and assistive life support equipment. Medical practitioners may not be familiar with these regulatory definitions. We recommend including a clear, labelled list or guidance to help practitioners identify which equipment falls into each category. Additionally, the form could benefit from clearly indicating the fuel type for the life support equipment – i.e. Electricity or Gas.
- **Privacy Concerns**
The form appears to request more personal and medical detail than is necessary to confirm life support eligibility. This raises concerns about compliance with the Privacy Act 1988 (Cth), particularly around data minimisation and the handling of sensitive health information. We recommend reviewing the form to ensure it only collects information that is strictly necessary for registration and prioritisation.
- **Embedded Network Scenarios**
The form should accommodate situations where the embedded network operator is the registered life support customer. In these cases, distributors do not hold individual resident details. The form should clarify how embedded network operators are expected to manage and submit medical confirmation on behalf of residents.
- **Operational Alignment**
Any new fields or obligations introduced by the form should be assessed for compatibility with existing industry systems and processes, including B2B data exchange and notification workflows.
- **Accessibility and Design**
We support the consultation's emphasis on plain English, logical sequencing, and inclusive design. These improvements will help ensure the form is completed accurately and consistently.

For clarity, our view is that both Parts A and B of the form requires further consideration:

- Part A should be information only required to be provided by the registered medical practitioner. This means that the NMI and MIRN question should be moved to Part B Section 2.
- There should be two lists of equipment – critical and assistive.
- The question about a permanent medical condition should follow the equipment lists.
- There should be a field in the form to indicate the fuel type for the life support equipment – i.e. Electricity or Gas.

- Persons with a permanent medical condition should be able to qualify for either critical or assistive life equipment.
- Clarification is required if Part A, Part 2 The Protections that Life Support Registration Provides is a declaration from the registered medical practitioner, or if it is a declaration from the life support user.
- Part B should be relabelled to be the Life Support User Declaration, so that it is aligned to the proposed definition.
- Date of Birth, relationship of Life Support Customer to Life Support User and relationship of Nominated Contact Person to Life Support User should be removed as there are no defined obligation or operational uses for these data points within the life support framework.
- The order of the sections in Part B is confusing, as it asks the life support user questions about themselves in sections 1 and 2, then asks about other roles, before returning to the life support user in section 5.
- It should be clear that Part B, Section 3 is about the Life Support Customer (i.e. the person who is on the retail account). It should be made clear that the information provided in this section must match what is on the energy bill so that registration can occur efficiently and in line with compliance with the Privacy Act.
- In Part B, Section 3 the question about if the person on the account should be contacted regarding outages should be removed. Under the Electricity Distribution Code of Practice, there is an obligation to notify the Life Support Customer of upcoming planned power outages. Therefore, this question is not required.
- In Part B, Section 3 and Part B, Section 4, the person filling out the form should be able to nominate "Same as above", and not be required to fill out all fields.
- It should be clear that nominating a Secondary Contact Person is not mandatory.
- We seek clarification on what happens if the nominated contact person has not been informed that their details have been provided.
- The boxes on the forms do not provide enough room to clearly write email addresses or phone numbers.
- It is unclear what Choice 1, 2, 3 in Section 4 specifically refer to, e.g. do they want all choices or is that a preference.

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?

At this stage, we do not believe it is necessary to include an identifier for Aboriginal or Torres Strait Islander status on the medical confirmation form. While we acknowledge the importance of culturally sensitive service delivery, there is currently no specific obligation or mechanism to use this data in a way that would enhance protections or services for these customers.

Collecting this information without a clear purpose or use could raise privacy concerns, particularly if it is stored but not actively used to inform communications or support. Unless there is a defined pathway for how this data will be used to improve outcomes for Aboriginal or Torres Strait Islander life support customers, we recommend not including it in the form at this time.

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 do not recommend including an identifier for CALD status in the medical confirmation form at this stage. While we support inclusive service delivery, there is currently no defined obligation or operational use for this data within the life support framework.

Collecting and storing information related to language, ethnicity, or cultural background, particularly if it is not actively used, raises privacy and data handling concerns. Even if language spoken is not strictly classified as personal information, it can be considered an indicator of racial or ethnic origin, which is sensitive under privacy law.

Unless there is a clear and actionable purpose for collecting CALD data, such as tailored communication or prioritisation protocols, we recommend not including it in the form at this time.

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

Mandating the use of a standardised medical confirmation form template is a positive step toward improving consistency and accuracy across energy businesses. However, several considerations should be addressed:

- System integration: Businesses will need time and resources to integrate the template into their digital systems and workflows. This includes updating customer portals, backend systems, and staff training.
- Accessibility and usability: The form should be designed to be easily understood and completed by medical practitioners, with clear instructions and logical formatting. It should also be accessible to customers who may need to complete certain sections (e.g. contact preferences).
- Privacy and data handling: The form must comply with privacy laws, particularly regarding the collection and storage of sensitive health information. Clear guidance should be provided on how data will be used, stored, and shared.
- Flexibility for edge cases: There may be unique situations where the standard form does not fully capture a customer's needs. A process for handling exceptions should be considered.
- Stakeholder engagement: Ongoing consultation with medical professionals, energy businesses, and customer advocates will be important to ensure the form remains fit for purpose and reflects real-world use.

Publishing the form on a central platform and requiring its use will help streamline processes, but successful implementation will depend on thoughtful design and adequate support.

Improving communication methods to contact life support customers

Ability to nominate a 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 option to nominate a secondary contact person to receive notifications about planned interruptions, provided the role is clearly defined as distinct from the life support user and life support customer. The secondary contact could be the same

person as the life support user, but it does not have to be. Further, the secondary contact person should not be mandatory.

Introducing these capability would require significant system and process changes across energy businesses, which are currently outside existing funding arrangements. These changes would need to be carefully scoped and resourced.

We believe that the existing obligation to provide the life support customer with at least four business days' notice via hard copy should remain limited to the customer only. This requirement should not be extended to the life support user or nominated contact person. From Jemena's perspective, any new roles introduced should be subject to a best endeavours approach. This position is based on the following considerations:

- Jemena does not use postal notifications as the default communication method. Instead, we conduct door knocks and hand-deliver written notifications to life support customers for planned interruptions. It would not be feasible to hand-deliver notices to nominated contact persons who do not reside at the affected premises.
- Distributors often do not have a direct relationship with customers and rely heavily on retailers to provide accurate and up-to-date contact information. Also, we don't have the same level of systems and processes to contact customers and it will be at significant cost to implement. It would be prudent to place the obligation on the party who traditionally has held the role of customer contact.
- There is a strong preference among customers for electronic communications, which also allow for more timely and dynamic updates
- Secondary contacts should not have the authority to update or modify a customer's account information. Allowing a third party to change account details on someone else's behalf raises significant privacy and security concerns, as it could lead to unauthorised access or unintended changes without the primary customer's explicit consent.

Regarding unplanned interruptions, we do not currently have any obligation to send electronic notifications. Introducing a requirement to notify secondary contacts during unplanned outages could effectively create a new compliance obligation, which should be transparently consulted on rather than introduced indirectly. We do however, support allowing for nominated contact persons to be notified about unplanned interruptions on a best endeavours basis (which is aligned to the approach for all electricity distribution customers).

Additional considerations include:

- Data accuracy: Distributors rely on retailers to provide up-to-date contact details via B2B processes, which are often unreliable.
- Privacy risks: Distributors do not have a direct relationship with secondary contacts, raising concerns about data sharing and consent.
- Operational complexity: Managing multiple contact points during emergencies could introduce logistical challenges and increase the risk of miscommunication.
- Opt-out mechanism, as opposed to preference management for secondary contacts.

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?

Jemena hand-delivers planned interruption notices to life support customers at their premises to ensure timely, reliable, and verifiable delivery. This practice reflects our commitment to prioritising the safety and wellbeing of our most vulnerable customers. Consequently, we strongly recommend retaining the current hard copy notification requirement, while allowing the continuation of electronic notifications, for life support customers, as prescribed in clause 11.5.1(b) of the Electricity Distribution Code of Practice. Removing or weakening this requirement risks introducing uncertainty and delay in the delivery of critical outage information - a risk we believe is unacceptable given the potential consequences for life support customers.

Jemena supports a change to explicitly permit SMS and email notifications for planned interruptions to life support users and their nominated contact person. This would:

- Align regulatory expectations with contemporary communication practices.
- Enable distributors to use faster, more reliable channels for time-sensitive notifications.
- Reduce reliance on postal and hand delivery methods, which are slower and less effective during short-notice outages.

SMS and email notifications offer several advantages:

- Digital channels allow for near-instant delivery, which is critical for life support customers who need time to prepare for outages.
- Many customers already rely on mobile alerts and email for service updates. This change would meet their expectations and improve engagement.

In summary, we recommend:

- Retain the requirement for life support customers to receive hard copy written notice of an upcoming planned interruption (noting that while the Electricity Distribution Code of Practice (EDCoP) requires written notice in hard copy for planned interruptions, it does not mandate delivery via Australia Post).
- Allowing electronic-only notifications for secondary contacts for planned interruptions, with appropriate safeguards and opt-out mechanisms.
- While we could provide the ability for a nominated contact person to opt-out of an electronic notification, we do not believe it practical to allow preference management for secondary contacts, as distributors do not have a direct relationship with these individuals and it is unlikely we would be able to collect or manage their communication preferences on an ongoing basis.

This approach balances regulatory compliance, operational feasibility, and customer protection. It also acknowledges the limitations distributors face in managing secondary contact details, especially when those individuals are not directly connected to the distributor via B2B processes.

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?

It should not be mandatory for life support customers to nominate secondary contact persons if they don't want to. Industry rules and internal procedures must safeguard the inappropriate disclosure of personal information especially in family violence situations. It must be made clear that the secondary contact person (when being registered as part of the life support medical form process) is purely for the purpose of receiving notifications, not to act as a nominated account representative.

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

One important consideration is the management of communication preferences for the life support user and secondary contact persons. While enabling notifications to life support users and secondary contacts can enhance support, it introduces complexity in terms of capturing, storing, and respecting individual preferences, particularly since these contacts are not customers and may not have a direct relationship with the energy provider.

We recommend:

- Limiting communication methods to SMS and/or email only for life support users and nominated contact persons, to reduce complexity and avoid unnecessary data collection.
- Ensuring that any obligations to notify life support users and secondary contacts are clearly defined and do not create new compliance burdens or privacy risks.

Given the indirect nature of the relationship between distributors and secondary contacts, any communication obligations should be carefully scoped to avoid overreach and ensure practicality.

Additionally, in situations involving family violence, retailers may have valid reasons for withholding customer information from distributors. We seek clarification on how distributors can fulfil their obligations to notify customers and nominated contact persons of planned interruptions when customer details are withheld for safety reasons.

Implementation considerations

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

We are supportive of the intention to ensure life support users remain protected during any transitional period, including the approach to classify existing life support customers as requiring assistive life support equipment after the rule change goes into effect. However, we believe the proposed 18-month timeframe to implement major system and industry-wide changes is inadequate given the scale and complexity of the reforms.

Firstly, Jemena believes that the proposed reforms will require significant technical changes to the data exchanges, which includes significant system enhancements, development and automation of new data fields and workflows, updates to market B2B protocols, full regression and integration testing across all systems, data integrity validation across market participants and other privacy and consent management framework.

Moreover, this timeline overlaps with several other major reform programs already underway in the industry, each demanding substantial resources, coordination, and attention. Compressing these efforts into such a short window significantly heightens the risk of system failures, customer disruption, and regulatory non-compliance.

Further, until the system changes are implemented the additional contact information will not be able to be used during emergency events; allowing life support users to nominate a contact person for purposes of notification before this time may create a false sense of safety.

We propose that at least two years will be required for all energy businesses to carefully scope the required changes, avoid overreach and ensure practical implementation. Until the IT systems are implemented, we recommend that the new

life support medical confirmation form is not used. This is due to an increased risk and retaining personal and sensitive information in systems not purposely design to store this information.

We support the proposed requirement for the energy businesses during the transitional period to contact life support customers to confirm whether they still require life support equipment; and follow up with customers who have not yet provided a medical confirmation form, with deregistration to occur where confirmation is not received within the prescribed timeframes. These actions are critical to maintaining the accuracy and integrity of the life support register and ensuring that protections are appropriately targeted to customers with verified needs.

We have also provided below tables for Life support customers status on both Jemena Electricity Network and Jemena Gas Network. We have a total of 110 Life Support customers with no confirmation across both networks and none of our gas ones have provided confirmation.

JEN - Life Support Status	Total
Retailer RPO	8908
Registered - Medical Confirmation	4831
Registered - No Medical Confirmation	4077
Jemena RPO	167
Registered - Medical Confirmation	62
Registered - No Medical Confirmation	105
Grand Total	9075

JGN - Life Support Status	Total
Blank RPO	20
Registered - Medical Confirmation	6
Registered - No Medical Confirmation	14
Retailer RPO	7571
Registered - Medical Confirmation	1877
Registered - No Medical Confirmation	5694
Jemena RPO	5
Registered - No Medical Confirmation	5
Grand Total	7596

Given the systems are already in place to send out reminders for confirmations and notices of deregistration, we strongly recommend that this process be undertaken as early as possible and carved out as a separate process from any broader system upgrade.

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

While data currently flows both ways between retailers and distributors, the proposed reforms introduce new classifications and data elements that will require significant system changes to ensure accurate and timely communication.

Key system and data exchange considerations include:

- Changes to B2B Customer and Site Details Notification Procedure and Service Order Procedure to incorporate new data fields and classifications, inclusive of any transitional values required to support the validation of life support customers or absence of data which will become mandatory in future.
 - Classification of life support equipment as critical or assistive
 - Classifications to show the number of times the customer has been deregistered.
 - Flags for permanent medical conditions.
 - Details for life support user, including their contact information (multiple fields)
 - Details for nominated contact persons, including their contact information (multiple fields)
 - Ability to track medical confirmation expiry dates and trigger reminders.
- Enhanced B2B protocols:
 - Existing B2B processes will need to be updated to accommodate these new fields.
 - Data validation and reconciliation mechanisms must be strengthened to ensure consistency across retailer and distributor systems.
 - B2B procedures need to explicitly state time periods for when participants can request the provision of missing information (e.g. distributor can raise a LSR to the retailer if medical confirmation has not been provided via LSN within X months of initial registration). The current LSR transaction should be updated to include a 'Reason' of 'Medical confirmation overdue'.
- Separately to the B2B transactions, there needs to be consideration for direct customer engagement with businesses to provide or update their communication preferences and contact information (e.g. email), which subsequently needs to trigger outbound CDN transactions to other participants.
- Two-way updates with traceability:
 - Distributors will need to send updates back to retailers (e.g. deregistration triggers, outage notifications, or contact detail changes).
 - Systems must support bi-directional data exchange with clear audit trails and version control.
- Privacy and consent management:
 - Systems must be capable of managing consent for storing and sharing personal information, particularly for nominated contacts who are not account holders.
 - Systems must be capable of managing the increased volume of data collected, stored and used in line with the Privacy Act.
- Scalability and interoperability:
 - These changes must apply consistently across licensed and exempt entities, including embedded networks, to ensure uniform protections and register accuracy.

Without these system enhancements, the new framework risks introducing inconsistencies and undermining the reliability of life support registers.

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

Jemena maintains the view that existing obligations regarding customer ownership for industry participants, including exempt persons and embedded networks, should remain unchanged. Specifically, embedded networks are considered the customer of the distributor, and any downstream responsibilities with their customers should remain with the embedded network operator.

Distributors do not have visibility of embedded networks customers, so it is essential that embedded network operators clearly understand and fulfil their obligations as they relate to life support protections.

That said, there are various challenges that should be considered for the embedded network:

- Their understanding of, and system capability to manage the obligations surrounding life support registrations and deregistration
- Their ability to manage the increased amount information and storage of the medical confirmation form so that it protects their customers' personal information
- The ability of the embedded network operator to notify their customers, life support users and nominated contact person of an upcoming planned interruption
- Their ability to notify their customers in line with obligations, e.g. timing
- The additional costs and effort these changes present to the embedded network operator, many of whom may be small businesses facing challenges.

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

- We wish to emphasise that this Consultation relates to chapter 12 – Life Support Equipment in the EDCoP, and that any other proposed changes, e.g. introducing mandatory notifications for unplanned interruptions should be subject to a separate consultation process.
- Implementing this proposal would necessitate substantial system changes, particularly if integration is required between Jemena's customer management systems, industry systems and the various outage management and customer communication platforms. Key systems impacted include:
 - SAP Service and Customer Data Cloud: Jemena's CRM platform, which manages customer enquiries and life support data.
 - SAP ERP: Core enterprise resource planning system that supports business operations and data management.
 - Geospatial Information System (GIS): Stores spatial data and customer information, including life support customers.
 - Outage Management System (OMS): Manages real-time fault and outage data, including planned and unplanned outages.
 - Broadcaster: Orchestrates electronic notifications across multiple channels (email, SMS, IVR, outage maps, etc.).
 - Planned Outage Carding Management (POCM): Manages delivery of planned outage notifications and evidence capture.
 - B2B Market Interfaces: Facilitate data exchange and operational coordination with external market participants.
 - Integration Platforms: Support regulatory and commercial interactions with market bodies and third-party service providers.
 - Reporting Systems: Enable compliance, performance tracking, and customer impact analysis across integrated platforms.

- In section 6 of the medical confirmation form, the life support user is asked to declare that they will notify their retailer or distributor of any changes to the contact details specified in sections 1, 3 and 4. However, there is no discussion about how this will be managed with the retailer or distributor (other than initially during registration), and given the life support user may not be the account holder, it is unlikely that due to privacy reasons, that they would be authorised to make those changes to another person's account.
- In section 4 of the medical confirmation form the table asks for the nominated person's email address, but not the mobile phone details. In the table below that request, it is unclear whether the nominated contact person's personal information, i.e. postal address, email address, and/or SMS details should be added to the table. It is Jemena's view that the proposed medical confirmation form needs significant review.
- The Electricity Distribution Code of Practice (EDCoP) requires written notice in hard copy for planned interruptions, it does not mandate delivery via Australia Post. Jemena has chosen to enhance this requirement by hand-delivering notifications to life support customers. Extending this obligation to life support users and nominated contacts, particularly when they may not reside at the affected premises would be operationally burdensome and add unnecessary cost. Given strong customer preference for electronic communication, we believe extending hard copy requirements to life support users and a nominated contact person is not justified and may result in inefficiencies and additional costs that are ultimately borne by customers.
- Clarification if there is a limit (and if so what is that limit) on the number of life support users and the number of life support contacts that are associated with each life support customer. This distinction is important because it directly affects system design and data management, and the cost to implement.
- Clarification on the granular life support registration process, e.g. when will the life support user and nominated contact person's personal information be added? Will it be on receipt of the medical confirmation form (noting this is where consent has been provided)?
- If a customer's personal information has been withheld by their retailer due to family violence protections, distributors would be unable to register or confirm life support status. This is because the information provided on the medical confirmation form cannot be reconciled with the customer's account details. Without access to accurate and matching customer information, distributors cannot complete the registration process - potentially putting vulnerable customers at risk. This highlights a critical gap in the proposed process that must be addressed to ensure life support protections are not compromised for customers affected by family violence.
- It is Jemena's experience that when retailers register a customer for life support customer, they will automatically apply the protection for both gas and electricity, regardless of whether there is a need for both. This has led to inaccurate life support registers and a greater number on life support customers not medically confirmed, and not deregistered.
- This will increase the volume of B2B transactions, i.e. retailers and DNSPs will now need to pass through the life support flag for the customer, the life support user and nominated contact person. Today, we only pass through the life support customer details. This is for the purpose of communicating planned interruptions (but not necessarily unplanned).
- How these changes will be managed and communicated across the industry for stakeholders other than retailers, distributors and exempt sellers/embedded networks, i.e. those without obligations under the EDCoP or Electricity Retail Code e.g. EWOV, community support groups, etc.