

9 September 2025

Gerard Brody
Commissioner and Chairperson
Essential Services Commission,
Level 8, 570 Bourke Street,
Melbourne Victoria 3000

Dear Mr Brody,

Better Protections for Life Support Customers in Victoria – Consultation Paper

Origin Energy (Origin) appreciates the opportunity to provide feedback on the Essential Services Commission (ESC) consultation on Better Protections for Life Support Customers in Victoria Consultation Paper.

The purpose of life support rules is to provide customers that rely on life support equipment with a higher standard of protections than other customers. For life support rules to be effective it is important that registration lists have integrity, that they are accurate, up to date, and only contain customers requiring life support equipment.

This is best achieved when there are clearly defined rules underpinning the registration and deregistration processes, a clear and appropriate allocation of responsibilities between retailers and distributors and no duplication of activities including list management.

The current rules have resulted in registration lists that are inflated and include large numbers of customers who have not provided a medical confirmation. To address this, changes are needed. While we agree with the intent of the Rule change proposal, we believe the identified issues could be better resolved through an alternative approach.

An optimal solution would be for a single entity to have responsibility for all aspects of the management of life support including registration, deregistration, and the management of a single life support register. This could operate along a similar model to the Do Not Call register that provides a single, centralised platform where individuals can register their preference not to receive telemarketing calls. In the context of life support, an independent register would allow medical professionals to securely register the life support status of a customer with this platform in turn interfacing with networks and retailers. A centralised approach would remove duplication and deliver more effective registration and de-registration because there is a single point of responsibility. The cost of operating such a model could be recovered from all market participants and socialised across all customers.

Even though the ESC has indicated that consideration of this model is outside of the scope of this rule change assessment, we strongly believe this an optimal model and worthy of policy makers and regulators considering in more detail.

In terms of the current framework, a customer must be registered when they notify a retailer or a distributor that they rely on life support equipment. The obligation is then on the retailer or distributor to send the customer a life support information pack which includes the medical confirmation form to be completed by a medical professional validating that the customer relies on this equipment, and the timeframe for returning this form. Businesses must also issue multiple reminders to the customer when the form is not returned. This process can take up to 80 days to complete. If a customer does not return the medical confirmation form at the end of this process, the Energy Retail Code of Practice delegate responsibility for deciding whether to deregister to the judgment of the retailer or distributor. Given the risks, businesses are reticent to deregister in the absence of clear direction in the rules. As a result, registers are inflated with about half

the customers having not provided medical confirmation. This demonstrates that the current rules are not working as intended.

The most effective way to ensure registration lists are accurate is to require customers to provide a medical confirmation before they are validly registered. We recognise that this is not practicable because customers may not be aware of the specific information they need to provide to be registered – especially if a standardised medical confirmation template is adopted.

To address the shortcomings of the current rules, we believe the registration process should be shortened to require a customer to provide the completed medical confirmation template within 30 days of receiving the life support registration pack, with a reminder being sent within this timeframe. We believe that if a customer is in genuine need of critical life support, they will provide this form expeditiously. If a medical confirmation is not provided after 30 days, the rules should make explicit that the customer is automatically deregistered.

We also agree with the rule change proponents that the current rules place most of the responsibility for maintaining accurate life support registers with retailers, whilst the day-to-day implications of inaccurate registers largely falls on distributors. For this reason, we support consideration for distributors to be responsible for the medical confirmation and deregistration processes and for maintaining a single life support register. Specifically, a retailer could initiate a request for life support registration or deregistration, but the medical confirmation and deregistration processes would be run by distributors.

We strongly believe the alternatives we have proposed will ensure more accurate life support registers thereby enabling both networks and retailers to provide more targeted support to those customers who need it the most.

Origin's views on each of the recommendations raised in the Consultation Paper are set out further in Attachment A.

If you have any questions regarding this submission, please contact me on [REDACTED] or [REDACTED]

Yours sincerely

[REDACTED]
Sean Greenup
Group Manager Regulatory Policy

Responses to Consultation Questions

New Definitions to provide better life support protections for 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?
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?
3. Are there any specific needs related to equipment that requires gas connection that we need to capture?
4. Are there any other terms that need updating or defining?

When assessing the effectiveness of the rule change proposals, it is necessary to consider the impacts from a retailer perspective because it is the retailer that engages in the vast majority of interactions with the customer. Therefore, any changes are more likely to affect a retailer's processes and system.

Life Support Equipment definition

We do not support the proposal to develop multiple categories of life support. This will create the requirement for retailers to develop a separate operational process for each category which will result in significant additional administrative and compliance requirements (and costs) without delivering any clear incremental benefit to life support customers.

A single definition of life support and a clear deregistration would be more effective. This would remove the need for multiple processes or repeated re-confirmations while ensuring customers who genuinely require life support protections are appropriately identified and supported.

Under the proposal, when a customer initially informs the retailer that they require life support equipment, the process owner will need to make an initial assessment whether the customer should be provisionally classified as "critical" or "assistive" pending medical confirmation documentation. If the subsequent completed medical template differs from the original retailer assessment, then that customer will need to be re-classified. This will create multiple processes that do not currently exist which creates complexity and cost for no incremental benefit i.e. both categories end up on the life support register but through separate processes.

The proposal also requires re-validation every four years for "assistive" life support customers. This will create a substantial new compliance burden because under current arrangements customers are not required to re-submit confirmation forms after initial registration. This will effectively result in a completely new registration process for all these customers.

We are also concerned that when a medical practitioner is required to determine the support category that without clear and consistent guidance, they are likely to default customers as "critical" as a conservative risk management or because they are unaware of the distinctions. Similarly, energy providers may also choose to register customers in the "critical" category by default to minimise compliance risk. As a result, the intended outcome will not be achieved.

The Consultation Paper notes that emergency agencies in Victoria utilise life support data to prioritise assistance for those requiring critical help during prolonged power outages. Origin considers that, if emergency services require a means of triaging contacts, reliance could be placed on those customers who have medically confirmed the need for life support.

Life Support User definition

We support the differentiation between the person who needs life support equipment (life support user) and the account holder (customer). This is captured in the Energy Code of Practices with the definitions of both life support customer and life support resident:

- *A **life support customer** is the account owner at the property where life support equipment is being used.*
- *A **life support resident** is a person who requires life support.*

List of Life Support Equipment definition

Consistent with our position on dual definitions, we do not support separate lists of equipment for “assistive” and “critical” life support customers.

We also note that the proposed amendments to the list of equipment types necessary to support life differs from the current version. As a result, retailers may be required to seek renewed medical confirmation for equipment that no longer appears on the original confirmation which could create confusion if the proposal for registration re-confirmation is adopted. Effective customer communication and education will be critical to manage any confusion or disruption arising from these changes.

Registered Medical Practitioner definition

We support the proposed definition of “registered medical practitioner”. This ensures that decisions about life support equipment are made by qualified medical professionals, such as general practitioners or specialist doctors. We do not support general medical providers, such as nurses, having the authority to determine the need nor status of the equipment for a customer.

While this definition clarifies who can provide medical certificates, energy retailers are not qualified to verify or enforce whether the signatory meets this definition. Retailers must therefore rely on medical confirmation forms at face value, assuming that the practitioner signing the form is appropriately authorised. For example, forms from sleep clinics for sleep apnoea machines are often stamped and signed by the clinic. However, it is not always clear whether the signature belongs to a registered medical practitioner. As a result, a retailer cannot independently confirm the credentials of the signatory.

Nominated Contact Person definition

We support the principle of including additional contact persons for notification of all outages, not just planned outages.

However, there needs to be further consideration how this obligation could be applied in practise i.e. how systems can store and interact with multiple contacts on an account. This includes the need for controls to ensure that additional nominated persons do not have access to private information relating to the primary account holder nor that they are assigned any financial responsibility for the account.

Remove gas from the life support framework

Origin believes that a similar approach could be adopted as in Western Australia. Life support registrations are only applied against electricity accounts.

In practice, it is difficult to assign a single process owner where a customer registers life support across both electricity and gas accounts, particularly as these may be held with different retailers. This creates duplication, inconsistency and unnecessary complexity in the administration of the framework.

We therefore support the removal of gas from the life support framework, with obligations applying solely to electricity accounts. This would align with the WA approach, reduce administrative complexity, and ensure that protections remain focused on the energy source directly linked to the operation of life support equipment.

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?
6. Should customers with a permanent condition be exempt from the requirement to update their medical confirmation form every four years?
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?
8. Do you have any views on introducing a cap on registration attempts without medical confirmation?
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)?
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?
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?
12. Are there any specific issues we should consider in relation to exempt persons (including embedded networks)?

The existence of multiple 'registration process owners' cause ambiguities in terms of both the registration and deregistration process. A customer may contact the distributor to register life support but then contact the retailer to de-register a premises. However, the retailer cannot process the de-registration as the distributor is the process owner for the premises.

Registration process

We believe a key deficiency with the current life support framework is the registration process. Under the current rules the retailer or network must trigger life support obligations when advised by the customer of the need for life support equipment at a premises. The retailer or network are then required to send the customer a life support information pack including the medical confirmation form and the timeframe for returning this form.

If the customer does not return this form the business is required to send the customer multiple reminders. If after the registration process is complete the customer still has not returned the medical confirmation form, it is at the business' judgment on whether they deregister the customer.

We believe this creates a disproportionate allocation of risk to either network or retailer. The penalties for breaching life support rules are significant. Businesses are inclined to err on the side of not de-registering a customer because of the magnitude of these fines, despite the fact that a customer may not have fully engaged through the registration process, has failed to provide the medical confirmation form, or is a repeat applicant for life support.

As a result, this has created an unintended outcome where the life support registers are ballooning and the majority of customers on the life support registers have not provided medical confirmation forms. As noted in the rule change application and Origin's own experience, the number of customers who have not provided a medical confirmation are between 40% and 50% of the registers.

There is also evidence that some customers are misusing the current system. Customers are aware that registration prevents disconnection for non-payment and that deregistration requires a lengthy process. We have observed cases of customers repeatedly registering to avoid paying bills and disconnection. This

practice further inflates the register and imposes unnecessary compliance and operational burdens on both retailers and distributors.

To address this issue, we believe the registration process should be shortened to require a customer to provide the completed medical confirmation template within 30 days of receiving the life support registration pack, with a reminder being sent within this timeframe. We believe that if a customer is in genuine need of critical life support, they will provide this form expeditiously. If a medical confirmation is not provided after 30 days, the rules should make explicit that the customer is automatically deregistered.

Medical confirmation every 4 years

Requiring updated medical certificates is not part of the current life support framework. Once customers register and provide a medical confirmation form, neither retailers nor distributors are required to follow up for regular re-confirmation. Continually seeking updated medical forms would be highly resource intensive and administratively costly.

The main issue is that nearly half of the registration list has not provided a medical confirmation. The focus should be on cleansing the current list. A well-designed registration process should provide the necessary assurance without requiring repeated customer re-engagement.

Any decision to include this requirement should be evidence based. In other words, an assessment should be made regarding the magnitude of the reduction once the registration and deregistration changes have had time to have effect.

Cap on registration

We support a cap being placed on the number of times that a customer can register for life support prior to providing the relevant medical confirmation. If the cap is breached, then the customer would need to provide a completed medical confirmation before being registered.

Sensitive load and embedded networks

The life support review should not be limited to residential customers but extended to include sensitive load and embedded networks. These categories cover critical commercial and industrial facilities such as nursing homes, hospitals, aged care facilities, resorts, and smelters. Excluding them from the review risks further fragmenting the regulatory framework, creating inconsistency, incentives for Life Support customers to reclassify a facility as a sensitive load and leaving some customers without adequate protection despite their reliance on continuous energy supply.

Sensitive load classification is currently managed by distributors, who approve or reject requests to apply this status. In practice, rejections are rare. However, the number of loads requiring continuous supply continues to grow, underlining the need for a clear and transparent framework to assess, review, and monitor these classifications over time. Without such a framework, the system risks expanding without sufficient oversight, potentially undermining both customer protections and network efficiency.

Embedded networks introduce additional complexities that are not consistently managed or enforced. For example, where a single resident in an apartment block is identified as requiring life support, the life support flag may be applied to the parent or gate NMI. This approach significantly overstates the load requiring protection and distorts the view of distributors in managing risks across the network. The lack of consistency in how embedded networks are treated further complicates obligations and undermines the integrity of the life support framework.

Any reform must therefore address the full range of life support customers (both residential and business) to ensure protections are applied consistently, risks are managed appropriately, and network operations remain reliable. A comprehensive approach is essential to strengthen the foundations of the life support framework and provide confidence that all customers who depend on continuous energy supply, regardless of their classification, are afforded adequate protections.

Mandatory deregistration

13. Do you have any views on mandating deregistration when customers have not provided medical confirmation or when customers' circumstances have changed?
14. Are there other measures that we could consider to increase the accuracy of life support registers?
15. Are there any implementation challenges or any other issues that we need to consider?

De-registration process

We also agree with the rule change proponents that the current rules place most of the responsibility for maintaining accurate life support registers with retailers, whilst the day-to-day implications of inaccurate registers largely falls on distributors. For this reason, we support consideration for distributors to be responsible for the medical confirmation and deregistration processes and for maintaining a single life support register. Specifically, we support the model where a retailer could initiate a request for life support registration or deregistration, but the medical confirmation and deregistration processes would be run by distributors.

Placing responsibility with distributors would remove ambiguities between retailers and distributors regarding which party holds the correct information, reduce duplication of processes where both may otherwise receive and manage requests, and minimise discrepancies across systems. It would also provide greater certainty for customers and enable distributors to deliver more effective communications during outages, given their direct visibility of network impacts.

Proposed Rule change for de-registration

We support the proposal to amend the requirement to deregister where a medical confirmation has not been provided from “may” and replaced with “must”. However, this is on the condition that either: 1) there is a single party allocated to the de-registration process; or 2) there are clear guidance of how either retailers or distribution businesses deal with de-registration requests when customer details do not align (eg names or email addresses sent by the distribution business do not align with the details held by retailers).

As we have highlighted above, if the distributors were solely responsible for the medical confirmation and deregistration processes this would address this issue.

B2B Implications

If the proposed rule amendments proceed, considerable updates to the B2B Procedures will be required. This will include system and process changes as well as new schema requirements for both the electricity and gas markets.

The ESC must ensure that adequate time is built into the process to allow the Information Exchange Committee (IEC) to undertake consultation and finalise the procedures. The IEC has proposed an implementation date no earlier than December 2027, which appropriately accommodates both the consultation process and the minimum 12-month implementation period required by industry, commencing from the date of the final determination of the B2B Procedures. We agree and support this minimum implementation period.

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

Medical Confirmation template

We support the development of an electronic standard template as this would improve the ease with which life support forms are completed and submitted. However, we do not support the proposed drafting in the Rule change request.

The information requirements are too lengthy and are likely to overwhelm both medical practitioner and customers. The form needs to be revised to be succinct and only include the information required to register life support.

We propose removing Part 2. This information encourages customers to register as life support to obtain protections in the form of no disconnection for non-payment, which is not the intent of this form- it is to gather necessary medical information.

With respect to Part 3, it does not specify how medical practitioners are kept up to date with changes to the rebate requirements or eligibility requirements.

Part 4 is in relation to Life Support back-up plan and the reasons why or why not this has been completed for a customer. While Origin agrees that customers should be made aware of options to develop a back-up plan, it should not be a mandatory condition of registering for life support.

Finally, the proposed Life Support Declaration Form includes information relevant to the account holder. While we will require information relevant to the life support person, we will also require contact or confirmation from the account holder that the individual seeking life support declaration is living at the address. As this form is intended to be standardised, it is important that further consultation take place with both industry and medical practitioners. This will help ensure the template is practical, consistent, and ultimately fit for purpose in supporting the integrity of the life support framework.

Back up plans

While the energy sector can provide general guidance on issues to consider when developing a back-up plan, the discussion should remain between the medical practitioner and the customer as each individual's circumstances will differ. Retailers and distributors do not have insight into the operation or function of the life support equipment. Effective back-up planning can only be developed through detailed discussion and a full understanding of the customer's personal circumstances between a medical practitioner and customer.

CALD Customers

Retailers provide details for an interpreter on an energy bill. We have no concerns with including this same information on a medical confirmation form.

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

While we support the intent, the requirement to capture a secondary contact field on customer accounts requires further consideration and close collaboration with network businesses to determine how this information would be captured, stored and utilised. A number of issues that need to be addressed include:

- If notices are extended to other household members or someone not living in the premises, systems would need to be able to capture the additional persons details for notices only and not extend to any other obligations linked to the establishment of an account.
- Whether the retailer needs any confirmation from the additional secondary person that they wish to receive the notices and whether they need to provide a preferred means of contact.
- Privacy implications need to be considered. This includes the controls that would need to be put in place to ensure that the nominated person does not receive any private information about the primary account holder. This will be critical for family and domestic violence (FDV) customers.
- Whether the notifications are linked to planned and/or unplanned outages. We see considerable benefits of extending the notification to unplanned outages if the unplanned outage is for an extended period of time (i.e. provide notification if unplanned outage is greater than 4 hours).

Introducing a requirement to capture and manage nominated contact details would be complex and costly. The ESC must be satisfied that the benefits of this requirement will clearly outweigh the additional regulatory and system costs for industry.

Notices for outages

Under current arrangements, retailers and distributors must provide customers registered for life support with written notice of planned interruptions. Written notice may be interpreted as a letter sent by post which can delay the timeliness of notifications. It is proposed that this be clarified to include notification can be delivered via electronic means.

While it should be permitted that retailers and distributors can contact customers by various communication means, it should not be dictated that we contact customers by their preferred means of contact as the required notices cannot always be delivered via SMS.

Implementation considerations

24. Do you have any views on our proposed implementation approach? Are there any alternatives we should consider?
25. Are there any further changes required to ensure that communications between energy businesses are effective and support the accuracy of life support registers?
26. Are there any specific issues we should consider in relation to exempt persons and embedded networks?
27. Are there any other issues we should consider as part of this review?

Central Register

We strongly consider that the most effective and enduring solution is the establishment of a centralised life support register. A single register would enable customers, carers and medical professionals to register and deregister life support needs directly through a single, standardised system, ensuring consistency. This approach would eliminate unnecessary complexity and enable medical confirmation forms to be provided and stored in one location. A centralised body managing a single source of truth would also ensure that distributors, retailers and metering service providers all rely on the same record before undertaking any activity.

Importantly, a centralised register would deliver tangible benefits for customers. It would provide greater clarity and certainty for life support households, reduce the administrative burden of managing registrations across multiple parties and ensure that the protections they rely on are applied consistently and reliably. For customers who may already be vulnerable, this model would offer improved confidence in the integrity of the life support framework and reduce the requirements to regularly confirm medical life support status.

Origin suggests a single register could be developed and operated on a similar basis to the “Do Not Call Register”. The Do Not Call Register provides a single, centralised platform where individuals can register their preference not to receive telemarketing calls, with service providers required to check the register before initiating contact. Industry participants interact with the register through API interfaces which are regulatory utilised by the energy market.

We recommend that the ESC pursue the development of this solution. This will provide greater benefits to consumers and industry rather than continuing to apply incremental fixes to a framework that is now more than two decades old.

No retrospective changes to the Code

Any changes should only apply prospectively. This will reduce regulatory risk and minimise costs on businesses and therefore customers.

An adequate lead time is also essential to ensure changes are embedded effectively and deliver the intended outcomes. A system build to allow for any of these changes is expected to take up to 2 years (i.e. B2B changes have a December 2027 implementation date) – especially if the dual definitions were adopted.