

Submission to the Better protections for Life Support customers in Victoria – consultation paper

Submission received through Engage Victoria

On 31 July 2025, we published a consultation paper to seek stakeholder feedback on key issues in this review. The consultation paper outlined the proposed reforms that we were considering. The paper was open for stakeholder feedback between 31 July and 4 September.

Date submitted: 03/08/2025

Name: Anne Dowling

Stakeholder/interest group: Consumer

- 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?**

I think so

- 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?**

Q1 Yes Q2 No

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

I don't use it, so I don't know.

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

- 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?**

My question would be about how soon the first one would be required as I see my medical specialist on an annual basis. It would be expensive if another visit were needed just to get the form filled out.

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

Yes

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?

It could discourage people from changing retailers even if they could get a better deal from another one.

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

It seems responsible to do so.

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)?

Distributors

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?

Check that the customer is physically and cognitively capable of doing so or if they have someone reliable who can act on their behalf.

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)?

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

Needs to be assured that customers are not at risk first. Then fine

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

Check against electorate records

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

That if a mistake has been made by the distributor or retailer that it is corrected rapidly

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?

It looks overly detailed and time consuming. Will it be able to be filled in simply and securely on line and be sent to the relevant authority and the customer.

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?

Not that I am aware of but there may be.

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?

Yes. It should be possible to ensure their access to independent translation services, rather than rely on a family member who may not understand the issues.

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

Security of the information especially the need for cybersecurity.

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?

Yes, there are a number of reasons that this could be essential.

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?

Most customers presumably have access to electronic channels. Institutions such as nursing homes should receive a letter by post. I hate wasting paper.

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?

I don't know. It could vary from customer to customer.

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

It should be concerned with the humanity and dignity of each customer.

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?

Not that I am aware of.

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Date submitted: 10/08/2025

Name: Ramandeep Dhaliwal

Stakeholder/interest group: Consumer

28. 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?

Essential medical needs

29. 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?

Need a risk assessment to determine risk to client and needs to have categories . Requires health experts to complete and evaluate the risk assessment

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

Same as above, once risk assessment is completed it should be fine

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

It should be simple and straightforward. And with health experts involving should sort the issue

32. 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?

Someone on life support equipment has definitely significant decline in health and annual is better also requiring more frequent if health not good

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

Based on the ur health risk as above

34. 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?

Yes

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

Not sure

36. 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)?

Distribution company

37. 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?

That to be provided by medical professionals

38. 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?

No

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

Not sure

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

Not sure but annual review and risk assessment should be able to resolve the issue

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

Risk assessment

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

In rules area will be different

43. 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?

Addressed

44. 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?

Equal rights

45. 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?

Equal rights

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

Risk assessment not medical diagnosis

47. 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?

Yes

48. 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?

Yes

49. 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?

Legal matters

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

No

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

No

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

Make the forms simple and process straightforward

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

No

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

No

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Date submitted: 12/08/2025

Name: Anonymous 1

Stakeholder/interest group: Consumer

55. 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?

Risk of being overinclusive .list gets too large and unmanageable..

56. 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?

Yes ... thinking most chronic users of equipment only cease use at death or some amazing medical new treatment. Equipment used should have back up resource and not rely on just one source. What's happening in the lithium battery side of back up?

If the equipment is required for chronic reasons then no back up can be fatal. For maintenance of life issues then users may decline before this happens giving time to resolve issue.

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

Warmth.

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

Could you change wording from customer to household .

59. 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?

Mixed feelings about this.

4 years is a long time when people move and circumstances change.

But it may not be easy for the person to remember to notify all parties if conditions affect cognition, emotional and physical changes prevent person actioning notifications

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

Yes

61. 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?

See previous comments. Perhaps providers could talk to each other.

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

Usually an underlying reason for why attempt is failing. I.e overwhelmed carers.

63. 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)?

Providers

64. 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?

65. 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?

Stress

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

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

If. Contact by phone has failed.

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

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

Terminology means different things to different groups of people

70. 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?

Too much info.

Equipment changes.

People changes.

Better to look at severity of effect of outage and prioritising need.

Who has a compressor, fuel, lithium battery, back up, than needs immediate evacuation.

Who has solar battery storage even.

71. 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?

Yes. Those culturally appropriate

72. 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?

Info in different languages

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

Length, terminology

74. 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?

Rather than reinvent stuff could it not be next of kin, guardian, medical power of attorney or nominated carer.

Yes to rec notification of secondary contact

75. 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?

Not everyone has email.

76. 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?

As contact person states. May be via third party or intermediary.

Can be silent voter on electoral roll so maybe ask how they do it.

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

Medical privacy. Is info covered under medical records act.

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

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

Ironing out language differences.

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

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

If user can give consent.

Modern technology is growing. Having batteries in phones used to mean recharging every 2 hrs.

Now it's days.

Is equipment used at home "home friendly".

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Date submitted: 22/08/2025

Name: Anonymous 2

Stakeholder/interest group: Consumer

82. 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?

I think the definitions of "life support user" and "life support Customer" are good, as is the delineation of "critical" and "assistive" use.

83. 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?

I think the list of equipment as it currently stands is too short to cover all the requirements that may be encountered, especially in relation to "assistive" - "2. need life support equipment to improve their quality of life". This should include powered furniture (sit-stand chairs, adjustable beds, winches etc), as well as aids for medication - fridges etc.

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

perhaps medically required heating and cooling

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

no comment

86. 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?

I think this is a good plan, and allows for the ongoing checks to be in place. 2 years might hold for a better timeframe and maintain a more accurate record.

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

Yes.

88. 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?

this is a good plan.

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

Assuming that there is no additional cost to the medical confirmation, that it is not excessively onerous to acquire, and that the person requiring life supporting equipment is regularly seeing a medical practitioner... Medical confirmation should be required from the outset.

90. 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)?

Can the list be more centralized - e.g. DFFH or DH, rather than spread across multiple retailers and/or distributors.

91. 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?

Assuming that there is no additional cost to the medical confirmation, that it is not excessively onerous to acquire, and that the person requiring life supporting equipment is regularly seeing a medical practitioner...

92. 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?

people moving or travelling, being in and out of care/respice. people passing away. care requirements changing.

Multiple lists - life support vs ventilator dependent vs power dependent

different agencies managing different/same customers

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

no comment

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

this is a good plan

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

more frequent contact e.g. 2 yearly rather than 4.

responsibility of hospitals or GPs to add person to the list, rather than the user themselves.

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

would the expectation be that confirmation is 4 years after date of submission, 4 years after issuance of medical confirmation, or on a set date every 4 years? Administrative load may be lessened if the updated confirmation is required within a certain date range?

97. 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?

yes. recommend that patient /customer info completed first, then medical info, and form sent off by med professional. this eliminates ability for form to be altered post-medical declaration. & may assist to keeping more accurate records.

98. 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?

no comment

99. 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?

There is currently no option to select preferred language on form.

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

access, whether paper or digital. People may not have access to print a paper form, or the technological abilities to access a digital form.

Preferred language options - translated for ease of use.

Protection of data once form is completed also needs to be considered, along with what access is granted to agencies in an emergency (e.g. just name, address & contact details, with/without information around critical/assistive life support, with/without details of the provision)

101. 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?

yes, and yes.

102. 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?

no views, and both paper and electronic channels

103. 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?

Not mandating the additional person is the best option, both for people who are suffering from family violence and/or don't have anyone else they would want to include.

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

Allow use of preferred name and preferred contact method... and use them. Too many official documents request "Legal Name" and "Preferred name" and then practitioners only use the Legal name - this can be inappropriate in many scenarios.

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

No comment

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

No comment

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

No comment

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

Access to list in an emergency? How and who accesses the list and provides support in an unplanned and/or long term and/or wide reaching outage.

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Date submitted: 27/08/2025

Name: Anonymous 3

Stakeholder/interest group: Consumer

109. 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?

I agree that identifying critical life support customers will assist emergency services during response. However, in terms of offering emergency preparedness support, the definitions are less important.

110. 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?

N/A

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

N/A

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

N/A

113. 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?

Yes, it is a reasonable timeframe. Having a date of when the person was last confirmed to need life support is helpful.

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

No, as other life circumstances may have changed.

115. 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?

No

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

No

117. 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)?

Likely distributors

118. 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?

119. 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?

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

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

I think this would help emergency services to have updated lists.

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

Online and text reminders to make it easy for customers. A yearly reminder would help.

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

124. 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?

Could we consider consent for emergency services to offer extra support to these customers in both preparedness and response. Usually people who are on the life support power list are vulnerable to disasters. They need to improve their preparedness.

125. 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?

Yes

126. 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?

Yes, language spoken

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

128. 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?

Yes

129. 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?

Good to do and should be in addition to mail.

130. 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?

No comment

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

Yes, that they can consent to support from emergency services to improve their disaster preparedness. This could be through Red Cross, CFA or SES. This would support any back-up power plans

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

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

Accurate lists need be available to emergency services to support in response and ALSO preparedness.

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

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

Yes, the impact on emergency services. CFA deliver home visit services to people who are more vulnerable to fire to improve preparedness. If people can consent to support from the emergency services, then we can assist with improving preparedness.

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Date submitted: 04/09/2025

Name: Anonymous 4

Stakeholder/interest group: Consumer

136. 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?

The proposed updates to gas-specific life support equipment definitions are a positive step towards better identifying and supporting life support customers within gas networks. Currently, retailers often register customers for both electricity and gas li

137. 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?

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? It would be more appropriate to maintain separate, clearly defined equipment lists for gas and electricity. Gas life support equipment is generally limited to items such as hot water systems and heating, which would typically fall under 'assistive life support.' In these cases, a medical practitioner would assess and confirm whether the gas equipment is medically necessary for the customer's condition

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

The only scenario where gas-connected equipment may need to be captured for life support purposes is the use of a gas-fuelled generator. This could be critical in providing backup power for essential medical devices during electricity outages (Hospitals)

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

Clear and definitive criteria are needed to distinguish between 'critical' and 'assistive' life support equipment. This will enable medical practitioners to make accurate and consistent selections for their patients /our customers. Leaving these definitio

140. 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?

The proposed four-year timeframe for updating medical confirmation forms is appropriate. However, consideration should be given to situations where a customer changes retailers, specifically, whether the four-year period resets with the new retailer or continues from the original confirmation date. Clear guidance on this would help ensure consistency and avoid unnecessary re-certification.

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

Customers with a permanent medical condition should be considered for exemption from the requirement to update their medical confirmation form every four years. The life support template could include an option for the medical practitioner to indicate tha

142. 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?

A medical confirmation certificate should not be older than four years. While life support status should still be flagged for move-ins or new connections, any transfer of sites between retailers should require a valid certificate dated within the past fou

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

Introducing a cap on registration attempts without medical confirmation may be difficult for distributors to manage, as we do not hold customer-specific data i.e. we only hold information linked to a MIRN or site. Customer details are managed by the retailer, and distributors currently have no mechanism to track or limit registration attempts that are not tied to a confirmed medical certificate. If a cap on registration attempts was introduced it would need to be managed at a Retailer level and Retailers would need to be able to share this information with other Retailers, this may be difficult.

144. 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)?

Only the RPO should be responsible for sending reminders to customers prior to the expiry date of the medical confirmation form.

145. 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?

Requiring life support customers to provide updated medical confirmation every four years, or introducing a cap on registration attempts without confirmation, presents several challenges. For customers, the cost of visiting a GP to obtain a new certificat

146. 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?

One key issue contributing to inaccuracies in the life support register is the premature flagging of life support status by retailers during the customer acquisition phase. If a prospective customer is shopping around and does not proceed with signing up,

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

Other issues to consider in relation to exempt persons, including embedded networks, includes the treatment of sites flagged as hospitals, nursing homes, or other care facilities. These types of premises should not be required to provide updated medical c

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

Mandating deregistration when medical confirmation is not provided or when a customer's circumstances have changed is essential to maintaining the accuracy and integrity of the life support register. It ensures that both retailers and distributors are wor

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

To improve the accuracy of life support registers, one measure to consider is allowing retailers to specify whether life support applies to gas, electricity, or both. This distinction is important for ensuring the correct protections are applied and suppo

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

One key implementation challenge to consider is the need for B2B system changes to support any updates to life support processes. These changes will require coordination across retailers and distributors and must be aligned with expected rollout timelines.

151. 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?

The current medical confirmation form template could be enhanced to better support accurate life support registration and prioritisation during outages. A key improvement would be to clearly distinguish whether life support is required for gas, electricity

152. 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?

Life support protections are based solely on medical need, and retailers or distributors do not differentiate treatment based on cultural identity. Including this information would not influence how life support customers are prioritised or managed during

153. 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?

Forms should have an option to translate into another language to support CALD customers.

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

A key consideration in publishing and mandating the use of a medical confirmation form template is the need for standardisation across all states and jurisdictions. Having a single, nationally consistent form would reduce confusion for customers, streamline processes for retailers and distributors, and improve data accuracy. It would also simplify training, system integration, and compliance monitoring. Without national consistency, it is expected to extend the timeframe (and cost) for implementation of change by making the system change much more complex.

155. 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?

Retailers currently have the option to include multiple contact details, such as mobile numbers, which can be used to reach both the customer and a nominated secondary contact. While allowing a secondary contact to receive notifications about planned and

156. 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?

The decision to use electronic channels or postal letters for communicating planned interruptions should be left to the retailer or distributor, based on what is most appropriate for the customer and the nature of the communication. Both electronic and po

157. 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?

We believe the current process in place will suffice by utilising the existing contact fields available in B2B process.

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

Different maturity levels between distributors and inconsistency in communications with end customers.

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

Given the nature of the proposed schema and IT system changes, it is essential that appropriate implementation timeframes are provided. Both distributors and retailers will require sufficient lead time to configure, test, and deploy system updates to ensu

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

There is a need for clearer guidance regarding the circumstances under which distribution businesses (DBs) may disconnect premises registered for life support. The current National Energy Retail Rules (NERR) prohibit disconnection where life support equip

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

Nothing at this time.

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

One additional issue to consider as part of this review is the need for an appropriate timeframe to cleanse and validate all existing life support data provided by retailers to distributors. This process is essential to ensure that, once the proposed refo