

# **Guideline on arrangements to assist medically dependent consumers**

**Version 2.1**



## Version control

Version	Date amended	Comments
1.0	2005	
2.0	July 2007	
3.0	January 2008	
4.0	February 2009	Updated version published for consultation, 23 February 2009.
5.0	May 2009	Updated due to consultation process
1.0	July 2009	New Guideline about medically dependent consumers created as a result of consultation with retailers, social agencies, distributors, the health sector and government agencies.
1.1	October 2009	Version released for consultation.
2.0	November 2009	Updated version created after consultation process.
2.1	1 November 2010	Updated for transition to Electricity Authority.



## Glossary of abbreviations and terms

**Account holder** The person who has a contract with or applies to have a contract with a retailer for the supply of electricity to a domestic premises.

**CEME** Critical electrical medical equipment. Any equipment supplied or prescribed by a health practitioner with an appropriate scope of practice, which requires mains electricity to provide critical medical support to a person. It may also include other electrical equipment needed to support the treatment regime (e.g. a microwave to heat fluids for renal dialysis).

Appendix B contains a non-exhaustive list of CEME.

**Authority** Electricity Authority.

**Critical medical support** Support which, in the opinion of a health practitioner with an appropriate scope of practice<sup>1</sup>, is required to prevent loss of life or serious harm.

**DHB** District Health Board.

**Notice of disconnection** A notice of disconnection generally provides at least seven days' notice of the retailer's intent to disconnect electricity from a domestic premises.

**Domestic consumer** Any person who purchases or uses electricity in respect of any domestic premises.

For the avoidance of doubt, this includes

- (a) the account holder; and
- (a) any resident of a dwelling, whether or not they are named on the electricity invoice issued by the retailer

Note: it is assumed that communication is generally between the retailer and the account holder.

**Domestic premises** Any premises used or intended for occupation by any person principally as a place of residence.

**GP** General practitioner.

**GPS** *Government Policy Statement on Electricity Governance* (May 2009).

**Guideline** *Guideline on arrangements to assist medically dependent consumers.*

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<sup>1</sup> As that term is defined in section 5 of the Health Practitioners Competence Assurance Act 2003.

<b>HP</b>	Health practitioner (includes DHBs, private hospitals and GPs). A person who is, or is deemed to be, registered with an authority as a practitioner of a particular health profession under the Health Practitioners Competence Assurance Act 2003.
<b>MDC</b>	<p>Medically dependent consumer. A domestic consumer who is dependent on mains electricity for critical medical support<sup>2</sup>, such that loss of electricity may result in loss of life or serious harm. For the avoidance of doubt, medical dependence on electricity could be for use of medical or other electrical equipment needed to support the treatment regime (e.g. a microwave to heat fluids for renal dialysis or equipment such as that listed in Appendix B).</p> <p>This Guideline uses the term 'MDC' to include potential MDC, verified and reverified MDC.</p>
<b>Notice of Potential MDC Status</b>	Notice of Potential Medically Dependent Consumer Status (in Appendix A) is the key means by which retailers identify potential MDCs and obtain details of an MDC's CEME-prescribing/supplying DHB, private hospital or GP.
<b>Retailers</b>	Electricity retailers and distributors who directly charge their consumers.
<b>VC Guideline</b>	<i>Guideline on arrangements to assist vulnerable consumers.</i>

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<sup>2</sup> Support which, in the opinion of a health practitioner with an appropriate scope of practice, is required to prevent loss of life or serious harm. This is usually provided by critical electrical medical equipment (CEME), which is any equipment supplied or prescribed by a health practitioner with an appropriate scope of practice, which requires mains electricity to provide critical medical support to a person, and includes other electrical equipment needed to support the treatment regime (e.g. a microwave to heat fluids for renal dialysis).

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## Introduction

1. This Guideline articulates the Electricity Authority's (Authority) expectations of electricity retailers<sup>3</sup> in respect of medically dependent consumers (MDCs). It represents a minimum standard that the Authority expects retailers to meet. However, retailers may choose to design alternative methods for assisting MDCs, so long as retailers meet or exceed the minimum standards.
2. The Guideline:
  - (a) defines a MDC;
  - (b) is designed to ensure that all MDCs receive the most appropriate consideration of their needs and any support that they are legally entitled to;
  - (c) suggests actions designed to assist retailers and MDCs in avoiding or at least minimising:
    - (i) non-payment by MDCs<sup>4</sup>;
    - (ii) the accumulation of debt by MDCs; and
    - (iii) the accumulation of credit risk by retailers;
  - (d) is intended to assist retailers in ensuring that no MDCs are disconnected for reasons of non-payment for electricity;
  - (e) outlines the process for a domestic consumer to become registered with his or her retailer as a MDC; and
  - (f) is complemented by:
    - (i) a protocol that facilitates the sharing of information between retailers and social agencies<sup>5</sup>, and has objectives which support this Guideline; and
    - (ii) the *Guideline on arrangements to assist vulnerable consumers (VC Guideline)*.
3. The Guideline is not intended to protect those persons:
  - (a) who through bad faith do not intend to pay their electricity bill; and/or
  - (b) who could be considered fraudulent users of domestic electricity.

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<sup>3</sup> This Guideline also covers distributors that direct bill their customers. However, for simplicity the term 'retailer' is used throughout the document.

<sup>4</sup> Note that the account holder is the person responsible for payment of any invoice.

<sup>5</sup> Protocol between electricity retailers and social agencies developed in 2005 available on the Authority's website at: <http://www.ea.govt.nz/our-work/advisory-working-groups/retail-social-agency-protocol-working-group>

4. The Guideline does not imply a guaranteed supply of electricity to MDCs. From time to time temporary electricity outages may occur and MDCs should ensure backup plans are in place to handle such temporary outages (see paragraph 10(d)).

## Background

5. In the context of this Guideline, the Authority considers electricity to be an essential service for domestic consumers – it is a necessity for individuals and household groups to maintain health and wellbeing, and to sustain a reasonable standard of living.

## Medically Dependent Consumers

6. A subset of domestic consumers is that group of people who rely on mains electricity for critical medical support<sup>6</sup>. The Authority defines these domestic consumers as “medically dependent consumers” (MDC), per the following definition:

A domestic consumer who is dependent on mains electricity for critical medical support, such that loss of electricity may result in loss of life or serious harm. For the avoidance of doubt, medical dependence on electricity could be for use of medical or other electrical equipment needed to support the treatment regime (e.g. a microwave to heat fluids for renal dialysis or equipment such as that listed in Appendix B).

## Policy objectives

7. This Guideline gives effect to the *Government Policy Statement on Electricity Governance* (GPS)<sup>7</sup>, in particular the objective that:

“any consumer who is dependent on electricity for critical medical support will not be disconnected for reasons of non-payment”<sup>8</sup>.

8. A key concept underpinning this Guideline is that early intervention (i.e. when an electricity account first goes into arrears) is an important strategy for minimising debt accumulation by domestic consumers:
  - (a) if a domestic consumer anticipates difficulties paying his or her electricity bills, then that domestic consumer should be given the opportunity to notify his or her electricity retailer and discuss any alternatives to standard monthly payments.
  - (b) similarly, if a retailer believes that domestic consumers are experiencing difficulty paying their electricity bills, that retailer should discuss payment alternatives with

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<sup>6</sup> Support which, in the opinion of a health practitioner with an appropriate scope of practice, is required to prevent loss of life or serious harm. This is usually provided by critical electrical medical equipment (CEME), which is any equipment supplied or prescribed by a health practitioner with an appropriate scope of practice, which requires mains electricity to provide critical medical support to a person, and may also include other electrical equipment needed to support the treatment regime (e.g. a microwave to heat fluids for renal dialysis).

<sup>7</sup> “Arrangements for the benefit of low income consumers and vulnerable domestic consumers” (paragraphs 44 and 45 of the GPS, May 2009).

<sup>8</sup> “Arrangements for the benefit of low income consumers and vulnerable domestic consumers” (paragraph 44 of the GPS, May 2009).

those consumers and, if appropriate, provide contact details of social and budgetary agencies that may be able to assist.

9. It is also important to recognise that retailers have a right to be paid.

## Expectations

10. The Authority's expectations with respect to this Guideline are as follows:

### General

- (a) privacy and confidentiality of domestic consumers will be respected;

### MDCs

- (b) it is the domestic consumer's responsibility to disclose private or personal information that may be relevant to any disconnection decision by a retailer. This includes information on a person having been assessed by a DHB, private hospital or GP to be a potential MDC (as defined in this Guideline), or information on any change to a domestic consumer's MDC status over time;
- (c) domestic consumers are responsible for their actions. Retailers, health practitioners (HPs) and Work and Income are not responsible for, nor required to monitor, consumer/patient/client choices;
- (d) the Guideline **does not** imply a guaranteed supply of electricity. **Temporary electricity outages do occur from time to time.** It is expected that:
- (i) MDCs note that retailers cannot guarantee the supply of electricity at all times. Therefore MDCs need to take responsibility for ensuring that they have an emergency response plan in place to respond to any electricity outage;
  - (ii) such a plan will be particular to the MDCs affected, and may range from ensuring that a stand-by battery is always fully charged, to relocating to a friend's or family member's premises which has electricity at that point in time, or even calling an ambulance to be taken to hospital;

### Retailers

- (e) retailers should exercise all reasonable due care and diligence and be as fully informed as possible when making the decision as to whether a domestic consumer is a MDC and therefore not subject to disconnection for reasons of non-payment;

- (f) retailers should record sufficient information about their consumers' MDC status to ensure that any MDCs are not disconnected for reasons of non-payment for electricity;

### **Health Practitioners (HPs)**

- (g) “only people well enough or with sufficient support to effectively communicate with their retailer will be discharged from hospital with CEME”<sup>9</sup>;
- (h) the initial medical opinion as to whether a domestic consumer is a potential MDC is made by a DHB, private hospital or GP. Subsequent opinion verifying a domestic consumer's ongoing MDC status, as outlined in this Guideline, is given by a HP with an appropriate scope of practice<sup>10</sup>;
- (i) HPs, in accordance with appropriate clinical practice, are responsible for providing knowledge, training and support to a MDC supplied with or prescribed CEME about:
  - (i) the use of the CEME;
  - (ii) what to do in an emergency, including when the supply of electricity may be interrupted for any reason; and

### **Work and Income**

- (j) the role of Work and Income is to ensure that people receive all the government financial assistance that is available to them. Work and Income's role is not that of a credit agency, nor does it have any responsibility for, or to pay off, consumer debt.
11. These expectations are complementary to any provisions set out in the Model Contract for Domestic Consumers<sup>11</sup>.

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<sup>9</sup> Ministry of Health Letter to the Electricity Commission; 18 February 2008.

<sup>10</sup> As that term is defined in section 5 of the Health Practitioners Competence Assurance Act 2003.

<sup>11</sup> The Authority notes that its proposals around the contracting arrangements between retailers and domestic consumers are currently under review.

## Identifying and recording medical dependency

### Process outline

12. A domestic consumer's health may fluctuate over time. DHB representatives have advised that it may not be clear at the point at which a domestic consumer is prescribed CEME by their DHB, private hospital or GP, whether the disconnection of electricity at some future point in time may result in loss of life or serious harm, and thus whether the domestic consumer is medically dependent. Therefore, when a DHB, private hospital or GP issues a domestic consumer with CEME, that domestic consumer should also be given documentation by their DHB, private hospital or GP to give to their retailer that identifies them as 'potentially' medically dependent. This is the Notice of Potential Medically Dependent Consumer Status (Notice of Potential MDC Status), see Appendix A.
13. When an account holder gets into arrears with their electricity bill it is important for the retailer to know whether the disconnection of electricity may result in loss of life or serious harm for a domestic consumer resident at the premises i.e. whether a domestic consumer is medically dependent.
14. Thus, when the retailer would ordinarily send a notice of disconnection, the retailer may choose to go through a process to verify whether or not there is a MDC at the domestic premises. The verification process includes working with a HP with an appropriate scope of practice. This recognises that the MDC's ongoing care may be provided by a different HP than the DHB, private hospital or GP which supplied or prescribed their CEME.
15. In addition to verification when a retailer would ordinarily send a notice of disconnection, retailers may wish to verify/reverify domestic consumers' MDC status at regular intervals. In the Authority's view, this should occur no more frequently than once every 12 months.
16. The process for gaining potential MDC status has been developed with the following principles in mind:
  - (a) only a DHB, private hospital or GP can fill in the Notice of Potential MDC Status;
  - (b) MDC verification or reverification would be primarily just for the much smaller group of MDCs accumulating debt; and
  - (c) for verification or reverification, a letter from a HP with an appropriate scope of practice confirming the domestic consumer's ongoing MDC status is acceptable.

## Advising the consumer about the MDC process

17. To provide domestic consumers an opportunity to notify the retailer that they qualify as a MDC, retailers should communicate details about what a MDC is and how the domestic consumer can notify the retailer that they have potential MDC status, where practicable, by;
  - (a) providing details on their website;
  - (b) informing all new domestic consumers when they first contract with the retailer for electricity supply;
  - (c) informing all domestic consumers in writing at least once annually<sup>12</sup>; and
  - (d) informing domestic consumers in any late payment notice that has a reference to potential disconnection.

## Advising retailers about medical dependency

18. When a domestic consumer is prescribed or supplied CEME, he or she will be provided with the Notice of Potential MDC Status by their DHB, private hospital or GP<sup>13</sup>.
19. After receiving the Notice of Potential MDC Status, the domestic consumer should notify their retailer of their MDC status (e.g. by telephone). The domestic consumer should then give the Notice of Potential MDC Status to his or her retailer (e.g. by post)<sup>14</sup>.
20. It is the domestic consumer's responsibility to keep his or her electricity retailer informed when there is no longer a MDC resident at the property.
21. When switching retailers, it is the domestic consumer's responsibility to inform the new retailer of their MDC status. It is likely that the domestic consumer will also have to provide the new retailer with the Notice of Potential MDC Status. This relies on the domestic consumer retaining the Notice of Potential MDC Status in order to provide it to any prospective new retailer they may choose to switch to.
22. For the avoidance of doubt, the Authority does not expect domestic consumers to obtain a new Notice of Potential MDC Status from a DHB, private hospital or GP every time they switch retailer.

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<sup>12</sup> This could be combined with other material sent out by the retailer, e.g. a newsletter.

<sup>13</sup> This is the key means by which retailers identify potential MDCs and obtain details of a MDC's CEME-prescribing/supplying DHB, private hospital or GP.

<sup>14</sup> It is up to the retailer to decide if they want the original or a copy. If a retailer does ask for the original, it should be returned to the MDC.

## Verification

23. After a retailer has received the domestic consumer's Notice of Potential MDC Status, the retailer may choose to verify or reverify their MDC status:
  - (a) when the retailer would ordinarily send a notice of disconnection; or
  - (b) no more frequently than once every 12 months.
24. The verification or reverification process entails a retailer requiring a domestic consumer to provide suitable evidence (e.g. a letter) from a HP with an appropriate scope of practice that confirms that they are medically dependent.

## Costs

25. It is expected that a domestic consumer will pay for all costs associated with gaining potential MDC status<sup>15</sup>.
26. However, where a retailer wishes to verify or reverify a domestic consumer's MDC status, the retailer should reimburse the domestic consumer for the reasonable costs incurred if the verification or reverification confirms the domestic consumer's MDC status.

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<sup>15</sup> A retailer may choose to pay if it wishes to.

## Advice to all medically dependent consumers

### Work and Income

27. Retailers should follow any protocols they have agreed with social agencies.
28. Where a domestic consumer that has been identified as a MDC is in payment default, the retailer should (after first trying to negotiate alternative payment options with the MDC and then obtaining their consent to do so) refer the MDC to Work and Income (consistent with the *Protocol between electricity retailers and social agencies*). Work and Income will seek to ensure that the MDC is provided with all financial or other assistance to which he/she is entitled.
29. The act of referring a domestic consumer that has been identified as a MDC to Work and Income does not negate the general rule that MDCs will not be disconnected as a result of non-payment for electricity.
30. The scope of the MDC's consent needs to cover:
  - (a) the retailer disclosing personal information to Work and Income (such as the MDC's details, account details and repayment options already discussed) and Work and Income collecting that information from the retailer; and
  - (b) Work and Income disclosing to the retailer the progress and outcome of the MDC's referral for an assessment of whether the MDC will receive assistance regarding his or her electricity account.
31. It is possible that a domestic consumer that has been identified as a MDC may refuse to give, or fail to give, his or her consent to the retailer to contact Work and Income. This may be because the MDC wishes to contact Work and Income themselves or he/she is clearly not eligible for Work and Income assistance.
32. Once assistance (if any) from Work and Income has been provided, if a MDC debt remains outstanding, retailers must pursue other measures to recover debt than disconnecting the MDC.

### Payment alternatives

33. All invoices should have the 'due date' clearly marked.
34. Where a domestic consumer is having difficulty meeting his or her payments, and it is clear to the retailer that the domestic consumer is not on the best tariff for his or her consumption pattern, the retailer should advise the domestic consumer of all appropriate tariff options available, and assist the domestic consumer to move to the domestic consumer's desired tariff.

35. Retailers should ensure that all domestic consumers are informed of the payment options available from the retailer, and the budgeting and other advice and assistance available from social agencies. Retailers should clearly communicate this information to all domestic consumers at least once every 12 months.
36. Retailers should offer domestic consumer who are having difficulty paying their bills a range of alternatives to standard monthly payments. Retailers should offer arrangements to recover debt within a reasonable timeframe that does not create an adverse credit situation for the retailer and minimises hardship for the domestic consumer<sup>16</sup>. Payment options should include prepayment meters, smoothed payments, and redirection of income<sup>17</sup>.

## Prepayment meters

37. The Human Rights Commission has confirmed to the Authority that a retailer's refusal to provide a prepayment meter to a domestic consumer because they are a MDC would constitute discrimination, and therefore be in breach of the Human Rights Act 1993<sup>18</sup>.
38. However, electricity retailers may:
  - (a) strongly recommend that prepayment meters not be installed in premises where there is a MDC. Where a MDC requests a prepayment meter, the retailer should ensure that the MDC has been fully informed of the risk of self-disconnection, before the prepayment meter is installed, so that the MDC can make an informed decision; and
  - (b) where a retailer is unable to provide a prepayment meter, refer MDCs who request a prepayment meter to another retailer that can supply a prepayment option<sup>19</sup>.

## Smoothed payments

39. Smoothed payment contracts are contracts where domestic consumers pay an amount that varies little from one payment period to another. The payment is reassessed periodically with respect to actual consumption, but any arrears are recovered over time, not all at once. It is recommended that:
  - (a) retailers promote smoothed payment contracts to those domestic consumers on low incomes;

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<sup>16</sup> "Arrangements for the benefit of low income consumers and vulnerable domestic consumers" (paragraph 44 of the Government Policy Statement, May 2009).

<sup>17</sup> Retailers are not obliged to repeat the offer of repayment arrangements to any domestic customer that has previously reneged on such an arrangement.

<sup>18</sup> The relevant clause was amended in the January 2008 Guideline.

<sup>19</sup> <http://www.ea.govt.nz/industry/market/metering>

- (b) smoothed payment options be combined with more frequent payment periods (more than once a month) where this would assist the domestic consumer in stopping his or her debt levels from spiralling upwards;
- (c) domestic consumers using a smoothed payment option should still be able to access prompt payment discounts where appropriate; and
- (d) refunds for substantial overpayment on smoothed payments should be offered as soon as possible, within reason (e.g. there is little point in making a repayment to a domestic consumer just before winter).

## Redirection of income

40. Retailers could agree with domestic consumers to adopt income redirection so as to assist with electricity bill payments. It is recommended that:
- (a) redirected income payments be smoothed so that domestic consumers have more certainty around their remaining income;
  - (b) the amount and frequency of redirected income be a matter of agreement between the retailer and the domestic consumer; and
  - (c) domestic consumers using redirection of income should still be able to access prompt payment discounts where appropriate.

## Bonds

41. A bond is an up-front payment of a lump sum as a condition of some electricity agreements for connections to provide security to retailers. In the case of non-payment of a bill, the retailer can use the bond to recover debt.
42. Bonds may cause undue hardship on some domestic consumers and therefore, generally, should not be used unless:
- (a) the domestic consumer refuses any other suitable arrangement that would provide credit security to the retailer;
  - (b) there has been tampering or interfering with equipment;
  - (c) the domestic consumer refuses to allow access to the premises; or
  - (d) accessing the premises is a health and safety risk.

43. Where a bond is used, it is recommended that:
- (a) the domestic consumer should be informed of the reason for the bond;
  - (b) the amount of the bond should not exceed \$150<sup>20</sup>;
  - (c) the bond should normally be refunded after 12 months of the domestic consumer paying all bills on time. If the 12-month period is extended, a reason should be provided to the domestic consumer; and
  - (d) the domestic consumer should be informed of how and when the bond will be refunded.

## Alternate contact

44. Domestic consumers should be informed at least once every 12 months that, if they believe that at some time in the future they may have difficulties with their payments or with communicating with their retailer, they may provide one or more 'alternate contacts' who have agreed to assist if a payment issue is pending.
45. The alternate contact could be a family member, friend, or a social agency. The alternate contact's role may, for instance, be to communicate with the domestic consumer to ensure that he or she fully understands the situation, or to provide financial assistance to the domestic consumer<sup>21</sup>.

## Ongoing monitoring

46. Retailers should report annually to the Authority on the extent to which they have implemented the Guideline, and where the minimum standards in the Guideline have not been complied with, provide reasons why. The Authority will make the information received publicly available on its website.
47. The Authority will monitor the performance of retailers in implementing the Guideline and if the uptake of the Guideline is not satisfactory, will consider recommending regulation.

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<sup>20</sup> Paragraph 45 of the GPS states that "The Government considers that, in principle, bonds should not exceed the value of one month's electricity consumption by an average household." The amount of \$150 was estimated to be the average household consumption for a month in June 2005.

<sup>21</sup> For the avoidance of doubt, the alternate contact would not have a contractual relationship with the retailer, but would only be used to assist the domestic consumer or to provide an alternative method for the retailer to contact the domestic consumer.

## Sources of additional information

48. If you require further assistance, please contact the Authority:

Electricity Authority

P O Box 10041

Wellington

Attention: Director Retail

Telephone: 04 460 8860

Fax: 04 460 8879

Email: [retailoperations@ea.govt.nz](mailto:retailoperations@ea.govt.nz)

# Appendix A Notice of Potential Medically Dependent Consumer (MDC) Status<sup>22</sup>

## To the Patient

Please pass this form onto your electricity provider.

Hoatu te puka nei ki tō kaiwhakarato hiko.

Fa'amolemole 'ave lenei pepa i le kamupanī 'olo'o sapalai maia lau 'eletise.

Kātaki 'o 'ave 'a e foomu ko 'eni' ki he kautaha 'oku mou ma'u 'uhila mei ai'.

Me ka tika, tukuia atu teia fōmu ki toou ona ūira.

请把本表交给您的电力供应商。

### PART A - PATIENT DETAILS

Patient's name: \_\_\_\_\_

Patient's date of birth: \_\_\_\_\_

Patient's contact phone number(s):  
\_\_\_\_\_ (h) \_\_\_\_\_ (m) \_\_\_\_\_ (w)

Caregiver's contact phone number(s) – *if different from patient's*:  
\_\_\_\_\_ (h) \_\_\_\_\_ (m) \_\_\_\_\_ (w)

Full physical address (*PO Box or RD is not acceptable*) where the patient will reside on discharge (Residence):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of electricity account holder(s) at residence where the patient will reside on discharge:

\_\_\_\_\_

Contact phone number(s) of electricity account holder(s):  
\_\_\_\_\_ (h) \_\_\_\_\_ (m) \_\_\_\_\_ (w)

Residence's electricity ICP number (*this can be found on the residence's electricity bill – usually up to 15 characters*): \_\_\_\_\_

Residence's electricity account number (*this can be found on the residence's electricity bill*):

\_\_\_\_\_

<sup>22</sup> As per the definition within the *Guideline on arrangements to assist medically dependent consumers*.

**Consent:** - As the recipient of this medical equipment and a potentially medically dependent consumer, I consent to the information on this form and information on the future status of my dependence on the medical equipment to be shared between the health practitioner(s), electricity retailer(s) and/or the electricity account holder for the domestic residence where I will be residing, for the purpose of ensuring that the electricity retailer is informed of my medical dependence on electrical equipment and my status as a medically dependent electricity consumer. The electricity retailer may use this information to identify residences where electricity disconnection, for whatever reason, may have significant consequences.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

and/or

Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART B - CONFIRMATION THAT ELECTRICITY IS REQUIRED

I certify that \_\_\_\_\_ (patient's name) with NHI number \_\_\_\_\_ is:

- (a) using mains electricity dependent critical electrical medical equipment (CEME); and
- (b) at some point in the future may be dependent on the CEME to the extent that disconnection may result in loss of life or serious harm. (If so, the patient is a potentially medically dependent consumer (of electricity)<sup>23</sup>.)

I also certify that the patient listed above has been provided knowledge, training and support, in accordance with appropriate clinical practice:

- (a) for the use of the CEME; and
- (b) what to do in an emergency, including when the supply of electricity may be interrupted for any reason.

Where:

- (a) Critical medical support is defined as support which, in the opinion of a DHB, private hospital or GP, is required to prevent loss of life or serious harm; and
- (b) CEME is defined as any equipment supplied or prescribed by a DHB, private hospital or GP, which requires mains electricity to provide critical medical support to a person, and includes other electrical equipment needed to support either the CEME or the treatment regime (e.g. a microwave to heat fluids for renal dialysis).

**Note:** The patient's electricity retailer may seek advice on the patient's status as a MDC if at any point in the future the patient faces disconnection.

Date: \_\_\_\_\_

Name of DHB/private hospital/GP:

\_\_\_\_\_

<sup>23</sup> As defined in the Electricity Authority's *Guideline on arrangements to assist medically dependent consumers* (October 2009).

Name of the health practitioner treating the patient (including designation):

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Signature of the health practitioner treating the patient:

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OR

Name of another health practitioner, signing on behalf of the health practitioner treating the patient (including designation):

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Signature:

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Contact number and/or email address of signatory:

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**Disclaimer:** The DHB/private hospital/GP/issuer of this Notice of Potential MDC Status on behalf of the patient, takes no responsibility for any debts incurred by the patient in relation to transactions or arrangements entered into by the patient with the electricity retailer.

## **ADDITIONAL:**

### *Notice of Potential Medically Dependent Consumer Status (Notice of Potential MDC Status)*

The Notice of Potential MDC Status has 2 parts:

**Part A** – to be completed by the patient/caregiver.

The DHBs, private hospitals and GPs can assist retailers by checking that the patient/caregiver:

- has filled in as much of the form as possible as this will assist his/her retailer to identify the correct account. Specifically, providing a residential address (not a PO Box or RD number), and recording the names of any of the household members who may be the account holder, will be particularly useful;
- understands and has signed the consent portion of the form; and
- understands the importance of:
  - completing the Notice of Potential MDC Status; and
  - giving the Notice of Potential MDC Status to the patient's retailer.

**Part B** – to be completed by a representative of the DHB, private hospital or GP, and signed by the health practitioner treating the patient (or by another health practitioner signing on behalf of the health practitioner treating the patient).

DHBs, private hospitals and GPs should check that the patient/caregiver has been informed of all relevant aspects of using the CEME including:

- what to do in the case of planned or unplanned electricity outages;
- information on the likely costs associated with operating the CEME and, if appropriate, advising the patient/caregiver that financial assistance may be available from Work and Income;
- advising that if electricity loss occurs, there may be loss of power to the telephone if the only phone in the home requires electricity (relevant if the telephone is needed to call an ambulance in the event of a power outage); and
- discussing whether critical mobility aids (for example wheelchair hoists), may require battery backup.

DHBs, private hospitals and GPs should also ensure that patients are well enough or with sufficient support to effectively communicate with their retailer when discharged from the hospital with CEME (as per Ministry of Health Letter to the Electricity Commission; 18 February 2008).

## Appendix B Non-exhaustive list of critical electrical medical equipment

- Continuous Positive Airway Pressure (CPAP) machine
- Nasal Continuous Positive Airways pressure machine
- Non-invasive Ventilation (NIV) Bi-level Positive Airway Pressure (BiPAP) machine
- Oxygen concentrator
- Renal dialysis – Automated Peritoneal Dialysis (APD)
- Renal dialysis – Continuous Ambulatory Peritoneal Dialysis (CAPD)
- Renal haemodialysis machine
- Total Parenteral Nutrition
- Ventilator
- Ventricular Assistance Device.

B.1 Please be aware that this is a **NON-EXHAUSTIVE** list of CEME.