

27 January 2025

Submissions  
Electricity Authority

Nova Energy Limited  
PO Box 3141, Wellington 6140

By email: [ccc@ea.govt.nz](mailto:ccc@ea.govt.nz)

**Consultation paper- Proposed electricity Information Exchange Protocol (EIEP4A): Medically dependent consumer information**

Nova Energy (Nova) appreciates the opportunity to comment on this consultation, and supports the introduction of a regulated EIEP4A, recognising that it is likely to resolve the current challenges the current voluntary EIEP4 file presents.

It is key, however, that the shared information reaches the appropriate agencies quickly to enable a timely response in emergencies involving medically dependent consumers (MDCs). In order for this to happen, Nova is also of the view that it would be a better approach to use more specific customer information, like customer accounts or at least a name, which would be more effective in identifying MDCs when urgent help is needed.

While Nova appreciates the protection of privacy, it also believes that reaching an MDC in need faster, justifies the use of certain personal information. Furthermore, if the use of the transfer hub is mandated this would minimise data breaches.

Answers to the Authority's questions can be found on the appendix below.

Yours sincerely,



**Tamiris Robinson**  
Regulatory Advisor

**Nova submission: Proposed EIEP4A – medically dependent consumer information**

Questions	Comments
Q1. Do you agree that introducing a regulated EIEP4A will address the issues with EIEP4 described above in 2.6?	Yes. While a regulated EIEP4A is likely to address the issues outlined in this paper, it is crucial that the information shared reaches the appropriate agencies and channels. This is to ensure that they can respond swiftly if an emergency arises at an MDC's premises.
Q2. If you are a retailer or distributor, does limiting the data provided in the proposed EIEP4A to only medically dependant status at the ICP level meet your operational needs? If not, what additional data would you suggest?	Nova disagrees with the EA's stance on using the ICP as the identifier for MDCs. The purpose of flagging MDCs is to ensure that urgent action can reach those consumers, and using ICP-only data is too vague for this purpose. It would be more effective to know who the MDC is, so they can be reached as quickly as possible. Having access to at least the name or, as ERANZ suggests, the customer account would be much more practical. While Nova supports privacy protection, it believes that in such scenarios, the benefits of sharing more personal information outweigh the potential risks.
Q3. Should the use of the EIEP transfer hub be mandatory?	Yes. A centralised, secure, and standardised method for exchanging data is good. It would improve efficiency for both parties and minimise the risk of data breaches. It could also make it easier for the Authority to publish data quicker. This could happen progressively (for example a transition to making it mandatory over 3 months).
Q4. Do you agree with the objective of the proposed form? If not, why not?	Yes. The intent is good.
Q5. Have we identified all the main costs and benefits? If not, what are we missing?	Yes.
Q6. Do you agree the benefits of the proposed amendment outweigh its costs?	Yes.
Q7. Does the proposal adequately address privacy concerns? If not, what additional safeguards should be included?	Yes, it does. The mandatory use of the registry transfer hub would help minimize the risk of identifiable personal information being accidentally sent to the wrong place. However, as previously mentioned, Nova believes that using more customer

	<p>information—rather than just ICP data—would be justifiable. It is Nova’s view that the benefits of reaching an MDC in need of assistance more quickly and efficiently would outweigh the privacy concerns.</p>
<p>Q8. Do you foresee any practical or technical challenges with implementing ICP-only data exchanges? If so, what mitigations would you propose?</p>	<p>Nova notes that that medical dependency is mainly customer-based rather than ICP-based, which could make it tricky to translate into an ICP list. For instance, if an MDC has multiple ICPs, would all of them appear in the file? Another potential issue arises if someone uses an outdated EIEP4A file tied to an ICP—since then, a medically dependent customer might have moved to a different ICP by now, and the new customer in the original ICP might not be medically dependent. So, timing becomes a key factor for ensuring accuracy.</p>
<p>Q9. Do you agree the proposed amendment is preferable to the other options? If you disagree, please explain your preferred option in terms consistent with the Authority’s statutory objective in section 15 of the Electricity Industry Act 2010.</p>	<p>Yes. Nova is supportive of the proposed amendment.</p>