

22 January 2025



Electricity Authority  
By e-mail: [ccc@ea.govt.nz](mailto:ccc@ea.govt.nz)

**Consultation: Proposed Electricity Information Exchange Protocol – EIEP4A: Medically Dependent Consumer Information**

Waipā Networks welcomes the opportunity to make this submission regarding the proposed introduction of EIEP4A.

We believe the desired outcomes in the consultation paper are best achieved not through the introduction of a new EIEP4A format but rather the regulation of the existing EIEP4 format. To ensure "medically dependent consumers receive appropriate care and consideration in relation to planned and unplanned outages", customer contact information needs to be complete, timely and accurate. To have medically dependent ICP information regulated through an EIEP4A, only to rely on unregulated, incomplete and sporadic customer contact information in EIEP4, is detrimental to customer care.

Our responses in Appendix B (attached) support this position.

Any questions or queries regarding the submission can be directed to myself.

Yours sincerely

Anna Watson  
General Manager Customer and Community

## Appendix B Format for submissions

<b>Submitter</b>	<b>Waipā Networks</b>
<b>Questions</b>	<b>Comments</b>
Q1. Do you agree that introducing a regulated EIEP4A will address the issues with EIEP4 described above in 2.6?	Waipā Networks does not believe that introducing a regulated EIEP4A would offer any additional benefit that would not occur if the existing EIEP4 format were regulated instead.
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?	No. Limiting the data provided in the EIEP4A, in particular not providing customer identifying information such as name and contact information, severely restricts the usefulness of the information that is provided. The paper suggests that for distributors who notify customers direct for outages, as Waipā Networks does in certain circumstances, EIEP4A information could be used in conjunction with EIEP4 information. However, as EIEP4 is non-regulated, this approach is subject to the problems raised in 2.6 of the paper. The way to address this is to regulate EIEP4, in which case EIEP4A is not needed.
Q3. Should the use of the EIEP transfer hub be mandatory?	Yes. The transfer hub is significantly more reliable and secure than use of e-mail. Consistency of approach across participants also lessens the risk of human error that medically dependent information is missed due to managing multiple systems.
Q4. Do you agree with the objective of the proposed form? If not, why not?	No. As stated in our other comments we do not believe EIEP4A will achieve the objectives in particular that “medically dependent consumers receive appropriate care and consideration in relation to planned and unplanned outages”. We believe to be able to provide appropriate care we need to be able to identify and contact a medically dependent customer if needed. To do this effectively, information needs to be accurate and complete. The best way to help achieve this is to regulate EIEP4 instead.
Q5. Have we identified all the main costs and benefits? If not, what are we missing?	One cost we believe that has not been identified is the potential for the issues with the existing EIEP4 format to worsen if EIEP4A were introduced. At present the inclusion of medically dependent

	<p>information in EIEP4 files has provided an impetus for retailers to provide them to distributors. With medically dependent information removed from EIEP4, there is a significantly reduced incentive for retailers to provide the files and to ensure the data is accurate and timely. Without accurate and timely customer information, at best the information provided in EIEP4A would be a statistical “FYI” without a reliable means of distributors contacting those customers for either planned or unplanned outages if the circumstances prompted it.</p>
<p>Q6. Do you agree the benefits of the proposed amendment outweigh its costs?</p>	<p>No. The provision of customer identifying information is key to making medically dependent information of use to distributors and their interactions with customers. The benefits can be delivered through regulating the existing EIEP4 files, which are already widely used and systems set up for processing these. The issues with the existing EIEP4 relate to accuracy, timeliness and mechanism but these can be addressed by through regulation.</p>
<p>Q7. Does the proposal adequately address privacy concerns? If not, what additional safeguards should be included?</p>	<p>The paper suggests that by omitting customer information EIEP4A would address privacy concerns, which (although the paper doesn’t list these) presumably relate to customer information being disclosed or used inappropriately. However, we also note the paper suggests distributors can take EIEP4A information and use this in conjunction with EIEP4 information. So, in practical terms omitting customer information from the proposed EIEP4A would offer no benefit in addressing privacy concerns. It could actually have the opposite effect, where privacy issues occur when medically dependent flags in EIEP4A and customer data in EIEP4 are mismatched when combined into distributor customer systems. The best outcome for privacy is to instead regulate the existing EIEP4 and make the use of these files and the information in them part of the Authority’s participant audits.</p> <p>We also note that both retailers and distributors are subject to the Privacy Act 2020 which is the appropriate legislation to address privacy concerns.</p>
<p>Q8. Do you foresee any practical or technical challenges with implementing ICP-only data</p>	<p>As stated in the responses above, having ICP-only data provides no practical use for distributors unless used in conjunction with reliable EIEP4 data. To</p>

<p>exchanges? If so, what mitigations would you propose?</p>	<p>make EIEP4 reliable it needs to be regulated. If EIEP4 was regulated, there would be no need for a separate EIEP4A.</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>No. Mandating EIEP4 would provide information that could be practically used by distributors in relation to medically dependent customers. This includes, should the circumstances practicably allow, contacting them when planning an outage, or when managing an unplanned outage.</p> <p>In relation to the section 15 of the Electricity Industry Act 2010, introducing EIEP4A would not "protect the interests of domestic consumers" as it does not provide the benefits for customers that regulating the existing EIEP4 would provide.</p>