

## Additional Issues

### Medical Alarms

#### Background

- 5.1 The Personal Emergency Response Services Association (PERSA) and Tunstall Healthcare raised a series of issues concerning the operation of medical alarms for aged and at-risk persons under the NBN rollout – in particular:
- support for medical alarms by NBN retail service providers (RSPs) through the User Network Interface Voice (UNI-V) port service<sup>1</sup>
  - battery back-up for NBN customer equipment in terms of medical alarm functionality<sup>2</sup>
- 5.2 By way of background, there are ‘approximately 250,000 existing medical alarms protecting aged and at-risk persons’ in Australia, in both private homes and residential aged-care facilities.<sup>3</sup> Tunstall Healthcare has some 72,000 monitored clients in Australia, and its Brisbane emergency response centre takes over 2,000 emergency calls per day, with an average of 500 to 600 of those calls per week requiring emergency assistance.<sup>4</sup> Tunstall Healthcare noted that it currently had 136 clients living in the

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1 Personal Emergency Response Services Association (PERSA), *Submission 10*, p. 1, and Tunstall Healthcare, *Submission 8*, p. 2.

2 PERSA, *Submission 10*, p. 3, and Tunstall Healthcare, *Submission 8*, p. 2.

3 PERSA, *Submission 10*, p. 1.

4 Mr Gary Morgan, Health Services Director, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 1.

NBN footprint, and by June next year it estimated that 2,000 of its clients would be on the NBN.<sup>5</sup>

## Retail Service Providers and Uni-V Port Service

- 5.3 Analogue medical alarms will be supported on the NBN via NBN Co's User Network Interface Voice (UNI-V) port, which is supported by the backup battery. Internet Protocol (IP) based medical alarms will be supported by the NBN over the User Network Interface Data (UNI-D) product. NBN Co is currently developing battery backup functionality for the UNI-D and, once this is implemented, IP-based medical alarms will also be fully supported on the NBN.<sup>6</sup>
- 5.4 Connectivity over the UNI-V port requires a client's RSP to support the UNI-V port service and, as PERSA noted, 'not all RSPs [are to]... support the analogue (UNI-V) port service'.<sup>7</sup> Further clarifying this point, Tunstall Healthcare identified that 'less than a third' of the 'approximately 35 RSPs... who have been accepted and endorsed for the NBN' have the ability to facilitate voice calls over the UNI-V ports on the NTD.<sup>8</sup>
- 5.5 As not all RSPs will be supporting medical alarms through the UNI-V port service, consumers will therefore need to select an RSP providing this service. This raised concerns for PERSA and Tunstall Healthcare about how people would know which RSP to select to ensure their medical alarm continued to work under the NBN rollout.
- 5.6 For example, PERSA noted that 'typical users of medical alarms are not aware of the technical requirements of their equipment' and therefore may 'run the risk of being locked-in to a long term telecommunications contract with an RSP which, for them, is unsuitable'.<sup>9</sup> Similarly, Tunstall Healthcare stated its concern that some clients 'unknowingly or unwittingly may sign up to an RSP who cannot support their medical alarm or deliver the service they require'.<sup>10</sup>
- 5.7 PERSA proposed a range of initiatives to address these issues:

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5 Mr Morgan, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 1.

6 NBN Co, *Submission 7.6*, Answer to Question on Notice Nos 26, 27, p. 2.

7 PERSA, *Submission 10*, p. 2.

8 Tunstall Healthcare, *Submission 8*, p. 2.

9 PERSA, *Submission 10*, p. 2.

10 Mr Geoff Feakes, Chief Information Officer, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 2.

- ...Require RSPs to properly inform potential client's about the compatibility of their service offering with [medical alarm] equipment...
- Require RSPs to include information about service compatibility with medical alarms and other telecommunications equipment in their product sales information.
- Place a list of RSP's who can support existing medical alarms through the UNI-V port in a prominent position on the NBN Co Limited (NBN Co) website.
- In order to ensure preservation of the correct Mode-3 wiring format for medical alarms, require all RSPs that remove the copper service to only connect the analogue (UNI-V) port to the clients incoming copper exchange line.
- In order to ensure the continuing operation of any medical alarm equipment, require all RSPs to perform a medical alarm test-call through to the emergency monitoring centre immediately after service change-over. If the medical alarm fails the test the RSP should immediately reconnect the copper service to the medical alarm in the original configuration.
- Lengthen the telecommunications service contract cooling-off period from 10 days to 30 days, to allow for further identification of any non-compatible equipment.
- NBN Co. to educate consumers and RSP's about the requirements of medical alarms.
- Ensure the copper service to a client is not disconnected or decommissioned before all medical alarm connectivity issues are fully resolved.<sup>11</sup>

5.8 Like PERSA, Tunstall Healthcare also proposed a range of initiatives to address these broader issues,<sup>12</sup> including:

- The provision of a Free Call consumer hotline made available to assist with information and guidance for consumers with medical alarms.
- NBN Co to provide and maintain a publically available up to date list of Retail Service Providers who offer UNI-V (Voice) port services (i.e. landline telephones over NBN) so consumers can make an informed choice about which NBN RSP can meet their needs.

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11 PERSA, *Submission 10*, p. 2.

12 Tunstall Healthcare also supported PERSA's proposal to lengthen the telecommunications service contract cooling-off period – Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 2.

- As part of the standards – copper wires and POTS services are not decommissioned for consumers who have a medical alarm unless their RSP provides for Voice ports (UNI-V).<sup>13</sup>

5.9 On the proposal for the establishment of a free-call number, Tunstall Healthcare further explained:

...we believe it is important that every medical alarm patient, client, and resident of Australia have an advocacy service in regard to the benefits and what NBN is actually deploying, as opposed to being an industry representation or an RSP provision service. That way, a client can actually get true information in regard to what NBN is about, what the benefits to them are, and what their requirements are.<sup>14</sup>

5.10 In particular, Tunstall Healthcare emphasised the need for the establishment of a code of conduct for RSPs:

We would like to see some safeguards in place to protect the vulnerable customer and to ensure that the RSPs adhere to a duty of care for the service they provide. We would also suggest that it be mandatory that the RSP investigate the client's requirements before signing them up to a contract. Further to this, we would suggest that the code of conduct set some response of the RSP in relation to the installation of the medical alarm.<sup>15</sup>

## Battery Back-up

5.11 PERSA and Tunstall Healthcare also raised a number of issues concerning battery back-up for NBN customer equipment in terms of medical alarm functionality – in particular, the short run-time of battery back-up during a mains power failure in contrast to the requirements of Australian Standard AS4607 for the provision of personal emergency alarm services.

5.12 By way of background, Tunstall Healthcare explained that the current unit NBN Co are supplying 'supports six to eight hours of battery supply to the NTD during a mains fail'.<sup>16</sup> However, as PERSA pointed out, while it is proposed to provide 'the standard 6-hour battery backed-up power supply at no cost to the consumer at the time of NBN service installation (optional by informed consent)', this proposed battery run-time for the

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13 Tunstall Healthcare, *Submission 8*, p. 3.

14 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 2.

15 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 2.

16 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 3.

NBN customer equipment 'falls significantly short of the 36 hours required for medical alarms under Australian Standard AS4607'.<sup>17</sup>

5.13 Tunstall Healthcare similarly noted that many of their customers and corporate client groups 'expect that their alarm equipment will have a minimum of 36-40 hours back up support in line with the requirements of the AS4607 standards for the provision of Personal Emergency Alarm Services'.<sup>18</sup>

5.14 As Tunstall Healthcare further clarified:

The current AS4607 provides a requirement for 40 hours of battery capacity or battery back-up to be provided to the medical alarm during a mains failure or power failure. The standard at this stage highlights the requirement for 40 hours and that is what the medical alarm actually delivers to every medical alarm user in the country. It is our understanding that the existing NBN NTD, or power supply unit, will supply approximately six to eight hours of battery back-up in the event of a mains failure. That is significantly less than the 40 hours that is currently provisioned. Obviously that is a significant difference in regard to what can be provided to a client during a power failure or an outage of power in Australia...

At the moment, under AS4607, our batteries inside our alarms last for 40 hours. On the existing infrastructure in place now, prior to NBN, during a mains fail we will get their alarm calls through for more than 40 hours – 40 hours is our minimum. With the introduction of NBN, as soon as the power supply unit – the NTD – loses power there will be no telephony in or out of that device.<sup>19</sup>

5.15 Tunstall Healthcare outlined the potential impact on their clients of this shorter battery back-up time:

The problem is that if they lose power during the night, for example, with a 40-hour battery we would get notified that they had lost power but we would know that they would have power in the morning. We did not wake them up to say, 'Margaret,

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17 PERSA, *Submission 10*, p. 3. In terms of the battery supply, NBN Co explained that this is provided 'at no cost to the end-user as part of a standard installation. If a customer requests a battery backup unit to be installed to support an existing NBN connection it is also proposed that this would be provided at no cost to the end user', *Submission 7.4, Answer to Question on Notice No. 33*, p. 4.

18 Tunstall Healthcare, *Submission 8*, p. 2.

19 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 2, p. 3.

you've lost power' at this stage. When they are longer than the six hours, we can get through the night and work with the client and we can work with family the next day to address those issues. The problem with having a smaller window is that if a power failure happens at say eight o'clock at night, potentially there is no power for the client to press the medical alarm button at four o'clock in the morning with no notification.<sup>20</sup>

- 5.16 Mr Geoff Feakes, Chief Information Officer from Tunstall Healthcare, usefully summarised the issue, as follows:

As an industry we adhere to AS4607 as a standard. With the provision of the battery backup inside the NTD or for NBN the battery life standard has been reduced and our industry is concerned about that...

Australian standard AS4607 is in place to provision a service for the medical alarm client and patient. What we are looking for is extending the battery backup as currently provisioned by NBN to come back as close as we can to AS4607, that way providing the best outcome for the patient and the client so that we can get through a night or a period of time in the event of a mains fail.<sup>21</sup>

- 5.17 Given this reduced battery back-up time during a mains power failure, there was interest in establishing the number of power outages generally experienced each year in the community. Tunstall Healthcare responded that, 'with our 72,000 clients and patients around the country in the last 12 months we had some 22,000 power outages notified to our emergency response centre. If you do the mathematics you would see that we had some 60 patients and clients who were impacted by power outages every day in Australia'.<sup>22</sup>

- 5.18 Further, given the reduction in battery back-up time from 40 hours to six to eight hours, the committee was interested in the average length of these power outages – specifically, in terms of how often power was lost for six or eight hours. In response, Tunstall Healthcare analysed their national database for the months of January 2012, May 2012 and August 2012 and

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20 Ms Lisa Capamagian, Marketing and Strategy Implementation Manager, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 4.

21 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 4, p. 5.

22 Mr Morgan, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 4.

provided the following information about ‘mains failure notifications’<sup>23</sup> relating to their monitored clients:

- January 2012 = 5229 total mains failure notifications
- Of which 1023 were greater than 8 hours within any 24 hour period.
- May 2012 = 5162 total mains failure notifications
- Of which 1150 were greater than 8 hours within any 24 hour period.
- August 2012 = 4914 total mains failure notifications
- Of which 1118 were greater than 8 hours within any 24 hour period.<sup>24</sup>

5.19 On the basis of these figures, Tunstall Healthcare concluded that a ‘monthly average of 1097 equates to approximately 13,164 instances per year of mains failures greater than 8 hours’.<sup>25</sup>

5.20 Options supported by PERSA to address these broader issues included that:

- NBN Co supply longer run-time battery back-up options
- NBN Co allow after-market suppliers to connect their own, longer run-time, battery backup units.<sup>26</sup>

5.21 Similarly, Tunstall Healthcare made the following proposals to assist in addressing these issues:

- Standards for installations be established and published to protect consumers who need and have medical alarms in their homes or places of residence.
- The existing AS4607 standards are taken into account in the development of NBN installation standards for the protection of consumers with medical alarms...
- As part of the standards – the installation of a power pack and back-up battery to the UNI-V (Voice) ports are mandatory for all consumers identified as having a medical alarm.<sup>27</sup>

5.22 It is important to highlight here that, at the time of the committee’s inquiry, NBN Co had recently announced some changes to its process concerning batteries. For example, Tunstall Healthcare pointed to ‘the

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23 The term ‘mains failure notification’ was used by Tunstall Healthcare to classify a signal received by the Tunstall monitoring centre due to a power outage – Tunstall Healthcare, *Submission 8.1*, p. 1.

24 Tunstall Healthcare, *Submission 8.1*, pp 1-2.

25 Tunstall Healthcare, *Submission 8.1*, p. 2.

26 PERSA, *Submission 10*, p. 3.

27 Tunstall Healthcare, *Submission 8*, p. 3.

recent decision to power the data points of the network termination unit during a mains failure, which we see as a positive, and also a modification for the auto-shutdown functionality from 30 per cent to 50 per cent of remaining battery life during a main failure'.<sup>28</sup>

- 5.23 A further change involved 'informed consent of the battery backup. It is not an opt-in or an opt-out anymore; it is predominantly an informed consent'.<sup>29</sup> By way of background on this point, NBN Co explained that:

The Government consulted widely with key stakeholder groups (including emergency service organisations, consumer groups and the medical and security alarm industry) on the extent to which NBN Co should provide Battery Backup to different types of end-users (e.g. phone only end-users and Priority Assist end-users). The 2012-15 Corporate Plan incorporates the Government's policy approach that end-users will be able to nominate whether or not they want NBN Co to provide Battery Backup. This is known as a 'must-opt' approach. At the time of ordering a service from an RSP, an end-user will make an active decision as to whether to take the battery back-up unit, or to not take the unit. Priority Assistance households will be provided with a Battery Backup Unit.<sup>30</sup>

- 5.24 Under the 'Must Opt' regime for battery back-up units, end users can therefore 'nominate whether or not they want NBN Co to provide Battery Backup', noting that 'Priority Assistance households will be provided with a Battery Backup'.<sup>31</sup> Under this regime, it is assumed that '50% of Fibre End-Users will elect not to have Battery Backup'.<sup>32</sup>

- 5.25 A key issue under the 'must opt' regime, as highlighted by PERSA, is therefore not only that consumers are aware that battery back-up is optional at the time of NBN service installation but that sufficient and clear information is provided for consumers to make an informed choice on this matter – reinforcing the importance of this being 'optional by informed consent'.<sup>33</sup>

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28 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 1.

29 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 1.

30 NBN Co, *Submission 7.5*, Answer to Question on Notice No. 34, p. 3.

31 NBN Co, *Corporate Plan 2012-15*, p. 32.

32 NBN Co, *Corporate Plan 2012-15*, p. 32.

33 PERSA, *Submission 10*, p. 3.



## Connecting Multi-Dwelling Units

- 5.26 The NBN Co updated the committee on how it is progressing on connecting multi-dwelling units (MDUs) or apartment blocks to the NBN's fibre network.
- 5.27 The NBN Co confirmed that 'the installation process in apartment blocks ...take[s] longer than in a single dwelling unit (SDU) because multi-dwelling units (MDUs) require multiple connections to multiple' Premise Connection Devices '(PCDs)'.<sup>34</sup>
- 5.28 The NBN Co, however, added that while MDUs are being connected to the NBN, this process will evolve and become more efficient as the NBN rollout progresses. The NBN Co stated:

We are working on this. There is no right answer to this. Every MDU looks different. There is not one method of connecting MDUs, and installation methodologies do evolve rapidly. Therefore, what we do today will also change over time because there will be more efficient ways of doing this. But we are connecting MDUs today.<sup>35</sup>

- 5.29 The NBN Co commented that each MDU has differing numbers of units ranging from the average of nine to 50, 100 or more, all with differing designs, which determines connection methodology. The NBN Co explained:

We are using figures which we have experienced to date. There will obviously be opportunities further in the future. But you also need to bear in mind that the average number of premises per MDU in Australia is nine. For instance, a block of town houses is often considered an MDU. If you have 10 town houses, these are basically 10 individual Single Dwelling Units (SDUs) but are labelled an MDU, potentially. In small apartment blocks, where you have four, five or six units in a block, it is labelled an MDU, but the installation methodology would be very, very similar, if not the same, as for an SDU. And then, obviously, you have the very big blocks, where you have 50, 100 or more units in it. Every MDU is an individual design, because every premises will look different.<sup>36</sup>

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34 NBN Co, Submission 7.4, Answer to question on notice No. 8.

35 Mr Ralph Steffens, Chief Operating Officer, NBN Co, Transcript of Evidence, Canberra, 30 October 2012, p. 8.

36 Mr Steffens, NBN Co, Transcript of Evidence, Canberra, 30 October 2012, p. 8.

5.30 The NBN Co further stated that it:

...will need to have a higher degree of engagement with body corporate entities and undertake site surveys ahead of time, incurring detailed design and installation costs for the internal cabling of MDUs.<sup>37</sup>

5.31 The NBN Co 2012-2015 Corporate Plan states the NBN Co is using a 'build drop' method to connect MDUs. The 'build drop' method replaces the 'demand drop' approach taken previously. The NBN Co explained the difference between the two build methods and stated:

With a 'Build Drop' the connection from the street to the premises is carried out when the distribution and local segments of the fibre network are being built. 'Demand Drop' is when the connection from the street to the premises is installed when an order for a service is received from a retail service provider.<sup>38</sup>

5.32 The NBN Co further stated that the 'Build Drop' approach will be more cost effective than the previous 'demand drop approach' in the long run. The NBN Co explained:

The 'Build Drop' strategy is expected to be more cost effective in the long run than performing 'Demand Drops', particularly in the context of the agreement with Telstra to disconnect its copper network. 'Build Drops' from the street to the premises for single dwelling units and multi-dwelling units are the most effective way to minimise mobilisation/dc-mobilisation costs and to realise productivity improvements. It is more efficient to provide the drop that connects each premises from the street to the Premises Connection Device...on the outside of the premises, while the construction crews are in the area.<sup>39</sup>

5.33 In regard to consultation on connection of the NBN to MDUs, the NBN Co 2012-2015 Corporate Plan states:

NBN Co will need to have a higher degree of engagement with body corporate entities and undertake site surveys ahead of time, incurring detailed design and installation costs for the internal cabling of MDUs.<sup>40</sup>

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37 Mr Steffens, NBN Co, Transcript of Evidence, Canberra, 30 October 2012, p. 8.

38 NBN Co, Submission 7.6, Answer to question on notice No. 20.

39 NBN Co, Submission 7.6, Answer to question on notice No. 20.

40 NBN Co, Submission 7.4, Answer to question on notice No. 8.

## Concluding Comments

### Medical Alarms

- 5.34 The committee appreciates the concerns raised by PERSA and Tunstall Healthcare about the operation of medical alarms for aged and at-risk persons under the NBN rollout.
- 5.35 The committee was therefore pleased to note that the DBCDE and NBN Co had held discussions with PERSA and Tunstall Healthcare on these issues – particularly in light of PERSA’s statement that they were ‘extremely concerned about a potential life threatening situation resulting from the rollout of the... NBN in Australia’ in terms of the operation of medical alarms for aged and at-risk persons.<sup>41</sup> Further, regarding this statement, the committee acknowledges significant relevant matters raised by the DBCDE and NBN Co, as discussed below – in particular, paragraphs 5.36-5.43 refer to medical alarm functionality and the copper network; initiatives undertaken by the DBCDE and NBN Co; and a key point emphasised by NBN Co that, in the effective operation of medical alarms over the existing copper network and the NBN, ‘[a]ll participants have a role to play to ensure that end users are given access to the services they need’.<sup>42</sup>
- 5.36 In this regard, the committee also notes Tunstall Healthcare’s statement that: ‘we have put procedures in place to support clients that have shorter backup battery time, so that we can manage risks on their behalf... if they were our client we would have an understanding of their situation and we would manage that accordingly’.<sup>43</sup> Tunstall Healthcare emphasised that they had been ‘working closely with NBN Co’ to ‘ensure that the safety of [their] clients is not compromised during the transition across to the National Broadband Network’.<sup>44</sup>
- 5.37 Accordingly, the committee is aware that the DBCDE and NBN Co have discussed a range of initiatives with stakeholders to address these issues.
- 5.38 Tunstall Healthcare highlighted to the committee that it understood NBN Co was seeking possible ‘legislative amendments’ to address some of these issues:

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41 PERSA, *Submission 10*, p. 1.

42 NBN Co, *Submission 7.6*, Answer to Question on Notice Nos 26, 27, p. 2.

43 Ms Capamagian, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 5.

44 Mr Morgan, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 1.

We have been working very closely with NBN, and NBN have attended our industry representation meetings and are fully aware of our concerns. I believe they are addressing those and seeking legislation to address those concerns moving forward.<sup>45</sup>

- 5.39 Tunstall Healthcare explained that these possible legislative amendments included looking at 'extending of the battery run time to be approximately 30 hours or greater'<sup>46</sup>, considering 'other power sources' in terms of the batteries<sup>47</sup> and seeking 'alternate ways... [to] power the NTD',<sup>48</sup> including considering 'some requirement for modification to the power supply unit that connects to the NTD itself to have a more generic plug so that alternative power supplies can also be sorted'.<sup>49</sup> Tunstall Healthcare further noted that '[c]urrently the battery is only provisioned on the UNI-V port not the UNI-D port. That is one of the issues they are addressing, being able to provide the battery backup to the UNI-D port as well'.<sup>50</sup>
- 5.40 In response to this information, NBN Co clarified to the committee that 'NBN Co is implementing a battery backup model in line with Government policy' and that a 'legislative amendment is not required to make changes to the implementation of the battery backup deployment'.<sup>51</sup> NBN Co also explained in further detail the outcome of its discussions with PERSA and Tunstall Healthcare:

During 2011 NBN Co held complex services workshops with relevant industry stakeholders, including PERSA and Tunstall Healthcare, to assist in the design and development of the User Network Interface Voice (UNI-V) product so that it is fit for purpose to support a range of legacy services, including medical alarms.

More recently, NBN Co met with PERSA in September 2012 to discuss how medical alarms will be supported over the NBN. Analogue medical alarms will be fully supported on the NBN via NBN Co's UNI-V port, which is supported by the backup battery.

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45 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 3.

46 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 2.

47 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 3.

48 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 3.

49 Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 2.

50 Ms Capamagian, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 5. Tunstall Healthcare also commented that they understood NBN Co were 'working with the RSPs on who is responsible for the battery management, whether or not the end user or the RSPs, as in the Telstras, Optuses and SkyMeshes will have some role in that' – Mr Feakes, Tunstall Healthcare, Transcript of Evidence, Canberra, 9 October 2012, p. 2.

51 NBN Co, *Submission 7.6*, Answer to Question on Notice No. 32, p. 6.

Internet Protocol (IP) based medical alarms will also be supported by the NBN over the User Network Interface Data (UNI-D) product. NBN Co is currently developing battery backup functionality for the UNI-D. Once this is implemented, IP-based medical alarms will also be fully supported on the NBN.

NBN Co is also working to extend the run time of the battery for both the UNI-V and the UNI-D ports. Both the UNI-V and UNI-D ports have Traffic Class 1 functionality, meaning that the highest traffic priority over the network is available for medical alarms.<sup>52</sup>

- 5.41 NBN Co also highlighted that, outside of its activities, the Communications Alliance is 'developing a set of recommendations for how RSPs inform end-users of their legacy service support at the time of sign up', in terms of what legacy service they 'do and do not support'.<sup>53</sup> In addition, the recent Communications Alliance Telecommunications Consumer Protection Code C628:2012 (TCP Code) has 'increased protections for consumers who have identified a particular need to their RSP'.<sup>54</sup> Further:

The Australian Communications and Media Authority (ACMA) has the power to issue a specific direction requiring an RSP to comply with the TCP code. If an RSP has been directed to comply with the TCP code and does not, the ACMA has powers to issue a formal warning, or commence proceedings in the Federal Court to issue an injunction or seek recovery of a pecuniary penalty from the RSP of up to \$250,000 for each contravention of the TCP code.<sup>55</sup>

- 5.42 NBN Co noted that it was convening an industry workshop with RSPs and PERSA members in November 2012 to 'discuss medical alarm support and help RSPs prepare', and that it was also 'keeping PERSA briefed on the implementation of the "must opt" battery backup policy'.<sup>56</sup>
- 5.43 The committee welcomes these initiatives. However, at the time of finalising this report, the committee had not been made aware of any specific new announcements in this area. Accordingly, the committee supports further consideration of a number of the initiatives proposed by PERSA and Tunstall Healthcare to address these concerns<sup>57</sup> and suggests

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52 NBN Co, *Submission 7.6*, Answer to Question on Notice Nos 26-27, p. 2.

53 NBN Co, *Submission 7.8*, Answer to Question on Notice No. 28, p. 6.

54 NBN Co, *Submission 7.6*, Answer to Question on Notice Nos 26-27, p. 3.

55 NBN Co, *Submission 7.6*, Answer to Question on Notice Nos 26-27, p. 3.

56 NBN Co, *Submission 7.6*, Answer to Question on Notice Nos 26-27, p. 3.

57 PERSA, *Submission 10*, pp 2-3, and Tunstall Healthcare, *Submission 8*, p. 3.

this be progressed as a matter of priority. In doing so, the committee acknowledges a key point emphasised by NBN Co – that is:

It is important to note that the effective operation of medical alarms – over the existing copper network and the NBN – requires more than technical functionality. All participants have a role to play to ensure that end users are given access to the services they need. Customers need to advise their... RSP of what services they require with their telecommunications service. Equally, RSPs need to give customers clear and consistent information about which services are supported so that end-users can choose the right service to meet their needs...

In addition to the RSPs providing clear information about what legacy services they do and do not support, there is also a role for the alarm industry to educate and inform their end-users about the requirements of their alarms so that their end-users are better able to choose the telecommunications service to best meet their needs.<sup>58</sup>

#### Connecting Multi-Dwelling Units

- 5.44 The committee notes the NBN Co's comments regarding the complexities involved in connecting MDUs and the implementation of the 'build drop' approach which will provide cost efficiencies in the longer term.
- 5.45 The committee also notes the information regarding MDUs in the NBN Co 2012-2015 Corporate Plan, in particular the need for it to 'have a higher degree of engagement with body corporate entities and undertake site surveys ahead of time.'
- 5.46 The committee believes that a higher degree of engagement with body corporate entities is essential for the NBN rollout to be carried out to ensure minimal disruption to households and their surrounding premises, especially in consideration of smaller MDUs such as townhouse estates.

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58 NBN Co, *Submission 7.6*, Answer to Question on Notice Nos 26-27, p. 2; and *Submission 7.8*, Answer to Question on Notice No. 28, p. 6.

**Recommendation 5**

- 5.47 **The committee recommends that the Department of Broadband, Communications and the Digital Economy (DBCDE) and NBN Co continue to work with the Personal Emergency Response Services Association, the Communications Alliance and retail service providers to implement a range of initiatives to address concerns with the operation of medical alarms for aged and at-risk persons under the National Broadband Network rollout. This process should be in consultation with the Australian Communications and Media Authority, with the DBCDE to report back to the committee on specific progress in this area.**