



**Promoting opportunities. Protecting rights. For older Victorians.**

## **COTA Victoria & Seniors Rights Victoria**

### ***Review of life support protections in Victoria***

**To:**

Essential Services Commission

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## 1 About us

[Council on the Ageing \(COTA\) Victoria](#) is the leading not-for-profit organisation representing the interests and rights of people aged over 50 in Victoria. Celebrating 75 years of service in 2026, we have led government, corporate and community thinking about the positive aspects of ageing in the state.

Today, our focus is on promoting opportunities for and protecting the rights of people 50+. We value ageing and embrace its opportunities for personal growth, contribution, and self-expression. This belief brings benefits to the nation and its states alongside communities, families, and individuals.

[Seniors Rights Victoria \(SRV\)](#) is the key state-wide service dedicated to advancing the rights of older people and the early intervention into, or prevention of, elder abuse in our community.

SRV has a team of experienced advocates, lawyers, and social workers who provide free information, advice, referrals, legal advice, legal casework, and support to older people who are either at risk of or are experiencing elder abuse. SRV supports and empowers older people through the provision of legal advice directly to the older person.

## 2 Introduction

We welcome the Essential Services Commission's Draft Decision on Better Protections for Life Support Customers in Victoria. We are particularly supportive of the proposed reforms that would remove mandatory deregistration for lack of medical confirmation, the rejection of a cap on registrations, and the decision not to require four-yearly updated medical confirmation.

This submission reflects on the proposals through the lens of older Victorians at a heightened level of risk, with particular attention to those experiencing intersectional disadvantage and/or digital exclusion. These groups are disproportionately likely to depend on life support equipment, and to face barriers in navigating energy administration systems.

## 3 Question 1 & 2: The flagging system

We support the commission's preferred approach of a 'life-threatening' flag over the binary assistive/critical distinction proposed in the original rule change request. The proposed definition, which requires a medical practitioner to assess a high likelihood of death or permanent injury if equipment were without power during a prolonged outage, is an approach we support. We also support the commission's view that the flag should be assessed by medical practitioners rather than retailers.

### **We offer the following suggestions for consideration:**

First, the commission notes the concern of the Australian College of Rural and Remote

Medicine (ACRRM) that medical criticality can change over hours, days or weeks, and should not be assessed as a static binary. We agree and suggest that the guidance provided to medical practitioners when completing the standard medical confirmation form explicitly acknowledge that a 'life-threatening' assessment may be warranted even for conditions that are not immediately apparent, including conditions that deteriorate rapidly in the absence of power (such as severe respiratory conditions, susceptibility to harm in extreme heat weather, or insulin-dependent diabetes requiring refrigerated medication).

Second, older patients are more likely to have complex, comorbid conditions managed across multiple practitioners. They may not have a single GP with a full picture of their needs. The commission should consider whether the guidance on completing the life-threatening flag section of the medical confirmation form acknowledges this and provides for assessments by specialists or nurse practitioners in appropriate circumstances.

Third, we ask the commission to confirm that the life-threatening flag, once set, will remain unless actively changed via an updated medical confirmation form and that retailers cannot remove or reset this flag during a yearly check-in without a new medical confirmation. This protection is important for customers whose condition is stable but severe.

#### **4 Question 3, 4 & 5: Registration, deregistration and retailer ownership**

We support the proposal to make retailers exclusively responsible for registration, deregistration, and updating of details, including the no-wrong-door approach that allows customers to initiate contact through their distributor. We anticipate that this consolidation will reduce inconsistency and customer confusion.

We particularly support the commission's decision to retain discretionary (rather than mandatory) deregistration for customers who have not provided medical confirmation. As the commission acknowledges, non-response to administrative requirements is not evidence that a customer no longer needs life support equipment. Instead, it is likely evidence of barriers to engagement. This is especially true for older customers experiencing cognitive impairment, social isolation, language barriers, or complex health situations that make energy administration a low priority.

##### **On the deregistration process more broadly, we have two observations:**

First, the 15-day written notice requirement before deregistration is an important safeguard, and we support its retention. However, we note that a written letter may not reach a customer who has moved, who has poor literacy or speaks a language other than English, or who lives alone and is out of the home or does not regularly check their mail. We recommend that retailers be required to attempt contact by at least two different methods, including a phone call where a number is held, before the 15-day notice period begins, where a customer has not responded to a check-in.

Second, we strongly support the record-keeping requirement for retailers who choose not to deregister a customer despite lack of medical confirmation. This is an effective and low-burden accountability mechanism. We encourage the commission to confirm in its final decision that these records will be subject to audit and compliance monitoring, and that

the commission intends to use this data to inform any future reforms.

On the proposed two-business-day maximum for registration where a customer contacts their distributor rather than their retailer: we accept this is a small and justified delay, and the no-wrong-door principle is preserved. However, we ask that the commission confirm that life support protections apply from the moment a customer contacts their distributor and that formal registration within two business days does not affect the customer's practical protections in the interim.

## 5 Question 6 & 7: Medical confirmation and yearly check-ins

### Standard Medical Confirmation Form

We support the development of a standard medical confirmation form, co-designed with the AEMC and Australian Energy Regulator for use across jurisdictions. We welcome the commission's commitment to consulting with customers with lived experience, medical practitioners, and other key parties in designing the form.

### **We urge the commission to ensure the form design process specifically includes the following considerations for older and marginalised Victorians:**

The form should be available in translated versions covering the most spoken languages other than English in Victoria, including Vietnamese, Mandarin, Cantonese, Arabic, Greek, Italian, and Punjabi. The form should also be available in plain English and easy English versions, and in accessible formats for people with vision impairment.

The ACRRM noted that clinicians prefer paper-based options with a simple online alternative. We support this approach and ask that the online version not require a patient or practitioner login or account creation, which presents a significant access barrier for older patients.

The commission mentions it will consider whether First Nations customers should be able to self-identify on the form, and notes Consumer Action Law Centre and West Justice's privacy and data sovereignty concerns. We support a cautious approach and recommend that any self-identification option be developed in genuine co-design with First Nations community organisations, with clear explanation of how data will be used and stored. This should not be a last-minute addition to a form designed primarily for other purposes.

We also recommend that the form include, in a prominent location, a helpline number that can be reached by phone (not online only) and that connects to Translating and Interpreting Service National for interpreter services. This is particularly important for culturally and linguistically diverse (CALD) older Victorians who may be completing the form without support.

### Yearly check-ins

We support the yearly check-in requirement in principle, and we welcome the commission's decision not to pair it with mandatory deregistration. The check-in, as proposed, is a proportionate measure that can improve register accuracy without creating

unacceptable risk for vulnerable customers.

**We have two specific concerns about how the check-in will operate in practice for older Victorians:**

First, the commission proposes that retailers notify customers in writing by electronic means or post and may follow up with a phone call. For older customers, particularly those who are digitally excluded, have hearing impairment, or live alone, a phone call is not a supplementary option but is often the primary channel through which engagement is possible. We recommend that retailers be required to attempt a phone call before triggering a deregistration process, where a phone number is held, and that the guidance to retailers explicitly recognise that non-response to a written notice alone is not adequate grounds to commence deregistration for older and vulnerable customers.

Second, the transitional check-in timeline (with an initial check-in required between July and December 2026, and a further check-in between January and December 2027), is ambitious. We note that retailers will need to reach many customers in a short window. The commission should monitor closely whether the transitional check-ins are being conducted in a way that is accessible to older and CALD customers and should be prepared to provide guidance to retailers if early implementation reveals problems.

We strongly support the commission's proposal to clarify family violence (under which, elder abuse must be considered) protections in the check-in process, including the requirement for explicit consent before contacting a secondary contact person where family violence is identified.

## **6 Question 8 & 9: Communication requirements and secondary contacts**

We strongly support the two proposed communication reforms, including inclusion of a secondary contact requirement and the preferred communication method requirement. These reforms will be particularly beneficial for older Victorians, many of whom rely on family members or carers to manage energy administration.

We note that the secondary contact is optional for customers to nominate. We support this optionality as compulsory nomination of a secondary contact could create problems for customers who live alone, are estranged from family, or have family violence concerns. However, we recommend that retailers be required to actively offer and explain the secondary contact option at the point of registration and at each yearly check-in, rather than simply making it available. Many older customers will not know this option exists unless it is explained to them directly.

On preferred communication methods: we support the framework, and we support the retention of the requirement to also provide hard copy notices for planned outages regardless of preferred method. This is an important safeguard for customers who may have previously consented to electronic communications but whose circumstances have since changed (for example, a customer who has moved to residential aged care and no longer has reliable email access).

We recommend that the commission clarify in the final decision that consent to electronic communications must be renewed if there is a change in the customer's account status (such as a change of retailer) and must be re-sought if there is any indication that the customer's circumstances have changed materially.

We also ask the commission to address the position of life support customers in residential aged care facilities and other supported living arrangements. In these settings, the account holder is often the facility operator rather than the resident or their family, and communications about life support may not reliably reach the person at risk. The framework should explicitly address how secondary contact and preferred communication requirements apply in these settings.

## 7 Question 10, 11 & 12: Implementation

We support the two-staged implementation approach, with transitional check-ins commencing from July 2026 and the full framework commencing from 1 December 2027. We accept that the business-to-business system constraints identified by the Information Exchange Committee justify this timeline for most reforms.

### **We have three observations on implementation:**

First, retailer staff training is a critical implementation issue that is not addressed in the Draft Decision. Effective implementation of these reforms will require staff who understand how to engage sensitively with older customers, customers with cognitive impairment, customers from CALD backgrounds, and customers with communication difficulties. We recommend that the commission include in its final decision an expectation that retailers provide adequate training, and that this be reflected in updated compliance guidelines.

Second, the commission commits to updating its Compliance and Performance Reporting Guideline following the review, potentially including metrics such as check-in response rates and the number of customers with and without medical confirmation. We strongly support this, and specifically recommend the commission consider whether performance data can be disaggregated by age, CALD status, and geographic location. This would enable the commission to identify whether the framework is working equitably across all customer groups.

Third, we acknowledge the commission's commitment to monitoring implementation and informing future reforms based on the data collected. We encourage the commission to commit to a post-implementation review at a defined point. For example, 12 months after the full framework takes effect in December 2027, with a public report on outcomes. This would enable course-correction if the reforms are not achieving equitable outcomes.

## 8 Conclusion

The Draft Decision is well-constructed, and we thank the commission for its engagement with a wide range of stakeholders. We support the direction of all four reform areas.

**In summary, we ask the commission to:**

- ensure the life-threatening flag guidance is accessible to GPs managing older patients with complex, comorbid conditions;
- confirm that the standard medical confirmation form will be translated, available in plain and easy English, and accessible without an online account;
- require retailers to attempt phone contact before commencing deregistration processes where a number is held;
- require retailers to actively offer and explain the secondary contact option rather than merely making it available;
- clarify how communication requirements apply in residential aged care and supported living settings;
- expect and monitor for adequate retailer staff training; and
- commit to a public post-implementation review 12 months after the full framework takes effect.