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**We welcome the opportunity to provide this input.**

## VCOSS Submission to Better protections for life support customers in Victoria

As the peak body for Victoria's social and community sector, the Victorian Council of Social Service (VCOSS) brings an equity lens to all areas of energy policy. People who rely on life support equipment are some of the most vulnerable consumers in the energy market, with multiple and complex support needs.

VCOSS understands the need to improve the accuracy of life support registers, especially the need to keep them up to date.

These registers are a crucial safeguard against harms created by interruptions to energy supply for customers who rely on life support equipment. Ensuring that there are adequate back up plans in times of outages, priority lists for restoration of supply, and other proactive support measures in place for those on the list is essential, especially considering:

- an ageing population,
- increasing provision of home-based health care (for example, 'hospital in the home' models), and
- the likelihood of more unplanned outages due to climate change and more extreme weather.

An accurate life support list, maintained by, and accessible to, the correct parties in the energy system is a precondition for consumer receiving necessary support.

VCOSS supports a review of life support registers. The current registers have been poorly maintained, without any routine check-in processes.

However, we are concerned with some aspects of the proposed changes.

Primarily, VCOSS questions to what degree the proposals are geared towards minimising the risk of harm to customers with life support needs, versus enabling businesses to avoid financial risks and responsibilities associated with adequate support for customers with life support needs.

In this context, we question whether new rules are needed, or whether businesses should be expected to do better under existing frameworks.

If rules are to be introduced or modified, they should incentivise businesses to improve their support practices, rather than put the onus on vulnerable customers to prove they warrant support.

For example, if the life support register needs to be improved or made more accurate, that should be achieved through businesses enacting adequate process to get to know their customers' unique needs, not individual customers being forced off the list or having to constantly prove they are eligible.

We strongly reject the notion, advanced in the rule change proposal, that some customers are 'gaming the system' by applying to be on the register to avoid disconnection for non-payment without an actual need for life support equipment:

- VCOSS believes the assertion that this phenomenon is occurring to be based on false assumptions about the reasons for an expanding life support register list.
- It is far more likely that the list is expanding due to an ageing population, better diagnosis of conditions and disabilities, greater access to in-home care, and inaccuracy of existing lists, than it is due to deliberate malicious manipulation of the provisions by consumers.
- If this is a key reason for the proposed changes to life support register rules, we ask that the Essential Services Commission (ESC) establish proof of the existence and scale of this phenomenon.

In this submission, VCOSS provides feedback on the four categories outlined in the consultation paper.

## New definitions to provide better life support protections to customers

### Proposed Definitions:

Categorising people as needing either “assistive” or “critical” life support may create tiered levels of support based on rigid and artificial thresholds, when businesses should be doing their best for *all* customers with life support needs.

If there is a need to record when “critical” support is needed, businesses should be required to learn which customers will be at risk of death or serious harm if there is an outage and prioritise back up plans for those consumers. But this should not come at the expense of support for other consumers with life support needs.

VCOSS does not support reducing reporting requirements and penalties for breaches for people in the “assistive” group – many of whom have significant needs and vulnerability.

### Equipment Lists:

VCOSS is keen to understand how the updated lists of life support equipment have been developed. What research is this based on, and whether medical professionals will have the right to provide certification outside of these if they see need. **An alternative option may be defining eligible equipment as listed in the Australian Energy Regulators (AER) life support registration guide.** This would enable more appropriately detailed consultation with stakeholders and medical and home-care experts.



## Improving registration and deregistration processes

### Registration and Medical Confirmation:

VCOSS is concerned that a stronger focus on collecting medical confirmation will lead to energy businesses implementing overly onerous processes for seeking proof of need for cohorts that already experience a high level of administrative burden complying with other eligibility checks for support.

**The onus should be on the business responsible for the register to keep the list up to date, not on the consumer.** The issues with the existing registers seem to stem from more structural issues on the part of retailers and distributors, that is, a lack of systems and practices to keep the registers up to date. Businesses holding life support registers need to develop a check-in process to keep the list up to date. **People who do not provide medical confirmation should not be removed from the list without a proper process to verify eligibility. Life support customers or residents should only be deregistered when they have informed the register owner (retailer or distributor) that registration is no longer required.**

### Support Back-up Plan:

VCOSS notes that the proposed medical confirmation form (Appendix A of the consultation paper) requires health professionals to confirm their patient has a life support back-up plan. VCOSS does not support this new requirement. **The onus should not be on health professionals or the consumer to ensure they have a safe and secure energy back-up plan.**

Life support consumers are a vulnerable cohort and should be supported both financially and technically to develop a safe back-up plan that is tailored to their specific medical requirements. The cost to establish a backup supply also needs to be taken into consideration, as a power generator can cost upwards of \$800. It is unreasonable to expect consumers to purchase this equipment and have it in working order within the proposed time frame. **The back-up medical plan could be particularly problematic for people with disability, considering power generators are now excluded through NDIS funding.** This would mean an out-of-pocket expense for individuals upwards of \$800.

The existing “Life Support Concession and machine notification” form developed by the then Victorian Department of Health and Human Services can be used by consumers to apply for water as well as electricity concessions and doubles as medical confirmation for life support provisions. The form is simple in design and does not request consumers to confirm a back-up support plan. Any new form developed should be simple, streamlined and consistent. The form should be easy to access, complete and lodge and involve the collection of the minimum necessary information.



### Health System Impacts:

The proposed reforms would add an additional burden for health professionals at a time that the primary health care system is already struggling to accommodate existing demand. To give some idea of the extent of existing demand on the system, in 2023–24, an estimated 18.1 million Australians aged 15 and over, reported needing to see a GP, and 3 in 10 (28%) felt that they waited longer than acceptable for a GP appointment.<sup>1</sup> The decline in availability of bulk billing and intersecting cost of living pressures have also become a barrier for low income and vulnerable consumers.

It is unclear from the consultation paper how many additional appointments with medical professionals will be required to provide existing and potential life support customers with documentation to prove eligibility. Before any new processes are implemented, a regulatory impact statement with clear data informing the number of additional medical appointments this is likely to create would need to be produced. This will enable health representatives to assess the impact it will have on their service. ]

If this were to be implemented, the ESC should ensure that health professionals supporting consumers with equipment in their home and making home visits are able to provide medical consent. Physiotherapists would be an ideal cohort as they are most likely to be supporting people with the set-up of life support equipment in the home. There is merit in having health professionals who service the equipment across the need for back-up power for life support equipment in the home. However, this needs to be made clear on the medical form so consumers can gain consent from an appropriate professional without the onus falling on the primary care system.

The ESC should provide realistic timeframes for consumers to gain medical consent. Some Aboriginal Community Controlled Health Organisations (ACCHOs) have wait lists of up to two months, which would make gaining medical certification difficult for First Nations people, especially with the additional requirement to provide confirmation of a medical back-up plan.

The ESC should also consider how the costs to obtain the medical certification would be recovered. There is currently no Medicare benefits Schedule item number for this purpose so it would be an out-of-pocket expense for the vulnerable individual.

### Customers with a Permanent Condition:

We strongly support the provision of a lifelong need category that would exempt customers from having to periodically prove their eligibility.

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<sup>1</sup> Australian Institute of Health and Welfare (2025) [\*General practice, allied health and other primary care services\*](#).

With any situation where people with disability need life support there needs to be an understanding that people with disability do not have “temporary medical conditions” – their disabilities are lifelong and permanent, hence why they are disabilities, not medical conditions and they should not be asked to continuously prove why they need medical equipment, because they will likely always require them.



## Improving communication methods to contact life support customers

VCOSS supports measures such as designating secondary contacts, alternative communications, and electronic communications channels as prudent methods to improve avenues of communication with customers on the life support register. This, along with accurate and empathetic customer relations management structures and systems would facilitate a more accurate life support register. **However, considerations need to be made to safeguard cohorts experiencing vulnerability.**

### Family Violence:

VCOSS notes that the Victorian Government has launched its Third Rolling Action Plan to end family and sexual violence 2025 – 2027. This whole-of-government, systems-spanning plan sets a strong expectation that agencies will actively prevent systems abuse. VCOSS encourages the ESC to reconsider aspects of the proposed rule change with this lens.

For example, VCOSS sees several risks with the proposed communication methods for victim-survivors or family violence.

A person using violence may pressure or coerce a victim survivor into nominating them as a secondary contact. This could give the perpetrator access to sensitive information. For example, outage schedules, household details, confirmation of life support needs that could be misused for surveillance or control.

If a victim survivor nominates a trusted friend or family member as a secondary contact, their details could inadvertently be disclosed to a person using violence through billing correspondence, account access, or shared mail/email, creating additional risk.

If a victim survivor nominates an organisational contact, for example, a refuge support worker, case worker, or GP, this might unintentionally flag that they are experiencing family violence, which could increase the risk of the person using violence as the means to access this information.

### Aboriginal Communities:

It is important that a range of strategies are used to communicate with life support customers to ensure no one slips through the gaps if they haven't received or opened the standard letter or text message.

In our consultation with the Aboriginal Community Controlled sector, we heard that the medical form would need to allow for up to five secondary contacts. Further, an acknowledgement confirmation mechanism needs to be incorporated into any communications around planned outages.

This could include a dedicated support team to make follow up phone calls or even home visits if acknowledgement has not been received.

It was noted that ACCOs do not currently have capacity to take on the increased workload to support their communities that would arise from the proposed reforms.



## Implementation Considerations

VCOSS has very serious concerns about implementation timelines resulting in large numbers of people being removed from the register when they should not be. Fifty days (under two months) to gain medical confirmation is not long enough, especially if health professionals are now being asked to confirm patients have provided a life support back-up plan. Many health professionals have long wait lists so there is a risk that consumers will not be able to make an appointment within the required time frame.

**VCOSS does not agree that people who do not provide medical confirmation cannot be added to register again without providing medical confirmation first.** The onus should be on the energy business as opposed to the household. There should be processes in place to keep the registers up to date by contacting households every few years to see if they still need to be registered and if they need any assistance with a backup plan.

VCOSS understands that the current list is held by both retailers and distributors, with both businesses able to communicate with customers. As distributors are responsible for physical infrastructure supplying energy to the home, but retailers are responsible for the primary communication with customers, account management, and disconnections, we understand that this creates confusion and blurred lines of responsibility between different market actors. This also creates a situation whereby customers switch retailers and find that they must prove their eligibility for the life support register again. More than anything else, this confused responsibility is likely the cause of an inaccurate life support register.

**We suggest that a better way to manage the list would be through a centralised register managed by a third party.** This would allow provisions for customers switching retailers, and business to business data sharing. A centrally held and well managed register would streamline the process and remove unnecessary administration and confusion. It would also improve the provision of support by local government and emergency services during emergencies if they are also given appropriate access to the list. This third party register would ideally be held by the Victorian Government as the best placed facilitator between different energy market actors and support services.

A key design consideration of a centralised register would be appropriate data privacy protections for consumers, and adequate referral pathways to facilitate a “no wrong door” application process for consumers. This would mean that consumers could apply to be on the third-party list through energy retailers, distributors, or through other pathways such as community sector referral.

### Life Support Registers and Emergency Management:

**The current Victorian life support register is not set up in a person-centred way and could be better integrated with emergency management processes.** The ESC consultation paper

mentioned it will prioritise people needing critical life support equipment in emergencies, but it does not say how this will be achieved. This is an important priority in all situations where a loss of power is experienced, including during events such as storms and bushfires, where loss of electricity can cause compounding and cascading impacts. **We suggest a clear process for prioritising restoration to life support consumers.**

There is also an opportunity to better integrate with emergency management systems by asking life support consumers (both critical and assistive) if they would like to receive information about emergency preparedness planning services and resources, and if they would consent to their information being shared with emergency response agencies in the event of an emergency.

The Network Resilience Review's expert panel recommended that the Department of Environment, Energy and Climate Action and the ESC develop definitions of "vulnerable persons," "critical infrastructure," and "community assets," for the purposes of establishing a Priority Service Register (PSR). The PSR would be developed and maintained in partnership with distribution and retail businesses, to help inform restoration priorities, with the view of ensuring people who require immediate assistance and power restoration are prioritised.

**VCOSS supports the Network Resilience Review recommendations** and believe this would result in better outcomes, especially around ensuring life support customers are supported with back-up generators, assistance with transportation to hospital and emergency planning.



## Conclusion

VCOSS recognises the need to improve the accuracy of life support registers which are currently poorly maintained.

However, we strongly feel that the reform should be centred around principles that prioritise the safety of consumers as opposed to minimising risk for list owners.

The onus should not be on the individual but rather the enabling business who need to develop regular “check-in” processes to determine if life-support registration is still needed and provide support in developing a back-up plan.

Life support registers are currently managed by both retailers and distributors, which we understand creates confusion and blurred lines of responsibility, adding to the inaccuracy of the list. VCOSS suggests a better way to manage life support lists would be through a third party other than energy retailers and distributors. This third-party register would ideally be held by the Victorian Government as the best placed facilitator between different energy market actors and support services, provided adequate data privacy protections and the creation of a “no wrong door” referrals and applications process.



## Summary of Recommendations

1. VCOSS does not support reducing reporting requirements and penalties for breaches for people in the “assistive” group - many of whom have significant needs and vulnerability.
2. Medical equipment lists should be defined as indicated in the AER life support registration guide.
3. Retailers should be required to develop check-in processes to ensure their life support registers are up to date.
4. VCOSS strongly supports the provision of a lifelong need category that would exempt customers from having to periodically prove their eligibility.
5. Any standardised medical confirmation form developed should be easy to access, complete and lodge and involve the collection of the minimum necessary information. Health professionals should not be asked to confirm a medical back-up plan is in place.
6. A centralised life support register managed by a third party should be established that businesses can access and update, with a corresponding “no wrong door” application process for consumers.
7. Best practice guidelines should be established to safeguard vulnerable consumers.
8. People who do not provide medical confirmation should not be removed from the list without a proper process to verify eligibility. Life support customers or residents should only be deregistered when they have informed the register process owner (retailer or distributor) that registration is no longer required.
9. There should be clear process for prioritising restoration to life support consumers including better integration with emergency management systems.
10. The ESC should apply a stronger family violence lens to the proposed changes to prevent systems abuse, drawing on the emerging research cited in the Victorian Government’s Third Rolling Action Plan to mitigate risk.