

Submission: Public Health Amendment (Emergency Powers) Bill 2026

1. Overall position

COTA Tasmania is the peak body representing the interests of older Tasmanians. We work to advance the rights, interests, and wellbeing of people as they age, and to ensure their voices are reflected in policy, legislation, programs, and services.

Older Tasmanians are not a single homogenous group. They include people who are healthy and active, people with disability or chronic health conditions, people living in residential aged care, people receiving care at home, carers, people living alone, people with limited digital access, and people in rural and regional communities.

Public health emergency arrangements must be capable of responding to this diversity.

COTA Tasmania broadly supports the proposed amendments to the Public Health Act 1997, particularly the focus on:

- separating the power to declare a public health emergency from the power to issue directions;
- strengthening publication and reporting requirements;
- requiring reasons for public health directions;
- improving Parliamentary oversight; and
- ensuring compliance arrangements are clearer and more operationally effective.

These are important reforms.

Emergency powers can be necessary to protect public health, but they must be exercised in ways that are transparent, proportionate, evidence-informed, time-limited, and publicly accountable.

COTA Tasmania's central concern is that future emergency powers must not only be legally valid and administratively efficient, but also practical, accessible, and fair for the people most affected by them.

During COVID-19, older people were often at greatest health risk, but they also experienced significant impacts from isolation, service disruption, visitor restrictions, digital exclusion, transport barriers, anxiety, and reduced access to informal supports.

For that reason, the Bill should more clearly embed consideration of vulnerable and at-risk populations, including older people, in the making, explanation, implementation and review of emergency declarations and directions.

COTA Tasmania has confined this submission to those aspects of the Bill most directly affecting older people, carers, service access, communication, accountability, and enforcement.

2. Recommendations

COTA Tasmania recommends that the Bill be amended or supported by implementation arrangements to ensure that:

1. statements of reasons for emergency declarations and directions include consideration of impacts on older people and other at-risk groups;
2. public health directions are accompanied by plain-English, accessible and non-digital communication materials;
3. Parliamentary reports include information on equity, accessibility, exemptions, enforcement, and impacts on vulnerable populations;
4. emergency declarations of up to 12 weeks are subject to active review during the declaration period;
5. compliance and enforcement arrangements include safeguards, training, and proportionality requirements;
6. older people, carers, aged care providers, and community organisations are included in emergency planning and implementation consultation; and
7. the Department publish a summary of consultation feedback and how it has informed the final Bill.

3. Specific Comments

3.1 Declaration of a public health emergency

COTA Tasmania supports the proposal to transfer responsibility for declaring, extending, and revoking a public health emergency from the Director of Public Health to the Minister. This provides a clearer separation between the decision to activate extraordinary powers and the exercise of those powers through public health directions.

COTA Tasmania also supports the requirement for the Minister to consult both the Director of Public Health and the Secretary of the Department of Health before making, extending, or revoking a declaration. This is an important safeguard and should help ensure decisions are informed by both public health expertise and broader health system considerations.

However, the consultation requirement should not be limited to clinical or system capacity considerations.

Public health emergencies have social, economic, practical, and human rights impacts, including significant effects on older people's independence, access to services, family contact, care arrangements, and mental wellbeing.

COTA Tasmania recommends that, when advice is provided to the Minister, it should include consideration of:

- likely impacts on older people and other at-risk groups;
- impacts on people living in residential aged care or receiving home care;
- impacts on carers and informal support networks;
- rural and regional impacts;
- digital exclusion and communication barriers;

- access to essential health, transport, food, medication, and social supports; and
- potential unintended consequences of emergency measures.

This does not need to delay urgent decisions. In fast-moving situations, advice may necessarily be brief and based on available information.

In such circumstances, the legislation or supporting administrative arrangements should make clear that equity and access considerations are not optional or secondary.

3.2 Duration of emergency declarations

COTA Tasmania understands the rationale for allowing emergency declarations for up to 12 weeks, particularly where a public health emergency is likely to be prolonged. A seven-day limit may create unnecessary administrative burden and uncertainty.

However, a 12-week declaration is a significant period during which extraordinary powers may be in effect. For older people, even short periods of restricted movement, isolation, reduced services, or changes to care arrangements can have substantial impacts.

COTA Tasmania therefore recommends that any declaration lasting longer than four weeks be subject to active internal review at regular intervals, with the outcomes reflected in the Minister's reporting to Parliament. This review should consider whether the declaration remains necessary, whether any directions remain proportionate, and whether less restrictive alternatives are available.

The Act should continue to require that a declaration end as soon as it is no longer necessary. COTA Tasmania recommends that this principle be clearly reflected in public statements and reports so that the community can understand not only why powers are being used, but why they remain necessary.

3.3 Publication and reporting of decisions

COTA Tasmania strongly supports improved publication and reporting requirements. Public trust is essential in a public health emergency. People are more likely to understand and comply with directions when they know what is required, why it is required, how long it is expected to last, and how decisions are being reviewed.

COTA Tasmania supports requirements to publish emergency declarations and directions, publish statements of reasons, and table reports in Parliament. We also support the requirement that reports include advice provided by the Director of Public Health and Secretary of the Department of Health, subject to appropriate legal limits.

However, publication on a government website and in the Gazette will not be enough to ensure older Tasmanians can access and understand emergency information. Many older people are digitally excluded or have low digital confidence. Others may have vision impairment, hearing impairment, cognitive impairment, limited literacy, limited English, or difficulty interpreting technical legal documents.

COTA Tasmania recommends that every public health direction be accompanied by accessible public communication materials, including:

- plain-English summaries;
- clear explanations of what people must do, may do, and must not do;
- practical examples relevant to everyday life;

- Easy Read materials where appropriate;
- printable fact sheets;
- telephone-based information options;
- information distributed through non-digital channels;
- materials suitable for aged care residents, families, carers, and providers; and
- targeted communication through community organisations, local government, health services, and service providers.

Statements of reasons should also be written in a way that supports public understanding. They should explain:

- the public health risk being addressed;
- the evidence or advice relied on;
- why the direction is necessary;
- why less restrictive options are not sufficient;
- the expected duration of the direction;
- how impacts on vulnerable groups have been considered;
- what exemptions or supports are available; and
- when and how the direction will be reviewed.

COTA Tasmania also recommends that Parliamentary reports include information on:

- impacts on older people and other at-risk groups;
- communication and accessibility measures used;
- service disruptions and mitigation strategies;
- exemptions or special arrangements;
- complaints or issues raised by the community;
- enforcement activity, including infringement notices issued; and
- actions taken to reduce unintended harms.

This would help Parliament and the community assess not only whether emergency powers were legally used, but whether they were implemented fairly and effectively.

3.4 Ensuring good decisions

COTA Tasmania supports the requirement for the Director of Public Health to consult the Secretary of the Department of Health before giving or revoking a direction, where practicable. Directions can have major practical effects on hospitals, health services, aged care, community care, workforce availability, and informal care arrangements.

COTA Tasmania recommends that the Department establish a standing emergency advisory mechanism that can be activated during a public health emergency to provide rapid, practical advice on implementation impacts.

This mechanism should include or be able to consult representatives from:

- older people's organisations;
- residential aged care;
- home and community care;

- disability services;
- carers;
- rural and regional communities;
- Aboriginal community-controlled organisations;
- multicultural communities; and
- local government and community service providers.

This should not replace the role of the Director of Public Health or the Secretary.

Rather, it would provide practical intelligence about how proposed directions may affect people on the ground, and how communication, support and implementation could be improved.

During COVID-19, many of the most difficult issues arose not from the high-level intent of directions, but from uncertainty about how they applied in real-life circumstances. A structured advisory mechanism would help identify foreseeable issues earlier and reduce confusion.

3.5 Compliance, monitoring, and enforcement

COTA Tasmania notes the proposed changes to compliance, monitoring, and enforcement, including the use of specified officers and certificates of authority.

COTA Tasmania accepts that emergency directions must be enforceable. However, enforcement must be proportionate, targeted, and accompanied by safeguards.

Older people may fail to comply with directions for reasons unrelated to deliberate non-compliance. These may include confusion, cognitive impairment, lack of access to current information, disability, language barriers, digital exclusion, reliance on carers, or conflicting advice from different sources.

COTA Tasmania recommends that the Bill or supporting guidelines make clear that enforcement should prioritise education, assistance, and voluntary compliance wherever possible, particularly for individuals and households.

Specified officers should receive training in:

- the scope and limits of their powers;
- communication with older people and people with disability;
- trauma-informed and culturally safe practice;
- recognising cognitive impairment or distress;
- responding to people with limited digital access or literacy;
- referral pathways for support; and
- proportionality and discretion in enforcement.

COTA Tasmania also recommends that any use of entry, inspection, seizure, or infringement powers be subject to clear safeguards and public reporting.

Reports should include de-identified information about how enforcement powers were used, the types of settings involved, and any complaints or review mechanisms. Emergency enforcement should never create unnecessary fear among older people or discourage them from seeking help, health care, or clarification.

3.6 Residential aged care, home care, and informal carers

Future public health emergencies are likely to again have significant implications for residential aged care, home care, and informal carers. Decisions about visitor access, movement, infection control, testing, vaccination, workforce restrictions, and service continuity can profoundly affect older people's wellbeing.

COTA Tasmania recommends that emergency planning and directions explicitly consider:

- the rights and wellbeing of aged care residents;
- access to essential visitors and advocates;
- continuity of home care and community support;
- the role of family and informal carers;
- risks of social isolation and loneliness;
- mental health impacts;
- access to palliative care and end-of-life support;
- transport to health care and essential services; and
- the needs of people living alone.

Public health protection and human connection should not be treated as competing considerations. Emergency arrangements should aim to protect older people from infection while also protecting dignity, autonomy, mental wellbeing, and family connection.

3.7 Digital inclusion and communication equity

COTA Tasmania is particularly concerned that emergency communication not rely too heavily on digital channels.

Older Tasmanians are more likely than younger people to experience digital exclusion, and Tasmania continues to face broader challenges in digital access, affordability, and ability. In an emergency, lack of digital access can quickly become a safety issue.

COTA Tasmania recommends that the Department develop and publish a communication plan for public health emergencies that includes non-digital pathways. These should include telephone information lines, printed materials, radio, local newspapers, community organisations, local councils, pharmacies, GPs, libraries, Service Tasmania, and aged care providers.

Information must also be kept current. During a fast-changing emergency, outdated information can be as problematic as no information. Clear version control, dates of effect, and summaries of changes should be included in all public-facing materials.

3.8 Targeted consultation and public confidence

COTA Tasmania notes that this consultation has been classified as 'targeted consultation,' and that submissions will not be published on the Department of Health website.

While we understand that targeted consultation may be appropriate for some legislative processes, public health emergency powers are of significant public interest.

COTA Tasmania recommends that the Department publish a consultation summary outlining the key issues raised and how feedback informed the final Bill.

This would be consistent with the stated objective of building public trust in future emergency arrangements.

4. Conclusion

COTA Tasmania supports the overall intent of the Public Health Amendment (Emergency Powers) Bill 2026.

The proposed reforms are a constructive step towards clearer governance, stronger transparency, and improved accountability in the use of emergency public health powers.

However, public health emergency laws must be designed and implemented with the lived experience of older people and other at-risk groups firmly in view. The effectiveness of emergency powers depends not only on legal authority, but on public understanding, trust, fairness, and practical support.

COTA Tasmania recommends that the Bill be strengthened by embedding equity, accessibility, communication and proportionality considerations into decision-making, reporting, and enforcement arrangements.

We would welcome the opportunity to provide further input as the Bill is finalised and implemented.