

The Senate

Community Affairs Legislation
Committee

National Disability Insurance Scheme
Amendment (Securing the NDIS for Future
Generations) Bill 2026

June 2026

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PO Box 6100

Parliament House Canberra ACT 2600

Phone: 02 6277 3515

Email: community.affairs.sen@aph.gov.au

Internet:

www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs

Contents

Members	iii
Abbreviations	vii
List of recommendations	ix
Chapter 1—Introduction.....	1
Structure of the report	1
Purpose of the bill	1
Background	3
The NDIS Review	4
The Registration Taskforce	5
Future consultations	5
Financial impact statement	6
Key provisions of the bill	6
Schedule 1 – Access and planning measures	6
Schedule 2 – Fraud measures	20
Schedule 3 – Governance arrangements.....	26
Schedule 4 – New framework planning	29
Schedule 5 – Transitional rules	30
Compatibility with human rights	31
Consideration by other committees	31
Conduct of the inquiry	32
Note on references	33
Acknowledgements	33
Chapter 2—Views on the bill.....	35
The intent of the NDIS.....	35
The need for reform	37
Measures relating to fraud	38
Provider registration	41
Definitional considerations.....	42
Appropriate treatment and permanent impairment(s)	43
Functional capacity	48

Reasonable and necessary supports.....	52
Support determinations	55
Concerns regarding ‘gaps’	57
Social and community participation	57
Unscheduled plan reassessments	59
Timeframes for reassessment	60
Automatic plan renewal.....	61
Provisions related to automation.....	62
Safeguards.....	63
General matters	65
Broader funding concerns	65
Conduct of the inquiry	66
Committee view	68
Accessibility	68
Context of the reform	68
Fraud.....	70
Eligibility and assessments.....	70
Safeguards for support determination.....	71
Thin markets.....	72
Automated decision-making.....	72
The need for change	72
Additional Comments - Coalition Senators.....	75
Dissenting Report - Australian Greens.....	85
Dissenting Report - Senator David Pocock.....	97
Appendix 1—Submissions and additional information	113
Appendix 2—Public Hearings and Witnesses.....	141

Abbreviations

the Act	<i>National Disability Insurance Scheme Act 2013</i>
the Agencies	Department of Health, Disability and Ageing and National Disability Insurance Agency
the Agency/the NDIA	National Disability Insurance Agency
AHPA	Allied Health Professions Australia
the bill	National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026
CEO	Chief Executive Officer
the Commission	National Disability Insurance Scheme Quality and Safeguards Commission
the committee	Senate Community Affairs Legislation Committee
CRPD	Convention on the Rights of Persons with Disabilities
DANA	Disability Advocacy Network Australia
the Department	Department of Health, Disability and Ageing
EAC	NDIS Evidence Advisory Committee
EM	Explanatory Memorandum
FFT	Fraud Fusion Taskforce
HTI	Human Technology Institute
Human Rights Committee	Parliamentary Joint Committee on Human Rights
ICCPR	International Covenant on Civil and Political Rights

ICESCR	International Covenant on Economic, Social and Cultural Rights
ILSA	Independent Living Support Association
MIFA	Mental Illness Fellowship of Australia
the Minister	the Minister for Disability and the National Disability Insurance Scheme and the Minister for Health and Ageing
NACCHO	National Aboriginal Community Controlled Health Organisation
NDIS Review	Independent Review into the National Disability Insurance Scheme
NDIS/the Scheme	National Disability Insurance Scheme
NT Disability Advocacy Consortium	The Disability Advocacy Service Inc., Integrated Disability Action Inc. and Darwin Community Legal Service
OTA	Occupational Therapy Australia
OTSi	Occupational Therapy Society
PWDA	People With Disability Australia
Registration Taskforce	NDIS Provider and Worker Registration Taskforce
Regulatory Powers Act	<i>Regulatory Powers (Standard Provisions) Act 2014</i>
SCCP	Social, community and civic participation
the Statement	Statement of Compatibility with Human Rights

List of recommendations

Recommendation 1

2.225 The committee recommends that the Department of Health, Disability and Ageing table a roadmap accompanying the legislation that sets out the timeline and consultation requirements for all reforms included in the bill and the NDIS Reforms package announced in the 2026-27 Budget.

Recommendation 2

2.226 The committee recommends that the Australian Government amends the Explanatory Memorandum to include further clarification, similar to evidence provided in the Agency's submission and Questions on Notices, in relation to:

- how the proposed test for permanence will be applied while having regard to individual choice and autonomy;
- the extent of consultation that will be undertaken in advance of implementation, particularly in relation to the functional capacity assessment tool;
- the safeguards that will apply in relation to the use of technology to automate administrative actions;
- the mechanism through which the Minister must have regard to the safety of participants when making a support determination, including safeguards and monitoring;
- the critical supports which will not be impacted through the proposed reduction to social, civic and community participation and capacity building support budgets;
- how the impact of reforms on thin markets, including in regional, rural and remote areas will be monitored to ensure any unintended consequences are minimised; and
- how employment support budgets will be preserved from the proposed support determination in relation to the SCCP.

Recommendation 3

2.227 The committee recommends that state and territory governments fulfil their commitments under the National Cabinet agreement to support the long-term sustainability of the NDIS, including through the delivery of the jointly agreed \$10 billion investment in foundational supports outside of the Scheme.

Recommendation 4

2.228 Subject to the above, the committee recommends that the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 be passed.

Chapter 1

Introduction

- 1.1 On 14 May 2026, the Minister for Disability and the National Disability Insurance Scheme and the Minister for Health and Ageing, the Hon Mark Butler MP (the Minister), introduced the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (the bill) to the House of Representatives.¹
- 1.2 On 14 May 2026, the Senate referred the provisions of the bill to the Senate Community Affairs Legislation Committee (the committee) for inquiry and report by 16 June 2026.²
- 1.3 The committee tabled a progress report on 16 June 2026 requesting an extension of time to report until 19 June 2026.³
- 1.4 On 16 June 2026, the committee tabled a second progress report requesting an extension of time to report until 23 June 2026.⁴

Structure of the report

- 1.5 This report contains two chapters. This chapter sets out:
 - the purpose of the bill;
 - background information relating to the National Disability Insurance Scheme (NDIS/the Scheme), including consultation on NDIS reforms and past reviews of the NDIS;
 - an overview of the bill's key provisions; and
 - general information outlining the conduct of the inquiry and other committees' consideration of the bill.
- 1.6 Chapter 2 outlines the key views of inquiry participants on the bill and concludes with the committee's view and recommendation.

Purpose of the bill

- 1.7 The purpose of the bill is to introduce mechanisms to support the financial sustainability of the scheme, restore the NDIS to its original purpose by amending access and planning arrangements, strengthen fraud and compliance

¹ *House of Representatives Votes and Proceedings*, No. 56, 14 May 2026, p. 680.

² *Journals of the Senate*, No. 49, 14 May 2026, pp. 1754–1755.

³ Senate Community Affairs Legislation Committee, *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 – Progress report*, June 2026.

⁴ Senate Community Affairs Legislation Committee, *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 – Second Progress Report*, June 2026.

arrangements, establish a Ministerial pricing mechanism for NDIS supports, permit automated administration decision-making, and facilitate the implementation of new framework planning arrangements.⁵

- 1.8 In his second reading speech, the Minister explained that the bill ‘seeks to return the NDIS to its original intent—providing lifetime supports for Australians with permanent and significant disability’ and secure its future.⁶ According to the Explanatory Memorandum (EM), the bill will ‘protect the National Disability Insurance Scheme for people with permanent and significant disability and for future generations who will rely on it’.⁷
- 1.9 The EM identified that the bill addresses two key vulnerabilities of the scheme, which jeopardise the future of the NDIS:
- the scheme is growing too fast, at a rate that was unforeseen when it was first established in 2013; and
 - the scheme has become a target for fraudulent activity, impacting participants and the scheme as a whole.⁸
- 1.10 In addition, the bill also makes several technical amendments to improve the operation of certain aspects of the Act. It draws on the findings of a range of key reports (some of which are discussed further below), including:
- the Independent Review into the National Disability Insurance Scheme (NDIS Review);
 - the advice of the NDIS Provider and Worker Registration Taskforce (Registration Taskforce);
 - Australian National Audit Office’s report ‘National Disability Insurance Scheme Fraud and Control Program’; and
 - the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.⁹

⁵ Parliamentary Library, National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, *Bills Digest No. 65*, 2025–26, Canberra, 2026, p. 4.

⁶ The Hon Mark Butler MP, Minister for Disability and the National Disability Insurance Scheme and Minister for Health and Ageing, *House of Representatives Hansard*, 14 May 2026, p. 6.

⁷ National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, *Explanatory Memorandum (EM)*, p. 2.

⁸ EM, p. 2.

⁹ EM, p. 2.

Background

- 1.11 On 1 July 2013, the NDIS was launched with unanimous support from all political parties and all Australian governments. The national rollout of the NDIS was completed on 1 July 2020.¹⁰
- 1.12 The EM noted that while the NDIS is one of the Australia's most important social support schemes, it continues to grow at a rate that is far higher than other comparable programs. It explained that the NDIS has deviated from its original intent to support people with significant and permanent disability and has uncontrolled inflation in participant support costs.¹¹
- 1.13 Further, the EM identified that a 'distorted market structure with integrity weaknesses is also contributing to costs and negatively impacting on participants'.¹²
- 1.14 In January 2026, National Cabinet agreed to work together to reduce the annual cost growth of the NDIS down to 5 or 6 per cent, or lower. The EM commented that the bill's amendments 'help to restore the NDIS to its original intent, stabilise unsustainable growth and make the NDIS more equitable for those who need it most'.¹³
- 1.15 On 22 April 2026, the Minister addressed the National Press Club on the proposed reforms to the NDIS to moderate expenditure growth, stating that the government aims to reduce projected spending from more than \$70 billion to around \$55 billion by 2030.¹⁴
- 1.16 The Minister also identified drivers of expenditure growth, which included increases in participant numbers, growth in average plan costs, as well as fraud and integrity costs.¹⁵
- 1.17 The Impact Analysis, attached at the end of the EM, similarly noted an increase in participant numbers and costs. It explained that the Productivity Commission forecast in 2017 that the Scheme would support 476,000 participants and cost \$22 billion in 2019–20 (at full Scheme commencement). However, at the end of

¹⁰ NDIS Review, [Working together to deliver the NDIS: The Final Report](https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf)<https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>, 7 December 2023, p. 19.

¹¹ EM, p. 4.

¹² EM, p. 4.

¹³ EM, p. 4.

¹⁴ Parliamentary Library, National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, *Bills Digest No. 65*, 2025–26, Canberra, 2026, p. 5.

¹⁵ Parliamentary Library, National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, *Bills Digest No. 65*, 2025–26, Canberra, 2026, p. 5.

March 2026, the Scheme was supporting 774,456 participants, and over the 12 months to the end of March 2026, the Scheme cost \$50.2 billion.¹⁶

The NDIS Review

- 1.18 On 18 October 2022, the then Minister for the NDIS, the Hon Bill Shorten, established the NDIS Review to examine the design, operations and sustainability of the Scheme, including markets and workforce.¹⁷
- 1.19 The NDIS Review engaged closely and extensively with people with disability, their families, carers, providers and workers. For instance, the NDIS Review:
- heard from over 10 000 people and organisations;
 - hosted 14 webinars and over 200 virtual and face-to-face consultations; and
 - received over 4600 online submissions from individuals and organisations.¹⁸
- 1.20 The NDIS Review delivered its final report, 'Working together to deliver the NDIS', in December 2023. The final report made 26 recommendations and 139 supporting actions, which provided 'a blueprint to renew the promise of the NDIS and deliver a more accessible and inclusive Australia'.¹⁹
- 1.21 The bill will implement the following recommendations and actions from the NDIS Review:
- Action 3.1 recommended a more consistent and robust approach to determining NDIS eligibility. This included establishing an agreed definition of substantially reduced functional capacity.
 - Action 3.9 recommended legislative changes to strengthen the operation of the permanence criteria following the Federal Court decision known as *National Disability Insurance Agency v Davis* [2022].
 - Action 2.15 recommended updating governance of the NDIS and compensation schemes to reduce overlap and ensure costs are not being shifted to the NDIS (or vice versa). This included ensuring that during eligibility assessment for the NDIS, the Agency can identify any potential overlap between the NDIS and compensation schemes.
 - Recommendation 17 called for the development of a risk-proportionate model for regulation of all providers, and to strengthen the regulatory response to long standing and emerging quality and safeguards issues.

¹⁶ EM, p. 193.

¹⁷ NDIS Review, [Working together to deliver the NDIS: The Final Report, 7 December 2023](#), p. 22.

¹⁸ EM, p. 5.

¹⁹ NDIS Review, *Working together to deliver the NDIS*, 7 December 2023, www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/ (accessed 14 May 2026).

- Action 11.3 recommended that the Australian Government, not the Board of the Agency, should make the final determination on prices for NDIS supports.²⁰

The Registration Taskforce

- 1.22 The Registration Taskforce was established in February 2024 to provide advice on the design and implementation of the new graduated risk-proportionate regulatory model that was proposed in Recommendation 17 of the NDIS Review.²¹
- 1.23 The Registration Taskforce hosted over 30 roundtables and received over 700 submissions from people with disability, their families, as well as advocates, NDIS providers, workforce representatives and other relevant stakeholders.²²
- 1.24 From 19 December 2025 to 28 February 2026, the Australian Government held a public consultation on the NDIS provider definition to inform future decisions on amending or altering this term as proposed by the Registration Taskforce, which received 269 submissions.²³
- 1.25 Informed by the recommendations of the Registration Taskforce, the bill's proposed amendments to the definition of NDIS provider will enable a proportionate model for mandatory registration of NDIS providers.²⁴

Future consultations

- 1.26 The EM explained that while several of the bill's measures will commence in the short term, many others will be implemented over an extended period, which will allow for further consultation with people with disability, their families, carers, advocates and other key stakeholders.²⁵
- 1.27 For instance, the Australian Government will establish a Technical Advisory Group to 'provide advice on an appropriate threshold and assessments for substantially reduced functional capacity, informed by consultation with the community and states and territories'.²⁶
- 1.28 This advice will inform NDIS rules which will set out the methods or criteria to be applied for the purposes of determining a person's functional capacity, which

²⁰ EM, pp. 5–6.

²¹ EM, p. 6.

²² EM, p. 6.

²³ EM, p. 6.

²⁴ EM, p. 6.

²⁵ EM, p. 6.

²⁶ EM, p. 7.

will include classifications or thresholds relevant to an assessment of a person's ability to undertake a specified activity.²⁷

- 1.29 Several other key changes will be implemented through the design and development of legislative instruments and the EM noted that consultation will occur through the process of developing and making these instruments.²⁸

Financial impact statement

- 1.30 According to the EM, the changes in the bill are expected to contribute towards National Cabinet's agreement to reduce annual cost growth increases for the Scheme to 5 or 6 per cent, or lower.²⁹
- 1.31 The EM further explained that the immediate changes arising from the bill can be operationalised by the National Disability Insurance Agency (NDIA/the Agency) following commencement, changes relating to planning can be operationalised from 1 October 2026, and changes to access from 1 January 2028.³⁰

Key provisions of the bill

- 1.32 This section explores the key provisions of the bill. Section 1 provides the short title of the Act and Section 2 relates to commencement details.
- 1.33 The bill is comprised of five Schedules, which are discussed in the following sections:
- Schedule 1 – Access and planning measures.
 - Schedule 2 – Fraud measures.
 - Schedule 3 – Governance arrangements.
 - Schedule 4 – New framework planning.
 - Schedule 5 – Transitional rules.³¹

Schedule 1 – Access and planning measures

- 1.34 Schedule 1 sets out the changes to access and eligibility to the NDIS, as well as the management of plans for participants.³²
- 1.35 Schedule 1 includes amendments that relate to the scheme access which define substantially reduced functional capacity and permanence. It also includes

²⁷ EM, p. 7.

²⁸ EM, p. 7.

²⁹ EM, p. 5.

³⁰ EM, p. 5.

³¹ National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, pp. i–ii.

³² The Hon Mark Butler MP, Minister for Disability and the National Disability Insurance Scheme and the Minister for Health and Ageing, *House of Representatives Hansard*, 14 May 2026, p. 6.

clarifications to access requirements where someone is, or could be, eligible for supports from other service systems.³³

1.36 It also sets out changes that relate to planning, which include:

- clarifying and strengthening the requirement for support needs to be directly related to eligible impairments;
- specifying the circumstances in which a participant can request a plan reassessment; and
- expanding the ability to suspend plans in certain circumstances.³⁴

1.37 Further, the Schedule will introduce the concepts of plan renewals, which replaces the administrative practice of plan continuations, as well as support determinations to help manage the financial sustainability of the Scheme.³⁵

1.38 This Schedule will also strengthen the approach to determining reasonable and necessary supports for old framework plans.³⁶

1.39 There are nine Parts in this Schedule, which are outlined below.

Part 1 – Defining functional capacity

1.40 The EM explained that the concepts of functional capacity and substantially reduced functional capacity are not clearly defined in the *National Disability Insurance Scheme Act 2013* (the Act), NDIS rules or operational guidance, which has contributed to inconsistent decision making about access and variable outcomes through review processes.³⁷

1.41 The NDIS Review highlighted the need to move away from determining access based on diagnosis alone recommending a more consistent and robust eligibility approach based on transparent methods for assessing functional capacity.³⁸

1.42 The EM noted that this measure addresses the Recommendation of the NDIS Review by introducing an agreed definition of ‘functional capacity’ to give more clarity to participants and support consistency in decision making.³⁹

1.43 Item 4 inserts proposed new section 9B to set out an approach to determining whether a person’s impairment or impairments result in substantially reduced

³³ EM, p. 12.

³⁴ EM, p. 12.

³⁵ EM, p. 12.

³⁶ EM, p. 12.

³⁷ EM, p. 14.

³⁸ EM, p. 2.

³⁹ EM, p. 14.

functional capacity to undertake activities outlined in the disability requirements or the early intervention requirements.⁴⁰

- 1.44 Proposed new subsection 9B(1) would define ‘functional capacity’. The EM explained that a person’s functional capacity will relate to:

... their ability to undertake an activity without assistance from other people, assistive technology or modifications and in a setting that excludes, as far as possible, the impact of the person’s environmental and personal circumstances.⁴¹

- 1.45 The EM clarifies that this is the first step in implementing a more consistent approach to assessing substantially reduced functional capacity. The next step will be to link the definition to the outputs of a functional assessment process that measures the impact of impairment.⁴²

- 1.46 Proposed new Subsections 9B(2) inserts a new NDIS rule making power in relation to the definition of functional capacity and 9B(3) would allow that the new NDIS rules may prescribe methods or criteria to apply classifications or thresholds relevant to the assessment of functional capacity.⁴³

- 1.47 The EM stated that there will be no immediate impact of the new definition and that it is clarifying the current intended application of functional capacity in relation to access decisions. It noted that new category A NDIS rules to prescribe methods and criteria to set thresholds relevant to the assessment of functional capacity are expected to commence from 1 January 2028.⁴⁴

- 1.48 The bill’s Statement of Compatibility with Human Rights also noted that that it is intended that the NDIS rules under this section will be informed by expert advice from a Technical Advisory Group on how to assess a person’s functional capacity and what threshold should be used to determine eligibility. A consultation process will commence in August 2026.⁴⁵

- 1.49 According to the EM, the application provision in Schedule 1 means that the new definition of functional capacity introduced in this measure will apply to

⁴⁰ EM, p. 15.

⁴¹ EM, p. 15.

⁴² EM, p. 5 and p. 14.

⁴³ EM, p. 15.

⁴⁴ EM, p. 15.

⁴⁵ Note: the bill’s Statement of Compatibility with Human Rights is attached at the end of the bill’s Explanatory Memorandum. National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, *Statement of Compatibility with Human Rights* (Statement of Compatibility with Human Rights), p. 156.

all current participants, as well as anyone who applied to the NDIS previously or applies in the future.⁴⁶

Part 2 – Limit unscheduled plan reassessments

- 1.50 Section 48 of the Act currently provides that the Chief Executive Officer (CEO) of the NDIA may conduct a reassessment of a participant’s plan at any time, which may happen by the participant’s request or on the CEO’s own initiative.⁴⁷
- 1.51 The EM outlined that unscheduled plan reassessments are a key driver of plan and NDIS inflation. It also noted that section 48 of the Act currently does not contain any direct limitations on the circumstances in which a plan reassessment may be requested, how frequently they can be requested, and who may make a request on behalf of the participant.⁴⁸
- 1.52 In his second reading speech, the Minister pointed out that ‘some requests for plan reassessments are made by intermediaries, such as support coordinators’ and added that ‘some requests are made even without the knowledge of the participant’.⁴⁹
- 1.53 Part 2 introduces controls and conditions on plan reassessments to ensure that they can only be requested where there is a genuine change in a participant’s support needs.⁵⁰ This Part only applies to participant requested plan reassessments.⁵¹
- 1.54 It will also ensure that only participants and those authorised to act on their behalf can request a reassessment, which will ensure that the request is due to a genuine change in needs, and is not a way for providers to access more NDIS funding.⁵²
- 1.55 Under Item 18, new subsection 48(2) provides that a reassessment of a participant’s plan may be conducted on the CEO’s own initiative or at the request of the participant, their plan nominee, or a child’s representative. This limitation will ‘end the ability for plan managers and support coordinators

⁴⁶ EM, p. 16.

⁴⁷ EM, p. 17.

⁴⁸ EM, p. 17.

⁴⁹ The Hon Mark Butler MP, Minister for Disability and the National Disability Insurance Scheme and the Minister for Health and Ageing, *House of Representatives Hansard*, 14 May 2026, p. 7.

⁵⁰ EM, p. 17.

⁵¹ EM, p. 17.

⁵² EM, p. 17.

requesting reassessments without good reason and without the participant's knowledge'.⁵³

- 1.56 New subsection 48(2A) provides that the request for a plan reassessment request must be in the form approved by the CEO, and must include any information or documents required by the CEO. Additionally, where a request is not made in the correct form, or does not include the requisite information or documents, the CEO is not required to make a decision on the request.⁵⁴
- 1.57 Item 19 amends the period for the CEO to make a decision about a reassessment following a participant's request, which will be extended from 21 days to 90 days, beginning on the day the CEO received the request.⁵⁵
- 1.58 Item 21 inserts new section 48A which sets out the conditions that must be satisfied before the CEO can conduct a reassessment of the participant's plan in response to a request by a participant.⁵⁶
- 1.59 There are three new subsections: subsection 48A(1), 48A(2), 48A(3). New subsection 48(1) will provide that all of the following must be satisfied in order for the CEO to conduct a reassessment under paragraph 48(2)(b).
- There has been a significant change in the ongoing support needs that arise from an impairment in relation to which the participant meets the disability requirements or the early intervention requirements.
 - The significant change relates to one or both of the following:
 - a change in the participant's functional capacity in relation to communication, social interaction, learning, mobility, self-care or self-management;
 - the participant's personal or environmental circumstances.
 - If the significant change is to a participant's functional capacity, the condition in subsection 48A(2) must also be met.
 - If the significant change is to a participant's personal or environmental circumstances, the condition in subsection 48A(3) must also be met.⁵⁷
- 1.60 Subsection 48A(2) will provide that the condition in that subsection is satisfied if:
- the change in the participant's functional capacity is significant and ongoing; and
 - the change in functional capacity:

⁵³ EM, p. 19.

⁵⁴ EM, p. 19.

⁵⁵ EM, p. 20.

⁵⁶ EM, p. 21.

⁵⁷ EM, p. 21.

- directly relates to a change in an existing impairment in relation to which the participant meets the disability requirements or early intervention requirements; or
- arises from a new or acquired impairment in relation to which the participant meets the disability requirements or early intervention requirements; and
- the participant has experienced a substantial reduction in the participant's ability to perform daily activities.⁵⁸

1.61 New subsection 48A(3) will provide that the condition in that subsection is satisfied if there has been an unanticipated, significant and ongoing change in the participant's living, education, or work arrangements, or in their network for informal support.⁵⁹

Part 3 – Strengthen link between an impairment and need for support

1.62 The EM stated that the current reasonable and necessary decision-making criteria for old framework plans lack specificity and that this measure responds to decisions of the Tribunal and the Federal Court that expanded access to NDIS support beyond the original intent.⁶⁰

1.63 This Part seeks to clarify what the NDIS should and should not fund in line with its original intent. It introduces a link between a participant's support needs and an impairment which has met the disability requirements or early intervention requirements. Amendments will require the need for NDIS supports to be arising directly from impairments for which the participant meets either of these two requirements.⁶¹

1.64 The EM outlined that the purpose of these amendments is to clarify that where multiple impairments or comorbidities exist, only the support needs arising from impairments for which the participant meets the disability or early intervention requirements are eligible for NDIS funding.⁶²

1.65 Item 28 repeals subsection 32K(3A) which responds to the abovementioned Tribunal and Federal Court decisions that expanded funding scope. The repeal will remove ambiguity and make it clear that the NDIS can only fund supports that are needed as a direct result of an impairment that meets the disability or early intervention requirements.⁶³

⁵⁸ EM, p. 21.

⁵⁹ EM, p. 21.

⁶⁰ EM, p. 24.

⁶¹ EM, p. 24.

⁶² EM, p. 24.

⁶³ EM, p. 24.

- 1.66 Item 31 repeals and replaces paragraph 34(1)(aa). The new paragraph will provide that a reasonable and necessary support must be necessary to address needs of the participant arising directly from an impairment in relation to which the participant meets the disability requirements or early intervention requirements. The EM stated that this ‘direct link between a support and an impairment is critical in upholding the purpose of the Scheme’.⁶⁴
- 1.67 Item 33 states the amendments made by this Part will apply in relation to a statement of participant supports approved by the CEO on or after commencement of this Item.⁶⁵

Part 4 – Support determinations

- 1.68 Part 4 will establish support determinations which are legislative instruments that can reduce funding for a specified group of supports in old framework plans by operation of law. The EM stated that the use of support determinations will correct over funding in certain groups of support, keep plans aligned with what is ‘reasonable’ for the Scheme as a whole to fund and put the Scheme on a more sustainable footing into the future.⁶⁶
- 1.69 Further, the EM outlined that support determinations enable responsible administration of the NDIS by allowing for adjustments to the funding of certain classes of supports that may be either overfunded or no longer justified. Further, it stated that providing the capacity to address overfunding of a particular group of supports will protect the NDIS from needing broader or more strict interventions.⁶⁷
- 1.70 Additionally, the EM highlighted that these determinations have the effect of reducing the funding for certain groups of supports across the Scheme. It also noted that changes to funding as a result of support determinations are not subject to merits review.⁶⁸
- 1.71 Item 34 inserts a new section 34A, which allows the Minister to make a legislative instrument to determine reduced funding for groups of supports, and new subsection 34A(1) provides for the legislative instrument.⁶⁹
- 1.72 This subsection states that for the purposes of ensuring the Scheme’s financial sustainability, the Minister may determine by legislative instrument:

⁶⁴ EM, p. 25.

⁶⁵ EM, p. 26.

⁶⁶ EM, p. 29.

⁶⁷ EM, p. 29.

⁶⁸ EM, p. 29.

⁶⁹ EM, p. 29.

- a percentage (lower than 100 per cent) by which a funding component amount for a specified group of supports is reduced for the duration that the determination is in force; and
- the old framework plans that the determination applies to (which must be plans that come into effect on or after the day the determination commences).⁷⁰

1.73 This effect of subsection 34A(1) is that the Minister may only make a support determination for the purposes of ensuring the financial sustainability of the Scheme – it cannot be made for any other purpose.⁷¹

1.74 The EM also noted that the effect of a support determination is reducing a funding component amount for a specified group of supports. Funding component amounts are determined in accordance with subsection 33(2A) and apply to groups of support, including the following categories:

- core (including assistance with social, economic and community participation);
- capacity building (including increased social and community participation);
- capital; and
- recurring.⁷²

1.75 The EM also outlined the provisions that the support determination does not allow for the reduction in funding component amounts partway through a plan, and in the proposed new subsection 34A(3). The Minister must consider the safety of participants in making the support determination.⁷³

1.76 In his second reading speech, the Minister explained that amendments will enable the Minister to make determinations to reset funding for groups of supports like social, community and civic participation and capacity building.⁷⁴

1.77 The Minister cited significant expenditure growth in this area, noting that ‘five years ago, the social, community and civic participation support stream alone cost \$4 billion per year. This year, it’s more than \$12 billion. Triple the spending in just five years’.⁷⁵

⁷⁰ EM, p. 29.

⁷¹ EM, p. 30.

⁷² EM, p. 30.

⁷³ EM, pp. 31–32.

⁷⁴ The Hon Mark Butler MP, Minister for Disability and the National Disability Insurance Scheme and the Minister for Health and Ageing, *House of Representatives Hansard*, 14 May 2026, p. 7.

⁷⁵ The Hon Mark Butler MP, Minister for Disability and the National Disability Insurance Scheme and the Minister for Health and Ageing, *House of Representatives Hansard*, 14 May 2026, p. 7.

Part 5 – Plan renewal

- 1.78 The EM explained an administrative practice referred to as ‘plan continuation’, which occurs for around 85 per cent of plans. The process ensures administrative efficiency and prevents participants having to go through reassessments when their support needs have not changed.⁷⁶
- 1.79 However, while plan continuation ensures continuity of funding for participants, it also results in an accrual of unspent funds, which inflates the value of plans over time, beyond what was originally considered to be reasonable and necessary by the CEO.⁷⁷
- 1.80 This Part will establish plan renewals to replace the administrative process of plan continuations. According to the EM, this process will provide certainty and legal clarity around how the continuation of old framework plans operates.⁷⁸
- 1.81 Proposed new section 50A will create new statements of participant supports by operation of law. New plans created through the plan renewal mechanism would replicate, with some modifications, the reasonable and necessary supports that were contained and in place at the end of the previous plan, with funding aligned to the period of the new plan.
- 1.82 The EM further outlined that old framework plans will no longer have a ‘reassessment date’, but rather an ‘end date’. Renewed plans commence immediately after the end date of the previous plan and all plans will be renewed for a period of 12 months.⁷⁹
- 1.83 Where a plan includes funding periods, groups of supports, total funding amounts and funding component amounts at the plan’s end date, those aspects of a plan will also be replicated in a renewed plan with adjustments made to cater for variations and indexation. Transitional arrangements deal with plans that do not yet include those matters when this Part commences.⁸⁰
- 1.84 Any plan in place at commencement of this Part where the statement of participant supports was originally approved before 9 October 2024 will not contain these legislative arrangements.⁸¹

⁷⁶ EM, p. 34.

⁷⁷ EM, p. 34.

⁷⁸ EM, p. 34.

⁷⁹ EM, p. 34.

⁸⁰ EM, p. 34.

⁸¹ EM, p. 35.

- 1.85 Some key provisions in this section include Item 36, which repeals and replaces the definition of ‘reassessment date’. This would have the effect of applying the definition of ‘reassessment date’ only to new framework plans.⁸²
- 1.86 Additionally, Items 39 and 40 make amendments to what must be included in the statement of participant supports for an old framework plan.⁸³
- 1.87 Item 50 inserts new section 50A dealing with the renewal of participant’s old framework plan on end date. Proposed new subsection 50A(1) will provide that a participant’s old framework plan, by force of this section, will be renewed as a new plan immediately after the end date specified in the old plan.⁸⁴
- 1.88 Proposed subsection 50A(3) provides that the Minister may, by legislative instrument, determine alterations, or a method to work out alterations for the purposes of 50A(2)(c), which allows for alterations when a plan is renewed. A legislative note to section 50A(3) explains that Part 4 of Chapter 3 of the Legislation Act, relating to sunseting, does not apply to the determination.⁸⁵
- 1.89 Proposed new subsection 50A(4) provides that the new plan does not require a new statement of participant supports to be prepared with the participant and approved by the CEO.⁸⁶
- 1.90 Additionally, the making of the new plan does not involve the making of any reviewable decision.⁸⁷ The EM explained that this is because:

Plan renewals and adjustments occur by operation of law, meaning that they do not require a decision by the CEO and are not subject to merits review. This is because renewed plans are replicating a planning decision that was made by the CEO and was subject to merits review at the time it is made.⁸⁸

Part 6 – Reasonable and necessary supports

- 1.91 Amendments made in this Part create stronger parameters around what is considered reasonable and necessary under the NDIS, including reframing what it means for a support to be reasonable.⁸⁹

⁸² EM, p. 36.

⁸³ EM, p. 36.

⁸⁴ EM, p. 38.

⁸⁵ EM, p. 39.

⁸⁶ EM, p. 39.

⁸⁷ EM, p. 39.

⁸⁸ EM, p. 35.

⁸⁹ EM, p. 46.

- 1.92 The EM explained that what is reasonable should be determined in part by what is reasonable to expect the Scheme to fund, having regard to consistency across government funded social service systems and within available resources.⁹⁰
- 1.93 The EM elaborated that in some cases, this might mean that what is reasonable to fund may be less than the cost of a support. It noted that this is a different concept to the prevailing one, which is often what participants expect to receive from the NDIS.⁹¹
- 1.94 Amendments made by this Part also incorporate consideration of Scheme sustainability more directly into decision making. This is achieved through amendments to the objects and principles of the Act to embed Scheme sustainability considerations, to make sure the NDIS remains viable, effective and affordable.⁹²
- 1.95 Further, the EM noted that this Part strengthens the considerations the CEO must make when determining whether a support is ‘reasonable and necessary’ by inserting specific value for money considerations, effective and beneficial considerations, and family support considerations.⁹³ This is discussed further below in regards to Item 73.
- 1.96 Finally, this Part provides for a legislative instrument that allows the Minister to set maximum funding amounts, intensity or ratios for individual supports or classes of supports.⁹⁴
- 1.97 Key provisions include Item 60, which repeals and substitutes paragraph 3(1)(d) with ‘provide NDIS supports for participants in the National Disability Insurance Scheme that are reasonable and necessary, so far as is consistent with the financial sustainability of the scheme’.⁹⁵
- 1.98 The EM noted that the intent of this item is to embed the concept of financial sustainability of the scheme into the objects of the Act to provide clarity and direction to the interpretation of the NDIS Act.⁹⁶
- 1.99 Item 73 adds additional considerations for the CEO in determining whether a support is reasonable and necessary.⁹⁷ These include value for money

⁹⁰ EM, p. 46.

⁹¹ EM, p. 46.

⁹² EM, p. 46.

⁹³ EM, p. 46.

⁹⁴ EM, p. 46.

⁹⁵ EM, p. 47.

⁹⁶ EM, p. 47.

⁹⁷ EM, p. 52.

considerations, effective and beneficial considerations, and considerations related to the expectations of groups like families and carers.⁹⁸

1.100 In regards to effective and beneficial considerations, proposed subsections 34(1E) and (1F) provide guidance to the CEO in considering whether a support meets the requirements in paragraph 34(1)(d), that a support will only be reasonable and necessary if the support will be, or is likely to be, effective and beneficial for the participant, having regard to good practice. The EM stated that these subsections provide clarity of how differing, and potentially inconsistent, material is to be considered.⁹⁹

1.101 Subsection 34(1E) sets out the order of importance of matters that the CEO may have regard to when deciding whether a support will, or is likely to be, effective and beneficial for the participant. If considering two or more of the following, the CEO must consider them in the following order of importance:

- research and evidence which is published, peer reviewed and generalisable (that is, can be applied to a cohort of people beyond the subjects of the study);
- evidence of the effectiveness of the support for people in similar circumstances to the participant, having regard to the participant's circumstances such as age and nature of impairments;
- evidence of demonstrated outcomes for the participant in improving, maintaining or reducing a decline in the participants functional capacity, or capacity for social and economic participation in using the support in previous plans;
- any other matters the CEO considers appropriate.¹⁰⁰

1.102 Regarding families and carers, proposed new subsections 34(1G), (1H) and (1I) provide guidance to the CEO in considering whether a support meets the requirements in paragraph 34(1)(e) that a support will only be reasonable and necessary if the funding or provision of the support takes account of what is reasonable to expect families, carers, informal networks and the community to provide.¹⁰¹

1.103 New subsection 34(1G) provides that where a participant is a child, the CEO must take into account the presumption that parents are responsible for providing substantial care and support for their children.¹⁰²

1.104 New subsection 34(1H) provides that substantial care and support includes:

⁹⁸ EM, pp. 52–55.

⁹⁹ EM, p. 53.

¹⁰⁰ EM, p. 53.

¹⁰¹ EM, p. 54.

¹⁰² EM, p. 54.

- supervision, personal care, transport, emotional support and behavioural support, and
- other assistance with the activities of daily living that, regardless of the child's disability, would reasonably be expected of a parent of a child of a similar age.¹⁰³

1.105 Subsection 34(1J) provides that for a participant who is a child, the CEO must not decide that a support is reasonable and necessary having regard to what is reasonable for others to provide, if the primary purpose of the support is for one or more of the following:

- reducing burden on parental time, below what is reasonably expected of any parent
- improving household efficiency
- parental preference for the provision of support instead of parental care.¹⁰⁴

Part 7 – Plan suspension etc.

1.106 According to the EM, amendments made by this Part will enable the CEO to suspend a participant's plan if the CEO is satisfied reasonable attempts have been made to contact the participant for the purposes of requesting information and reports under sections 36 and 50 of the Act and the participant is not contactable.¹⁰⁵

1.107 The CEO would be required to give the participant a written notice of a decision to suspend their plan and specify the date of effect. If the participant then contacts the Agency, the CEO would be required to decide to either cease the suspension or make a request for information within 28 days.¹⁰⁶

1.108 The EM also stated that this Part would allow the CEO to revoke a person's status as a participant in the NDIS if the CEO had made reasonable attempts to contact the participant for the purposes of making a request under section 36 or 50 for information or reports, and the participant was not contactable. The CEO would also be able to revoke a person's status as a participant if their plan has been suspended for at least 90 days.¹⁰⁷

Part 8 – Tightening the meaning of permanence to reduce access where an impairment can be treated

1.109 The EM outlined that Part 8 inserts an approach to assessing permanence of impairments when determining whether a person meets the disability

¹⁰³ EM, p. 54.

¹⁰⁴ EM, p. 54.

¹⁰⁵ EM, p. 56.

¹⁰⁶ EM, p. 56.

¹⁰⁷ EM, p. 56.

requirements or the early intervention requirements. The EM explained that the intent of this item is to provide a clear definition of permanence, including what constitutes appropriate treatment. Further, amendments also include circumstances which cannot be considered when determining whether a prospective participant has undertaken all appropriate treatment.¹⁰⁸

1.110 The EM stated that the intent of this Part is to clarify the interpretation of permanence by inserting a definitive test which limits people who are not intended to be participants of the Scheme being found eligible.¹⁰⁹

1.111 Item 89 inserts a new subsection, which defines how permanence is assessed for the purposes of determining whether a person meets the disability requirements under section 24 of the Act. It inserts subsection 24(5), which provides that:

an impairment or impairments are not permanent or likely to be permanent unless a person has undertaken all appropriate treatment for an impairment or impairments. Further, an impairment cannot be found to be permanent if there is any other treatment which is likely to materially improve, reverse, or alleviate the impact of the impairment or impairments.¹¹⁰

1.112 Additionally, the item specifies that to be found permanent, the person's impairment or impairments are likely to persist for the person's lifetime.¹¹¹

1.113 Item 92 inserts new section 25A which deals with the meaning of 'appropriate treatment', which the EM stated is key to determining whether a person's impairment or impairments are permanent or likely to be permanent for the purposes of considering whether they meet the disability requirements or early intervention requirements.

1.114 Proposed new subsection 25A(1) would provide that appropriate treatment for a person's impairment or impairments is treatment that is evidence based, is regularly undertaken in Australia and can reliably be expected to improve, reverse or alleviate the impact of the impairment or impairments.¹¹²

1.115 The EM elaborated that a person may require ongoing treatment for some permanent impairments in order to maintain functional capacity in relation to an activity, even if the person has undertaken all appropriate treatment. For example, participants with psychosocial conditions who may require ongoing or intermittent treatment throughout their lives.¹¹³

¹⁰⁸ EM, p. 61.

¹⁰⁹ EM, p. 61.

¹¹⁰ EM, pp. 61–62.

¹¹¹ EM, p. 62.

¹¹² EM, p. 63.

¹¹³ EM, p. 63.

1.116 The EM also stated that treatment may be appropriate regardless of whether the person's individual circumstances restrict the person from accessing the treatment. Further, a person's personal and environmental circumstances, including financial and geographic circumstances, are not relevant in considering whether a person has undertaken all appropriate treatment.¹¹⁴

1.117 The EM explained that this is because ensuring people with disability have access to mainstream services, regardless of their circumstances, is the responsibility of all mainstream support systems.¹¹⁵

Part 9 – Eligibility based on access to other services

1.118 Amendments in this Part tighten eligibility to the NDIS where alternative supports are available through other systems which can reasonably meet the needs of a person, or where the service system has a responsibility for meeting the needs of a person.¹¹⁶

1.119 Amendments also enable category A NDIS rules to prescribe other service systems deemed to be alternative support services, which may be declared by reference to a particular service, such as aged care.¹¹⁷

1.120 The Minister can also declare alternative supports by reference to particular impairments for example for some chronic health conditions. For the Minister to prescribe other service systems as alternative support services, the NDIS rules must be agreed with all states and territories.¹¹⁸

Schedule 2 – Fraud measures

1.121 Amendments in Schedule 2 relate to the ability of the Agency to identify, investigate and respond to noncompliance and fraud, including amendments which would enable limiting the number of registered plan management providers which would be subject to more rigorous integrity and compliance requirements under a deed of agreement with the Agency. Amendments also include an updated definition of 'NDIS provider' and changes to claiming timeframes.¹¹⁹

1.122 Further, the Agency would be provided with compliance and enforcement powers by triggering provisions of the *Regulatory Powers (Standard Provisions) Act 2014* (Regulatory Powers Act) and inserting civil penalty provisions, which

¹¹⁴ EM, p. 63.

¹¹⁵ EM, p. 63.

¹¹⁶ EM, p. 66.

¹¹⁷ EM, p. 66.

¹¹⁸ EM, p. 66.

¹¹⁹ EM, p. 70.

are further supported by the introduction of additional requirements for information gathering and records retention.¹²⁰

1.123 The 6 Parts under this Schedule and key provisions within each Part are considered briefly below.

Part 1 – Registration of NDIS providers

1.124 Item 3 inserts the new definition of an NDIS provider into the NDIS Act. The new definition specifies persons or entities who are and who are not NDIS providers.

1.125 A person or entity is an NDIS provider if the person or entity is:

- a person (other than the Agency) who receives:
 - funding under the arrangements set out in Chapter 2; or
 - NDIS amounts (other than as a participant)
- a person or entity:
 - who provides supports or services to people with disability other than under the NDIS and is prescribed by category D NDIS rules.¹²¹

1.126 A person or entity is not an NDIS provider if they are included in a class of persons or entities prescribed in category D NDIS rules.¹²²

1.127 The EM stated that this Item intends to clearly distinguish the types of people, suppliers, organisations and entities who are considered to be NDIS providers, and provide an ability to carve out suppliers and organisations who should genuinely not be considered NDIS providers.¹²³

1.128 Further work on clarifying this definition will be done through the process of making the relevant NDIS rules.¹²⁴

Part 2 – Civil penalties and regulatory powers

1.129 The EM explained that due to the Agency's existing legislative framework and enforcement powers, the Agency is heavily reliant on the Australian Federal Police to investigate cases of fraud, including search warrants.¹²⁵

¹²⁰ EM, p. 70.

¹²¹ EM, p. 73.

¹²² EM, p. 73.

¹²³ EM, p. 73.

¹²⁴ EM, p. 73.

¹²⁵ EM, p. 75.

- 1.130 The Agency also does not currently have the power to issue compliance notices or infringement notices, or to seek an enforceable undertaking, to address low and mid-level non-compliance.¹²⁶
- 1.131 As such, amendments under this Part extend the monitoring and investigation powers in Parts 2 and 3 of the Regulatory Powers Act to the Agency.¹²⁷
- 1.132 This Part also inserts a range of new civil penalty provisions, including parallel civil penalties to existing criminal offences, within the Act.¹²⁸
- 1.133 A key provision in this Part is Item 33, which inserts a new Part to Chapter 4, titled Part 3C ‘Compliance and enforcement in relation to Agency functions’. This Part outlines the compliance, enforcement and regulatory actions which the Agency can undertake in line with the Regulatory Powers Act and has been inserted to clearly differentiate the powers of the NDIA from the powers of the National Disability Insurance Scheme Quality and Safeguards Commission (the Commission).¹²⁹

Part 3 – Information gathering powers

- 1.134 According to the EM, the Agency’s current information gathering powers are insufficient to support effective compliance, investigation and integrity functions. It particularly noted that limitations on the ability to obtain information from participants and prospective participants restricts the Agency’s capacity to investigate suspected misuse of Scheme funds and support enforcement action where required.¹³⁰
- 1.135 These constraints can result in critical information being unavailable or unusable, hindering timely investigation as well as limiting the Agency’s ability to respond to non-compliance and fraud.¹³¹
- 1.136 The EM stated that amendments under this Part strengthen the Agency’s ability to obtain relevant information across its statutory functions by expanding and aligning information gathering powers.¹³²

¹²⁶ EM, p. 75.

¹²⁷ EM, p. 75.

¹²⁸ EM, p. 75.

¹²⁹ EM, p. 80.

¹³⁰ EM, p. 100.

¹³¹ EM, p. 100.

¹³² EM, p. 101.

- 1.137 This Part also addresses inconsistencies in the current framework by ensuring information obtained from participants and prospective participants can be used, where appropriate, to support integrity and investigative activities.¹³³
- 1.138 The EM highlighted that these strengthened powers are accompanied by clear safeguards, where individuals will be explicitly informed of protections against self-incrimination when information is requested.¹³⁴
- 1.139 Further, existing offence provisions for non-compliance will continue to be subject to a reasonable excuse defence, ensuring that the exercise of these powers remains proportionate and appropriate.¹³⁵
- 1.140 Key provisions include Item 80, which repeals and substitutes paragraph 56(2)(d). The EM outlined that section 56 deals with giving written notices of requirement to provide information under sections 55 or 55A and that subsection 56(2) deals with the content of that notice.¹³⁶
- 1.141 The relevant paragraph currently provides that if the notice given under section 56 is given by the CEO, then it must state the Agency officer to whom the information is to be given or the document is to be produced.¹³⁷
- 1.142 The new paragraph will also require the notice to advise that a failure to comply with a notice may be an offence under subsection 57(1), and that if the person is an individual, the individual is not required to give the information or produce the document if it might tend to incriminate them or expose them to a penalty.¹³⁸
- 1.143 The EM explained that this Item ensures that individuals are aware of the protection against self-incrimination and that they are aware of the potential consequences of failing to comply with the requirement to provide information or documents.¹³⁹

Part 4 – Retention of records

- 1.144 The EM highlighted that the NDIS currently has no universal, enforceable obligation to retain records or evidence relating to the payment of NDIS amounts. It also noted that it is currently not feasible to review and verify every

¹³³ EM, p. 101.

¹³⁴ EM, p. 101.

¹³⁵ EM, p. 101.

¹³⁶ EM, p. 102.

¹³⁷ EM, p. 102.

¹³⁸ EM, p. 102.

¹³⁹ EM, p. 103.

claim prior to payment and as such, the Agency must rely on post-payment assurance activities to verify that supports have been delivered as claimed.¹⁴⁰

1.145 It also explained that the Agency frequently encounters missing, incomplete or unreliable documentation, which limits its ability to verify claims and take appropriate compliance action.¹⁴¹

1.146 As such, amendments under this Part establish a statutory record keeping obligation for providers, participants and other persons to retain records relating to claims and the provision of supports for specified minimum periods.¹⁴²

1.147 This will be supported by NDIS rule making powers to prescribe the types, formats and minimum standards of records. The NDIS rules will also enable requirements to be proportionate to the roles and responsibilities of providers, participants and other parties.¹⁴³

1.148 Item 83 adds a new section that sets out the requirements for keeping and retaining records relating to claims and the provision of an NDIS support. The section deals separately with the requirements on NDIS providers, participants and other persons.

1.149 Further, the EM stated that a series of NDIS rule making powers are included in this Item which will specify the kinds of records required. The NDIS rules will also detail the prescriptive nature of the information required in the records to be retained.¹⁴⁴

1.150 Item 86 repeals and replaces subsection 182(4). The new subsection 182(4) will provide that if a person makes a claim for an NDIS amount and receives payment, but fails to comply with a requirement to keep records that relate to the claim, an amount equal to that NDIS amount is a debt due to the Agency.¹⁴⁵

Part 5 – Reducing claim times

1.151 The EM outlined that the Act has a statutory 2-year timeframe for claims for NDIS amounts to be submitted, which became operative on 3 October 2025 following a 12-month transition.¹⁴⁶

¹⁴⁰ EM, p. 103.

¹⁴¹ EM, p. 103.

¹⁴² EM, p. 103.

¹⁴³ EM, p. 103.

¹⁴⁴ EM, p. 103.

¹⁴⁵ EM, p. 106.

¹⁴⁶ EM, p. 107.

- 1.152 However, significant integrity issues continue to arise for claims older than 90 days. As such, reducing the timeframe to 90 days will strengthen the Agency's ability to verify supports, reduce inappropriate payments being made and improve trust and confidence in the Scheme.¹⁴⁷
- 1.153 According to the EM, this amendment will commence on 1 December 2026, which is intended to allow sufficient time for claims older than 90 days to be made before the new timeframe takes effect.¹⁴⁸
- 1.154 The amendment under Item 89 has the effect of reducing the timeframe for making a claim from 2 years to 90 days from the date of the provision of acquisition of a support.¹⁴⁹

Part 6 – Registered plan management providers

- 1.155 Part 6 relates to plan management providers. According to the EM, the Act currently provides that a statement of participant supports must provide that funding under a plan is to be managed wholly or partly by the participant, a registered plan management provider, the Agency or a plan nominee.¹⁵⁰
- 1.156 The EM noted that plan managers have an important role within the NDIS, however, the plan management market faces widespread integrity and compliance problems.¹⁵¹
- 1.157 Amendments made by this Part would reduce the size of the plan management market by limiting registered plan management providers to only those with a deed of arrangement in place with the Agency.¹⁵²
- 1.158 This deed would provide a range of standards, processes and requirements that strengthen governance and integrity, and amendments would also strengthen protections against conflicts of interest.¹⁵³
- 1.159 Item 97 would insert two new sections into the Act, section 73EA and section 73EB. Proposed new section 73EA will deal with the requirements to be a registered plan management provider and proposed section 73EB creates a new civil penalty offence for failing to comply with the requirements in section 73EA.¹⁵⁴

¹⁴⁷ EM, p. 107.

¹⁴⁸ EM, p. 107.

¹⁴⁹ EM, p. 107.

¹⁵⁰ EM, p. 108.

¹⁵¹ EM, p. 108.

¹⁵² EM, p. 108.

¹⁵³ EM, p. 108.

¹⁵⁴ EM, pp. 110–111.

1.160 Item 101 inserts transitional provisions to ensure an orderly transition of the plan management market. The transition period would be 6 months.¹⁵⁵

Schedule 3 – Governance arrangements

1.161 Amendments under Schedule 3 relate to governance arrangements to support the effective operation and administration of the NDIS. This includes amendments relating to determining pricing arrangements, indexation of old framework plans and introducing amendments which support automated decision making.¹⁵⁶

1.162 The three Parts under this Schedule are discussed in the following sections.

Part 1 – Decision-making on pricing

1.163 According to the EM, the NDIS Review found that the Agency's current approach to setting NDIS prices was not always transparent and prices were sometimes bluntly applied.¹⁵⁷

1.164 Amendments made by this Part would provide the Minister with the power to make a pricing determination, which would set out the maximum amount, or the method to determine the maximum amount, for the acquisition or provision of an NDIS support or class of NDIS supports.¹⁵⁸

1.165 The EM explained that the determination would be a legislative instrument that can incorporate documents by reference, including pricing documents published on the Agency's website.¹⁵⁹

1.166 Amendments made in this Part would also provide that if the Minister makes a pricing determination that increases the maximum amount payable for the acquisition or provision of an NDIS support, the Minister may also make an indexation determination, which would be a legislative instrument.¹⁶⁰

1.167 The EM also noted that the indexation for new framework plans will require design but that the transition timeframes will provide time to consider policy design and potential future amendments to the Act.¹⁶¹

¹⁵⁵ EM, p. 112.

¹⁵⁶ EM, p. 114.

¹⁵⁷ EM, p. 115.

¹⁵⁸ EM, p. 115.

¹⁵⁹ EM, p. 115.

¹⁶⁰ EM, p. 115.

¹⁶¹ EM, p. 116.

- 1.168 Key provisions in this Part include Item 3. It would insert new section 34B, which would in effect allow for the indexation of old framework plans to ensure that they retain their purchasing power year on year.¹⁶²
- 1.169 Item 4 would insert new section 45C, which deals with maximum amounts payable for an NDIS support or class of NDIS support under the NDIS.¹⁶³ Item 5 would insert a new function of the Agency into section 118 of the Act, which would be that one of the Agency's functions is to provide advice about the pricing of supports.¹⁶⁴

Part 2 – Automation of administrative action

- 1.170 Amendments under Part 2 would enable the CEO to automate specific administrative actions in a 'safe, consistent and transparent way', including 'parts' of administrative actions that lead up to a decision made by a human delegate.¹⁶⁵
- 1.171 This would also include evaluative determinations where discretion is exercised, an evaluative judgement is made, or a state of mind is formed.¹⁶⁶
- 1.172 The EM stated that 'the Bill lists provisions directly on the face of this Act for which the CEO may, in writing, arrange for the use of computer programs to take administrative action under the CEO's oversight'. However, it also notes that the Minister would be provided with a power to specify additional provisions in a disallowable legislative instrument.¹⁶⁷
- 1.173 The EM underlined that this Part ensures that the automation of administrative action under this Act is undertaken in a safe, consistent, transparent and accountable way, and that the amendments do not displace the important role of a human delegate or the rights participants have, including for review, under this Act.¹⁶⁸
- 1.174 The EM also noted that the amendments impose strong and non-delegable requirements on the CEO and that participants, providers and the broader public will be able to understand how the Agency is using automated decision making. For example, where the CEO arranges for the use of a computer

¹⁶² EM, p. 116.

¹⁶³ EM, p. 118.

¹⁶⁴ EM, p. 123.

¹⁶⁵ EM, p. 126.

¹⁶⁶ EM, p. 126.

¹⁶⁷ EM, p. 126.

¹⁶⁸ EM, p. 126.

program to take administrative action, the CEO must cause a statement to be published on the Agency's website.¹⁶⁹

- 1.175 Item 11 would insert new Division 5 – Automation of administrative action, which will outline the provisions of the Act for which the Agency may utilise computer programs to undertake administrative action. It will also outline the non-delegable requirements of the CEO to enable the automation of administration action in a safe and consistent way and for public reporting on its use.¹⁷⁰
- 1.176 Division 5 will also set out the requirements of the Minister to authorise additional provisions of the Act that may be automated, in writing, in a legislative instrument.¹⁷¹
- 1.177 Specifically, new section 59B under Division 5 provides express legislative authority for the Agency to utilise computer-based programs to undertake administrative action in specified circumstances.¹⁷² The EM emphasised that this does 'not displace the important role of delegates in making more complex decisions'.¹⁷³
- 1.178 Further, the EM explained that 'it would not displace participant rights, including review rights where they apply'.¹⁷⁴
- 1.179 Proposed section 59E provides for oversight and safeguards for automation of administrative action. For instance, subsection 59E(6) would provide that if the CEO makes an arrangement under subsection 59B(1) in relation to particular designated provisions, the CEO must cause a statement to be published on the Agency's website, which is to be to the effect that the CEO has made such an arrangement and is to set out the particular designated provisions.¹⁷⁵
- 1.180 Item 12 would insert proposed subsection 202(2A), which provides, despite subsection 202(1), the CEO may not delegate any of the CEO's powers relating to automation of administrative actions. The EM stated this is to ensure appropriate governance, accountability and responsibility for the ethical, legal and operational impact of computer-based administrative actions within the

¹⁶⁹ EM, p. 126.

¹⁷⁰ EM, p. 127.

¹⁷¹ EM, p. 127.

¹⁷² EM, p. 127.

¹⁷³ EM, p. 127.

¹⁷⁴ EM, p. 127.

¹⁷⁵ EM, pp. 136–137.

Agency rests with the CEO. It also noted that these are the only CEO powers that are explicitly prevented from delegation.¹⁷⁶

Part 3 – Minor amendments

1.181 The EM outlined that Part 3 makes minor amendments to improve the operation of the Scheme, which include increasing the timeframe for the CEO to consider and decide an access request, as well as amendments which improve the operational decision making relating to circumstances in which a person must not manage funding.¹⁷⁷

Schedule 4 – New framework planning

1.182 Amendments under Schedule 4 include minor amendments to facilitate the operationalisation and roll out of new framework planning, including amendments to ensure a notice for a participant to have a new framework plan can be revoked and a participant can continue their old framework plan.¹⁷⁸

1.183 This Schedule also includes clarifications about who can undertake a support needs assessment and what information can be considered by an assessor.¹⁷⁹

1.184 Further, clauses set out changes related to the design of the budget method to ensure it can include provisions to identify the needs for NDIS supports and allocate funding amounts to levels of need for NDIS supports.¹⁸⁰

1.185 According to the EM, this Schedule also includes provisions to clarify what material can be incorporated by reference in NDIS rules specifying a support needs assessment tool or a budget method.¹⁸¹

1.186 Provisions also modify the transitional rule making powers contained in the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024* so they can account for the amendments made by the bill.¹⁸²

1.187 Item 1 will provide the CEO with an express power to revoke a notice for a participant to have a new framework plan. The EM noted there may be a range of circumstances in which the preparation of a new framework plan for a participant cannot be properly facilitated within a reasonable timeframe after a notice is given to the participant. For instance, where a participant has been

¹⁷⁶ EM, p. 138.

¹⁷⁷ EM, p. 140.

¹⁷⁸ EM, p. 142.

¹⁷⁹ EM, p. 142.

¹⁸⁰ EM, p. 142.

¹⁸¹ EM, p. 142.

¹⁸² EM, p. 142.

hospitalised or there is some other barrier in facilitating a participant transition.¹⁸³

1.188 New subsection 32B(4) will ensure the obligation on the CEO to facilitate a new framework plan can be extinguished and a participant's old framework plan can continue and be reassessed if required.¹⁸⁴

1.189 Item 4 inserts new subsections 32K(3B), 32(3C), 32(3D) and 32K(3E). These new subsections:

- clarify the scope of the authority in subsection 32K(1) to make NDIS rules specifying a budget method, and
- enable the setting and application of funding caps for particular types, classes or groups of supports.¹⁸⁵

Schedule 5 – Transitional rules

1.190 Schedule 5 sets out that the Minister may make transition rules that deal with transitional matters relating to any amendments or repeals in this bill.¹⁸⁶

1.191 The EM stated that this power would be limited in a variety of ways:

- it would be time-limited, so that any rules must be made within 12-months following commencement of this Part;
- any transitional rules made would expire after a period of 12 months; and
- the Minister would be prohibited from making rules that would create an offense or civil penalty; provide powers of arrest or detention or powers of entry, search or seizure; impose a tax; set an amount to be appropriated from the Consolidated Revenue Fund; or directly amend the text of the Act.¹⁸⁷

1.192 Subitem (1) of Item 1 empowers the Minister, by legislative instrument, to make rules of a transitional nature relating to amendments or repeals made by this Act (if passed).¹⁸⁸

1.193 The EM explained that this power is intended to be used to address unforeseen or ancillary matters that are necessary to ensure the effective and orderly operation of the NDIS during the transition period and that the power is confined to matters that are transitional in nature.¹⁸⁹

¹⁸³ EM, p. 143.

¹⁸⁴ EM, p. 143.

¹⁸⁵ EM, p. 144.

¹⁸⁶ EM, p. 150.

¹⁸⁷ EM, p. 150.

¹⁸⁸ EM, p. 150.

¹⁸⁹ EM, p. 150.

Compatibility with human rights

1.194 The bill's Statement of Compatibility with Human Rights (the statement) states that the bill is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.¹⁹⁰

1.195 The statement notes that the bill engages the following rights:

- Rights of people with disability – Articles 3, 4(3), 19 and 28 of the Convention on the Rights of Persons with Disabilities (CRPD).
- Right to freedom from exploitation, violence and abuse – Article 16 of the CRPD.
- Right to health – Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) and Article 25 of the CRPD.
- Right to equality and non-discrimination – Articles 3, 4, 5 and 12 of the CRPD and Articles 2, 16, 19 and 26 of the International Covenant on Civil and Political Rights (ICCPR).
- Right to privacy and reputation – Article 17 of the ICCPR and Article 22 of the CRPD.
- The obligation to progressively realise certain rights – Article 4(2) of the CRPD.¹⁹¹

1.196 The statement concludes that the bill is 'compatible with human rights because it advances the protection of the rights of people with disability in Australia, consistent with the CRPD, ICCPR and ICESCR'. Further, 'to the extent that it may limit human rights, those limitations are reasonable, necessary and proportionate to ensure the long-term integrity and sustainability of the NDIS, for the benefit of all persons with disability who have access to the NDIS'.¹⁹²

Consideration by other committees

1.197 The Parliamentary Joint Committee on Human Rights (Human Rights Committee) considered the bill in its Report 7 of 2026, tabled on 12 June 2026.

1.198 The Human Rights Committee noted that various measures contained in the bill:

... would likely restrict access to the NDIS and reduce the availability of NDIS supports for participants, which, depending on the availability of alternative supports and services, could have an adverse impact on

¹⁹⁰ Note: the bill's Statement of Compatibility with Human Rights is attached at the end of the bill's Explanatory Memorandum. National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, *Statement of Compatibility with Human Rights* (Statement of Compatibility with Human Rights), p. 152.

¹⁹¹ National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, *Statement of Compatibility with Human Rights*, p. 153.

¹⁹² National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, *Statement of Compatibility with Human Rights*, p. 163.

participants' independence and quality of life and the accessibility and affordability of disability supports and services.¹⁹³

1.199 The Human Rights Committee elaborated that the cumulative impacts of the bill's measures 'may constitute a significant interference' with 'the rights of persons with disability, the rights of the child and the rights to an adequate standard of living, equality and non-discrimination, health, privacy and social security'.¹⁹⁴

1.200 As such, in its report, the Human Rights Committee commented on the measures which appear to most directly engage and limit these rights:

- amendments seeking to tighten the meaning of permanence, which would have the effect of restricting NDIS eligibility;
- amendments that would reduce supports available to NDIS participants and prospective participants;
- amendments that would restrict the plan reassessment process;
- amendments relating to providers and plan managers; and
- amendments that would introduce coercive powers, such as powers to investigate and monitor NDIS participants, providers, and plan managers.¹⁹⁵

1.201 The Human Rights Committee also considered measures relating to embedding financial sustainability requirements to determine funding amounts for NDIS participants.¹⁹⁶

1.202 The Human Rights Committee considered that further information is required and, as such, has sought the Minister's advice.¹⁹⁷

1.203 At the time of writing, the Senate Standing Committee for the Scrutiny of Bills had not commented on the bill.

Conduct of the inquiry

1.204 Details of the inquiry were made available on the committee's website. The committee also contacted a number of organisations and individuals to invite them to lodge written submissions by 29 May 2026.

¹⁹³ Parliamentary Joint Standing Committee on Human Rights, *Human Rights Scrutiny Report: Report 7 of 2026*, 12 June 2026, pp. 1–2.

¹⁹⁴ Parliamentary Joint Standing Committee on Human Rights, *Human Rights Scrutiny Report: Report 7 of 2026*, 12 June 2026, p. 2.

¹⁹⁵ Parliamentary Joint Standing Committee on Human Rights, *Human Rights Scrutiny Report: Report 7 of 2026*, 12 June 2026, p. 2.

¹⁹⁶ Parliamentary Joint Standing Committee on Human Rights, *Human Rights Scrutiny Report: Report 7 of 2026*, 12 June 2026, pp. 11–18.

¹⁹⁷ Parliamentary Joint Standing Committee on Human Rights, *Human Rights Scrutiny Report: Report 7 of 2026*, 12 June 2026, p. 2.

- 1.205 At the time of writing, the committee has published 1042 submissions, which are listed at Appendix 1 of this report.
- 1.206 The committee held three public hearings in person, as well as via tele- and video-conference:
- 9 June 2026 – Melbourne;
 - 10 June 2026 – Canberra; and
 - 11 June 2026 – Canberra.
- 1.207 A list of witnesses who gave evidence at the public hearings is available at Appendix 2.
- 1.208 The committee received a large volume of submissions for this inquiry. Consequently, some submissions have yet to be published on the committee's website. Submissions received by 10 June 2026 will continue to be published after the reporting date and will be tabled at a later date in the Senate.
- 1.209 The committee also received approximately 250 short statements that expressed concerns about the bill and potential impacts on the level of supports participants may access in the future. These have been accepted as unpublished correspondence and can be read by committee members who wish to do so.

Note on references

- 1.210 References to Committee Hansard are to the proof transcript. Page numbers may vary between the proof transcript and the official transcript.

Acknowledgements

- 1.211 The committee thanks the organisations and individuals who contributed to the inquiry by making written submissions and appearing as witnesses at the public hearings. The committee is grateful to all those who have shared their expertise, time, knowledge, and personal stories.
- 1.212 In particular, the committee acknowledges the contributions of people with disability, their families and carers who shared their lived experiences and perspectives throughout the inquiry. The committee appreciates the time and effort that these people have taken to share their often very personal stories.
- 1.213 The committee also specifically acknowledges the contributions from those who made confidential submissions to the inquiry. Although these submissions were not published, they have still contributed to the committee's understanding of the key matters. Your voices have been heard.

Chapter 2

Views on the bill

- 2.1 The committee received a wide range of evidence which reflected diverse views on the bill's provisions, as well broader concerns about the future of the National Disability Scheme (NDIS/the Scheme). Whilst inquiry participants acknowledged the need for reform, many submitters expressed concerns about some of the bill's provisions and potential unintended consequences.
- 2.2 The committee understands that NDIS participants and their loved ones are experiencing real distress regarding their understanding of the proposed changes to the Scheme. A lack of information and context regarding some of the proposed changes has understandably resulted in individuals attempting to fill the gaps themselves, which has led to some confusion and misinterpretation regarding the bill's intent and impact. Ultimately, this has resulted in misconceptions circulating in the disability community and beyond. Where possible, this chapter seeks to address and clarify these concerns.
- 2.3 The chapter begins by considering the context of the bill and the need for reform to safeguard the Scheme's sustainability.
- 2.4 Then, it examines the provisions of the bill most commonly raised in evidence by inquiry participants. They are as follows:
- measures relating to fraud;
 - access and planning arrangements, including the definitions relating to the concepts of 'permanence' and 'appropriate treatment', what will be considered as 'reasonable and necessary' supports, and 'functional capacity';
 - powers granted to the Minister related to funding of supports, including social and community supports;
 - unscheduled reassessments and associated timeframes;
 - automatic plan renewal; and
 - automated decision-making.
- 2.5 Next, the chapter discusses other matters related to the bill, including conduct of the inquiry and broader funding concerns from NDIS participants and their loved ones. Matters related to the conduct of the inquiry are then outlined.
- 2.6 The chapter concludes with the committee's view and recommendations.

The intent of the NDIS

- 2.7 As the Minister for Disability and the National Disability Insurance Scheme and the Minister for Health and Ageing, the Hon Mark Butler MP, stated when introducing this legislation to Parliament, the NDIS was never intended to

replace health, rehabilitation and treatment services which play a critical role in preventing lifelong disability.¹

2.8 In their joint submission, the State and Territory Disability Ministers stated that:

The NDIS is one of Australia's most significant social reforms. It replaced a fragmented, inequitable system with a person focused model that empowers people with disability to exercise choice and control over their supports.²

2.9 Disability advocates and NDIS participants also commented on the original intent of the NDIS. For example, Mx Megan Spindler-Smith from People With Disability Australia (PWDA) told the committee that 'the NDIS is world-leading social infrastructure' which has 'transformed the lives of people with disability'. Further, Mx Spindler-Smith remarked:

The NDIS was established because the previous state-based system was, in the words of the Productivity Commission, 'underfunded, unfair, fragmented and inefficient'.³

2.10 Mx Spindler-Smith also cautioned the committee that 'reform should not recreate the very system the NDIS was designed to replace'.⁴

2.11 Dr Dinesh Palipana OAM, who works as a doctor on the Gold Coast in the emergency department, trained as a lawyer before medicine, and who has a spinal cord injury, told the committee that the NDIS 'changed the way I can live, work and function'.⁵ Dr Palipana also stated that 'I think we're very lucky to have a scheme like this, and it allows me, in this country that has taken me in, to live a very fruitful life'.⁶

¹ The Hon Mark Butler MP, Minister for Disability and the National Disability Insurance Scheme and Minister for Health and Ageing, *House of Representatives Hansard*, 14 May 2026, p. 8.

² State and Territory Disability Ministers, *Submission 508*, p. 2.

³ Mx Spindler-Smith, Acting Chief Executive Officer, People With Disability Australia, *Committee Hansard*, 10 June 2026, p. 65.

⁴ Mx Spindler-Smith, Acting Chief Executive Officer, People With Disability Australia, *Committee Hansard*, 10 June 2026, p. 65.

⁵ Dr Dinesh Palipana OAM, *Committee Hansard*, 9 June 2026, p. 23.

⁶ Dr Dinesh Palipana OAM, *Committee Hansard*, 9 June 2026, p. 24.

The need for reform

2.12 Many inquiry participants supported and recognised the need for reform to ensure that the NDIS is sustainable for future generations.⁷

2.13 For instance, a 26-year-old submitter who is also an NDIS participant, expressed in their submission that:

I do not oppose reform of the NDIS. I want a scheme that is sustainable, that delivers quality supports, and that protects people with disability from exploitation and harm. I believe most people with disability want the same.⁸

2.14 Mrs Michelle Moss, Chief Executive Officer of Queenslanders with Disability Network, also emphasised the need to reduce red tape when she told the committee that:

Sometimes people describe being on the NDIS to us as being like having a full-time job just to deal with the NDIS and their supports that they need. We think that it is important to make the system more user friendly from the perspective of people with disability and their families.⁹

2.15 Additionally, the Mental Illness Fellowship of Australia (MIFA) stressed the need for the NDIS to be financially sustainable:

MIFA has said publicly, and reaffirms in this submission, that the NDIS must be financially sustainable. A scheme that grows without discipline will lose the community confidence it depends on, and a scheme that loses community confidence will ultimately fail the people it was built to serve. The Government is right to act.¹⁰

2.16 This sentiment was echoed by Aruma, a disability service provider, who emphasised in its submission that it supports the long-term sustainability of the Scheme and understands that it must be put on sound, sustainable footing for the benefit of current and future participants.¹¹

2.17 Further, at a hearing, Dr Martin Lavery from Aruma stressed that:

This is one of those moments, perhaps in our national history, to correct some errors in the establishment of the National Disability Insurance Scheme. I am very concerned that if we don't take this opportunity now, it

⁷ See, for example, Auscare Support Coordination, *Submission 249*, p. 2; Pedorthic Association of Australia, *Submission 254* p. 3; Endeavour Foundation, *Submission 252*, [p. 1]; Allied Health Professions Australia, *Submission 280*, p. 2; ILSA, *Submission 155*, p. 1; Community Options, *Submission 153*, p. 3; Assistive Tech, *Submission 228*, p. 3; Mental Illness Fellowship of Australia, *Submission 195*, p. 3; Aruma, *Submission 190*, [p. 3].

⁸ Name Withheld, *Submission 71*, [p. 1] and [p. 5].

⁹ Mrs Michelle Moss, Chief Executive Officer, Queenslanders with Disability Network, *Committee Hansard*, 9 June 2026, p. 3.

¹⁰ Mental Illness Fellowship of Australia, *Submission 195*, p. 3.

¹¹ Aruma, *Submission 190*, [p. 16].

will be lost and in the future the NDIS under a different government might look very different.¹²

- 2.18 The Grattan Institute told the Committee that there is ‘necessity for ambitious reform to rein in NDIS growth, which is greatly outstripped to comparable areas of spending’. They went on to add that ‘the government is right to focus on fixing flaws in the scheme’s design, including addressing inconsistency in eligibility and budget setting, correcting an over-reliance on markets in certain parts of the scheme, and clarifying unclear or inadequate administrative or government’s arrangements’. They noted, however, the importance of ensuring the operations of the Scheme could keep up with the significant reforms.¹³
- 2.19 Additionally, Allied Health Professions Australia (AHPA) stated that it ‘strongly supports the need for a sustainable and effective NDIS’ and the essential role that it plays. AHPA also recognised the importance of ensuring that the Scheme appropriately uses public funds and that the government has the responsibility to deliver a safe, quality, and sustainable Scheme.¹⁴
- 2.20 National Disability Services also noted its support for the intent of the reforms and stated that ‘the Scheme must remain capable of delivering high-quality supports to people with permanent and significant disability, while maintaining public confidence and ensuring resources are directed to where they are most needed’.¹⁵

Measures relating to fraud

- 2.21 The committee heard that fraud in the NDIS is currently hard to quantify.¹⁶ However, Mr John Dardo, Deputy Chief Executive Officer, Integrity Transformation and Technology Services at the National Disability Insurance Agency (NDIA/the Agency), told the committee that under the bill, there are a combination of ‘system uplifts that allow us to ensure the money’s going to the right place and be confident that we know the providers are genuine providers

¹² Dr Martin Laverty, Chief Executive Officer, Aruma, *Committee Hansard*, 11 June 2026, p. 37.

¹³ Dr Sam Bennett, Director, Disability Program, Grattan Institute, *Committee Hansard*, 11 June 2026, p. 39.

¹⁴ Allied Health Professions Australia, *Submission 280*, p. 2.

¹⁵ National Disability Services, *Submission 272*, p. 3.

¹⁶ Mr John Dardo, Deputy Chief Executive Officer, Integrity Transformation and Technology Services, National Disability Insurance Agency, *Committee Hansard*, 10 June 2026, p. 80. See also: Department of Health, Disability and Ageing, NDIA, and NDIS Commission submission to the Joint Standing Committee on the National Disability Insurance Scheme, Inquiry into the Integrity of the National Disability Insurance Scheme, *Submission 42*, p. 11.

and, once we know that, being able to data-match to ensure that they're genuine providers that are more broadly known in the system'.¹⁷

2.22 Mr Dardo also outlined the scale of the task in combatting fraud that has already been undertaken in a small number of years. Referring to the establishment of the Crackdown on Fraud system uplift, he expressed how 'before we started this journey, you could submit a claim with no ABN at all, no text description and no evidence at all—just a dollar value—and potentially that claim would be paid'. He compared this to the current systems to combat fraud which meant that 'within the first month, we had introduced the 24-hour payment delay so we could see the payments'.¹⁸

2.23 Further, while evidence showed that addressing fraud does work to produce savings, it is important to recognise that the effort to tackle fraud has multiple benefits, as outlined by Mr Dardo:

...every time a dollar moves out of the system through integrity leakage, it's a dollar that's not being used purposefully for the purpose of the scheme. It's a dollar that's not helping a participant. It's a dollar that's undermining confidence in the scheme [...] it's also a dollar that is undermining the viability of a genuine provider, because it's going to a dodgy provider or a dodgy application, and the genuine providers are then missing out on the ability to compete on a level playing field.¹⁹

2.24 As discussed in Chapter 1, the bill responds to recommendations in the NDIS Review, as well as the Royal Commission, for strengthened safeguards to protect participants and improve processes to protect the Scheme from fraud and noncompliance.²⁰

2.25 The Explanatory Memorandum (EM) stated that fraud and non-compliance 'have a direct and devastating impact on the lives of participants and their families, often leaving them without the means to cover every day supports that enable their basic human rights'. Further, when exposed to fraud and non-compliance, participants are subjected to lower quality services, exploitation and harm.²¹

2.26 Inquiry participants expressed a range of views on the fraud measures under Schedule 2 of the bill. For instance, the Australian Services Union welcomed

¹⁷ Mr John Dardo, Deputy Chief Executive Officer, Integrity Transformation and Technology Services, National Disability Insurance Agency, *Committee Hansard*, 10 June 2026, p. 74.

¹⁸ Mr John Dardo, Deputy Chief Executive Officer, Integrity Transformation and Technology Services, National Disability Insurance Agency, *Committee Hansard*, 10 June 2026, p. 74.

¹⁹ Mr John Dardo, Deputy Chief Executive Officer, Integrity Transformation and Technology Services, National Disability Insurance Agency, *Committee Hansard*, 10 June 2026, p. 75.

²⁰ EM, p. 70.

²¹ EM, p. 70.

amendments related to expanding NDIS provider registration and for the NDIA to 'be able to crack down on fraudulent behaviours'.²²

- 2.27 Similarly, a private individual emphasised their support for the fraud measures in the bill, describing them as 'overdue and warranted'. This submitter continued to state that:

Record retention requirements, claim time limits, and conflict of interest rules for plan managers are sensible accountability measures that apply to providers and participants alike. Both can defraud the scheme. Both should be accountable.²³

- 2.28 Additionally, Independent Living Support Association (ILSA) provided support for action against fraud and exploitation but noted the importance of distinguishing between ordinary administrative error, particularly for smaller not-for-profit and community-based providers.²⁴

- 2.29 Occupational Therapy Australia (OTA) also underlined that the changes must not restrict legitimate providers:

OTA is concerned the changes will increase administrative pressures on self-managed participants, families, smaller providers and plan managers. It is important that enhanced fraud and compliance measures do not unnecessarily restrict legitimate providers.²⁵

- 2.30 Valued Directions Occupational Therapy also called for these measures to be 'proportionate and carefully targeted' so as to not 'unintentionally penalise legitimate participants while failing to address sophisticated fraudulent activity'.²⁶

- 2.31 In an answer to a written question on notice, the Department of Health, Disability and Ageing (the Department) advised that changes to payment systems and provider enrolment will give the NDIA better oversight claims, and that the NDIA will be able to better track and validate claims, which will 'help reduce fraud and ensure public funds are spent on supports participants really need'.²⁷ The EM also explains that safeguards will be established when regulatory action is taken in respect of participants.²⁸

²² Australian Services Union, *Submission 284*, p. 1.

²³ Name Withheld, *Submission 51*, [p. 7].

²⁴ ILSA, *Submission 155*, p. 4.

²⁵ Occupational Therapy Australia, *Submission 285*, pp. 22–23.

²⁶ Valued Directions Occupational Therapy, *Submission 158*, p. 9.

²⁷ Department of Health, Disability and Ageing, answers to written questions on notice, [p. 7].

²⁸ EM, p. 3.

Provider registration

- 2.32 Some inquiry participants expressed to the committee their support for mandatory registration as a system which would promote quality supports and participant safety.²⁹
- 2.33 National Disability Services welcomed mandatory registration, alongside enrolment as measures 'that could shape the market that we need and that we want for people with disability and NDIS participants'.³⁰
- 2.34 Hireup told the Committee how it felt inappropriate that there was 'no minimum standard to be an NDIS provider'.³¹ They outlined their own experiences as a registered provider, describing how the audit process 'forces you to think about things that you may not have covered or that you could do in a better way'.³²
- 2.35 Ability First Australia also outlined that 'we're very supportive of mandatory registration, and we very much take our hat off to the NDIS Commission for rolling out mandatory registration for SIL platform providers and others as of 1 July'.³³
- 2.36 However, Ability First Australia noted that registration could have an impact on provider viability:

We'd like to see further registration across the board, noting though that registration does increase the cost base, particularly if you're dealing in a SIL environment.³⁴

- 2.37 Similarly, PWDA was concerned about the impacts of mandatory registration on thin markets:

However, the introduction of mandatory registration at this scale could limit provider availability, particularly in thin or already constrained markets. Smaller providers and sole operators may struggle to meet new compliance requirements, leading to service withdrawal and reduced choice for

²⁹ See, for example, Mr Michael Perusco, Chief Executive Officer, National Disability Services, *Committee Hansard*, 11 June 2026, p. 13; Mr Peter Willis, Chief Executive Officer, Hireup, *Committee Hansard*, 11 June 2026, p. 23; Mr Andrew Rowley, Chief Executive Officer, Ability First Australia, *Committee Hansard*, 11 June 2026, p. 48; Mr Terry Symonds, Chief Executive Officer, Berry Street Yooralla, *Committee Hansard*, 11 June 2026, p. 48.

³⁰ Ms Karen Stace, Director of Policy and Advocacy, National Disability Services, *Committee Hansard*, 11 June 2026, p. 12.

³¹ Mr Peter Willis, Chief Executive Officer, Hireup, *Committee Hansard*, 11 June 2026, p. 26.

³² Mr Liam Caulfield, Director, Corporate Affairs, Hireup, *Committee Hansard*, 11 June 2026, p. 26.

³³ Mr Andrew Rowley, Chief Executive Officer, Ability First Australia, *Committee Hansard*, 10 June 2026, p. 48.

³⁴ Mr Andrew Rowley, Chief Executive Officer, Ability First Australia, *Committee Hansard*, 10 June 2026, p. 48.

participants, especially in rural and regional areas where alternative options are limited.³⁵

2.38 Dr Monique Ryan MP reiterated this point in her submission, which is based upon community consultation within her electorate. Dr Ryan explained that:

Mandatory provider registration was identified as likely to increase costs and reduce service availability, particularly in thin markets. Concern was expressed about workforce sustainability and the risk of provider exits, especially in rural and regional areas and in specialist disability services.³⁶

2.39 The Pedorthic Association of Australia also emphasised that ‘any future registration framework should avoid unnecessary duplication of regulation and should acknowledge existing professional standards, certification schemes and quality assurance processes already operating within the health sector’.³⁷

2.40 In a joint submission, the Department and the Agency (together, the Agencies) noted that broader market reforms related to the fraud and integrity measures under the bill, including expanded mandatory registration requirements for providers, ‘improve visibility, accountability and early risk detection, complementing the legislative measures in the Bill and delivering a whole-of-system approach to strengthening NDIS integrity’.³⁸

Definitional considerations

2.41 Substantial evidence to the committee related to definitional matters within the bill, which are considered in the below sections. The concerned amendments relate to:

- the meaning of ‘appropriate treatment’ and whether a person’s impairment(s) is/are considered permanent;³⁹
- the new parameters of what supports are ‘reasonable and necessary’ under the NDIS;⁴⁰ and
- the new agreed definition of ‘functional capacity’.⁴¹

³⁵ People With Disability Australia, *Submission 381*, p. 33.

³⁶ Dr Monique Ryan MP, *Submission 333*, [p. 2].

³⁷ Pedorthic Association of Australia, *Submission 254*, p. 9.

³⁸ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 13.

³⁹ National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, *Explanatory Memorandum (EM)*, p. 63.

⁴⁰ EM, p. 46.

⁴¹ EM, p. 14.

Appropriate treatment and permanent impairment(s)

- 2.42 As discussed in Chapter 1, amendments under Schedule 1, Part 8 provide that an impairment or impairments are not permanent or likely to be permanent unless a person has undertaken all appropriate treatment.⁴²
- 2.43 The Grattan Institute noted that the clarified measures around permanence represent ‘a really important part of the NDIS eligibility criteria’, which was responding to various reviews over a number of years.⁴³
- 2.44 The Grattan Institute added that the provision helped delineate who the NDIS is actually for, especially in creating ‘scope and responsibilities of the NDIS versus the health and the mental health system’.⁴⁴ It outlined that ‘there are good reasons why a scheme like the NDIS needs some clear and enforceable boundaries’ and that the intention behind the permanence criteria is to ensure an appropriate distinction between the scope and responsibilities of the NDIS and those of the health and mental health systems.⁴⁵
- 2.45 Some submitters were concerned about these changes.⁴⁶ For instance, the Occupational Therapy Society (OTSi) outlined the potential impacts of the amendments on disabled people:
- This proposal ... creates a model in which disabled people may effectively be required to continue exhausting interventions, treatments and medical pathways before they are considered sufficiently “stable” to qualify for support.⁴⁷
- 2.46 Additionally, the National Mental Health Consumer Alliance raised strong concerns that this approach would place significant pressure on mental health consumers to undergo potentially invasive or high-risk treatments to demonstrate eligibility.⁴⁸ Further:

⁴² EM, p. 62.

⁴³ Dr Sam Bennett, Director, Disability Program, Grattan Institute, *Committee Hansard*, 11 June 2026, p. 43.

⁴⁴ Dr Sam Bennett, Director, Disability Program, Grattan Institute, *Committee Hansard*, 11 June 2026, p. 43.

⁴⁵ Dr Sam Bennett, Director, Disability Program, Grattan Institute, *Committee Hansard*, 11 June 2026, p. 43.

⁴⁶ See, for example, Disability Solutions and Outcomes, *Submission 52*, pp. 7–8; Mr Kyle Montgomery, *Submission 68*, [p. 4]; Elevate Allied Health, *Submission 157*, p. 1; Mental Illness Fellowship of Australia, *Submission 195*, p. 13; Australian Orthotic Prosthetic Association, *Submission 283*, pp. 9–10; Occupational Therapy Australia, *Submission 285*, pp. 12–13; Australian Human Rights Commission, *Submission 287*, pp. 3–4.

⁴⁷ Occupational Therapy Society (OTSi), *Submission 32*, p. 8.

⁴⁸ National Mental Health Consumer Alliance, *Submission 353*, p. 11.

It risks compelling individuals to pursue treatments with serious or long-term side effects, such as electroconvulsive therapy or antipsychotic medication, not because they are clinically appropriate or chosen, but because they become a prerequisite for accessing disability support.⁴⁹

- 2.47 An individual similarly raised questions about what ‘undertaking all appropriate treatment’ means:

To get on the NDIS, the bill says people will now need to have tried "all appropriate treatment." I don't know what that will mean. What I know is that people have the right to refuse treatment that hurts them, that doesn't work for them, that they cannot afford, or that isn't available where they live. It is a human right. Who decides what is “appropriate”? Or what “exhausted” means?⁵⁰

- 2.48 The committee also heard evidence that the provisions related to treatment could require a child to have undergone chemical restraint as a treatment before having access to the Scheme.⁵¹

- 2.49 When asked about where the concern regarding chemical restraints has originated from, Ms Skye Kakoschke-Moore, Chief Executive Officer of Children and Young People with Disability Australia, told the committee that it has come from a lack of information:

I think the narrative is coming from a place of a lack of information. We know that there is a requirement for somebody to undertake all appropriate treatment, and, when asked, the department said that 'appropriate treatment' would be defined very broadly. Based on that, it's reasonable to suspect that treatment could include medication. Until the government is able to explicitly rule out a requirement for any person to have to take medication as a precursor to accessing the NDIS, that concern will remain.⁵²

- 2.50 At a hearing, the Department clarified for the committee that chemical restraints will not be considered an appropriate treatment. Chemical restraints are a restrictive practice and must be authorised as part of an approved behaviour support plan.⁵³

- 2.51 The Department further identified that treating medical professionals would also provide advice about whether a particular treatment can be reliably expected to materially improve, reverse or alleviate the impact or impacts of a person’s impairments. The advice from treating medical professionals would

⁴⁹ National Mental Health Consumer Alliance, *Submission 353*, p. 11.

⁵⁰ Name Withheld, *Submission 261*, [p. 3].

⁵¹ Ms Skye Kakoschke-Moore, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 9 June 2026, p. 8.

⁵² Ms Skye Kakoschke-Moore, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 9 June 2026, p. 9.

⁵³ Ms Erin Rule, Acting First Assistant Secretary, Department of Health, Disability and Ageing, *Committee Hansard*, 11 June 2026, p. 52.

include whether there is a medical reason that a particular person cannot undertake a medical treatment that may otherwise be appropriate.⁵⁴

- 2.52 Additionally, the bill provides for the creation of rules related to appropriate treatment. Rules will be developed throughout 2027, with a consultation process that will include the disability community, including participants, carers and representative organisations, clinical experts, and states and territories, given the interaction between the NDIS and health, hospital and rehabilitation systems.⁵⁵
- 2.53 Further, in their submission, the Agencies noted community concern that the proposed permanence test could result in individuals feeling pressured to undertake treatment, rehabilitation or other interventions to gain access, contrary to their personal preferences or beyond their means.⁵⁶
- 2.54 The Agencies emphasised that the bill does not compel a person to undertake treatment, that individual choice and autonomy are the foundational principles of the NDIS and that individuals retain the right to decline medical treatment, procedures or rehabilitation, including where such interventions may improve their functioning or reduce the impact of an impairment.⁵⁷
- 2.55 The Agencies stated that:
- ... the concept of "appropriate treatment" does not mean every possible intervention, nor does it require individuals to pursue treatment that is clinically unsuitable, high risk, or of negligible benefit. Instead, it establishes a consistent framework to determine whether reasonable and accepted treatment options exist that could materially improve, stabilise or alleviate an impairment, or whether a person is otherwise taken to have pursued such options.⁵⁸
- 2.56 Consequently, the Agencies submitted that the bill seeks to strike a balance between 'the autonomy of individuals to make informed decisions about their

⁵⁴ Mrs Sarah Hawke, Assistant Secretary, NDIS Policy, Legislation and Engagement, Department of Health, Disability and Ageing, *Committee Hansard*, 11 June 2026, p. 52.

⁵⁵ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 8.

⁵⁶ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 8.

⁵⁷ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 8.

⁵⁸ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 8.

own care and maintaining the integrity, consistency and sustainability of the NDIS'.⁵⁹

Barriers to appropriate treatment

2.57 Many inquiry participants took issue with the fact that under the bill, a person's personal and environmental circumstances, including financial and geographic circumstances, are not relevant in considering whether a person has undertaken all appropriate treatment.⁶⁰

2.58 For instance, the Commonwealth Ombudsman submitted:

As currently drafted, I am concerned these changes could lead to discriminatory outcomes for people with disability who cannot afford to seek appropriate treatments or live in a location where appropriate treatments are not reasonably accessible.

... The NDIA may find itself making unfair or unreasonable NDIS access decisions (including for people currently in the scheme having their eligibility reassessed) by applying the proposed universal test in circumstances where the agency should be reasonably aware that 'all appropriate treatments' are not available to a particular individual.⁶¹

2.59 Similarly, the National Rural Health Alliance submitted that requiring participants to exhaust all appropriate treatment does not reflect the realities of disability support, particularly for rural, remote or underserved areas where services may be unavailable, unaffordable or not supported by a strong research base.⁶²

2.60 Likewise, one submitter commented that treatments which might be 'commonly available' in a capital city may actually have months-long waitlists, significant out-of-pocket costs, or travel that is not possible for many people with disability. This submitter emphasised that:

A person who has not accessed a particular treatment because they cannot afford it, cannot physically access it, or because no provider is available within a reasonable distance should not be penalised for that reality.⁶³

2.61 As such, this individual called for the section to be removed or redrafted so that 'it cannot be used to deny access to people whose conditions are genuine but

⁵⁹ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 8.

⁶⁰ EM, p. 63. See, for example, Name Withheld, *Submission 51*, [p. 6]; Name Withheld, *Submission 71*, [pp. 4–5]; Name Withheld, *Submission 73*, p. 5; The Disability Advocacy Service Inc., Integrated Disability Action Inc. and Darwin Community Legal Service (NT Disability Advocacy Consortium), *Submission 160*, pp. 10–12.

⁶¹ Commonwealth Ombudsman, *Submission 248*, pp. 4–5.

⁶² National Rural Health Alliance, *Submission 367*, p. 2.

⁶³ Name Withheld, *Submission 71*, [pp. 4–5].

whose access to treatment has been limited by cost, geography, or other systemic barriers’.⁶⁴

- 2.62 Other submitters also suggested that the bill be amended so that a person can be considered as having undertaken treatment for treatment they cannot access based upon financial grounds or geographical grounds.⁶⁵
- 2.63 The Agencies acknowledged community concern that these changes ‘may lead to delays or restrictions to NDIS access due to challenges with access or availability of treatment.’⁶⁶ The committee similarly noted concerns raised by submitters that individuals should not be disadvantaged in accessing the NDIS on the basis of treatments they are unable to access due to financial or geographical constraints.⁶⁷
- 2.64 In response, the Department’s submission provided clarification, confirming that the Bill’s treatment requirements are confined to ‘treatments funded through the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme and public health systems’, which are treatments within established and recognised clinical practice in Australia.⁶⁸
- 2.65 Further, the Agencies highlighted that the bill provides all appropriate treatment has been undertaken where further treatment cannot be undertaken for medical reasons, and that the NDIS rules may prescribe other circumstances where all appropriate treatment has been undertaken. These rules will take into account medical and ethical considerations, such as informed consent and individual autonomy when establishing parameters around what constitutes reasonable and appropriate treatment.⁶⁹

⁶⁴ Name Withheld, *Submission 71*, [p. 5].

⁶⁵ See, for example, Name Withheld, *Submission 73*, p. 5; Name Withheld, *Submission 87*, [p. 4].

⁶⁶ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 7.

⁶⁷ See, for example, Ms Helen Nys, Chief Executive Officer, Kiind as Child and Family Disability Alliance, *Committee Hansard*, 10 June 2026, p. 25; Hannah, Private capacity, *Committee Hansard*, 10 June 2026, p. 36; Mx Megan Spindler-Smith, Acting Chief Executive Officer, People with Disability Australia, *Committee Hansard*, 10 June 2026, p. 67; Mrs Michelle Moss, Chief Executive Officer, Queenslanders with Disability Network, *Committee Hansard*, 9 June 2026, p. 2.

⁶⁸ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 7.

⁶⁹ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 7.

- 2.66 The Agencies explained that the rules will be developed in consultation with clinical experts, the disability community, and with input from the states and territories. It may also include input from the Technical Advisory Group.⁷⁰

Functional capacity

- 2.67 The NDIS Review reported that:

You told us that accessing the NDIS is complicated and confusing. It can be expensive to get reports, and decisions don't always seem fair or consistent. [...] It focuses on what people can't do, instead of what they can. You told us the NDIA doesn't explain why it makes the decisions it does, and outcomes are not always fair or consistent.⁷¹

- 2.68 The EM explained that Action 3.1 of the NDIS Review recommended 'a more consistent and robust approach to determining NDIS eligibility' which included 'establishing an agreed definition of substantially reduced functional capacity'. As such, the bill will introduce an agreed definition of 'functional capacity'.⁷²
- 2.69 The committee heard evidence about the inequitable and burdensome nature of the current access process – with many witnesses telling the committee how NDIS participants are paying for expensive reports to gather the evidence that they meet access requirements.⁷³
- 2.70 At a hearing, Ability First Australia outlined that:
- [...] getting a psychometric assessment on anyone can cost you in excess of \$2,000 to \$3,000 now. Often you need that before you even get access to the scheme.⁷⁴
- 2.71 OTSi also highlighted the issues with access, pointing to how 'there is currently no funding available for people who wish to apply to the NDIS' and the 'extensive amounts of information' required to access the NDIS. OTSi noted the opportunity for the NDIA to work with occupational therapists, who have the

⁷⁰ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 8.

⁷¹ NDIS Review, [Working together to deliver the NDIS: The Final Report](#), 7 December 2023, p. 11.

⁷² EM, p. 5.

⁷³ See, for example, Ms Nicola Ballenden, Executive Director, Strategy Engagement and Housing Transformation, Mind Australia, *Committee Hansard*, 11 June 2026, pp. 21–22; Ms Muriel Cummins, Co-Director, Occupational Therapy Society for Hidden and Invisible Disability, *Committee Hansard*, 10 June 2026, p. 13; Dr Niroshini Kennedy, President, Paediatrics and Child Health Division, Royal Australasian College of Physicians, *Committee Hansard*, 9 June 2026, p. 73.

⁷⁴ Mr Andrew Rowley, Chief Executive Officer, Ability First Australia, *Committee Hansard*, 10 June 2026, p. 51.

expertise with existing functional capacity assessments, to get that process right.⁷⁵

- 2.72 Inquiry participants held mixed views on proposed section 9B and its relevant subsections, including the new definition of a person's 'functional capacity', which will relate to their ability to:

... undertake an activity without assistance from other people, assistive technology or modifications and in a setting that excludes, as far as possible, the impact of the person's environmental and personal circumstances.⁷⁶

- 2.73 Aruma acknowledged 'the legitimate aim of achieving more consistent and transparent access decisions, consistent with Recommendation 3 (action 3.1) of the NDIS review' and that 'a clearer, more structured approach to eligibility assessment has the potential to reduce inconsistency and improve fairness for prospective participants'.⁷⁷

- 2.74 At a hearing, Dr Martin Laverty from Aruma reiterated:

A functional capacity assessment for eligibility is appropriate. Indeed, it was always envisaged as part of the NDIS architecture from its inception. This is the opportunity to implement it, but to do so safely so that it doesn't burden those whose disability is both profound and obvious.⁷⁸

- 2.75 Dr Laverty emphasised its necessity as a measure that has 'come 13 years too late. And had it been in place originally, perhaps the NDIS would not have blown out to cost twice that which was originally intended'.⁷⁹

- 2.76 However, Aruma expressed concern in the potential application of new capacity thresholds to existing participants with severe and permanent disability suggesting that the government needed 'a light touch for those who will obviously be eligible in the future'.⁸⁰

- 2.77 One submitter also offered in principle support for the new definition, noting that assessing functional capacity without supports would provide a 'truer baseline of underlying disability than assessing with them'. The submitter elaborated that if done properly, 'this should produce more accurate funding'.⁸¹

⁷⁵ Ms Muriel Cummins, Co-Director, Occupational Therapy Society for Hidden and Invisible Disability, *Committee Hansard*, 10 June 2026, p. 15.

⁷⁶ EM, p. 15.

⁷⁷ Aruma, *Submission 190*, p. 5.

⁷⁸ Dr Martin Laverty, Chief Executive Officer, Aruma, *Committee Hansard*, 10 June 2026, p. 31.

⁷⁹ Dr Martin Laverty, Chief Executive Officer, Aruma, *Committee Hansard*, 10 June 2026, p. 36.

⁸⁰ Dr Martin Laverty, Chief Executive Officer, Aruma, *Committee Hansard*, 10 June 2026, p. 35.

⁸¹ Name Withheld, *Submission 51*, [p. 2].

2.78 Conversely, Sensational Kids, a therapy practice which services disabled children and young adults with mild to complex disabilities, submitted that functional capacity is ‘fundamentally contingent on the environment in which a person lives and operates, as well as their individual circumstances’. As such:

Disregarding these factors risks generating an artificial and misleading representation of disability and support needs, undermining the integrity of the assessment process and the outcomes it is intended to inform.⁸²

2.79 Similarly, Mr Kyle Montgomery, who is a quadriplegic and disability justice activist, emphasised his concerns about the definition and noted that disability is experienced in daily life, not a controlled environment:

A narrow definition of functional capacity that ignores real-life circumstances will exclude thousands of people with genuine need. Disability is not experienced in a controlled clinical environment. It is experienced in the complexity of daily life — with fluctuating conditions, environmental barriers, social context and cumulative impact. A test that does not capture this will systematically exclude the people most in need of support.⁸³

2.80 This sentiment was echoed by the Australian Human Rights Commission, which raised that the amendments move the NDIS toward a narrow, impairment focused, medical model of disability, which may limit access to the Scheme for people whose disability and support needs arise from social or environmental barriers.⁸⁴

2.81 The committee heard from inquiry participants that any threshold for significantly reduced functional capacity should be informed by Australian and international best practice.⁸⁵

2.82 The Agencies explained that the approach to defining functional capacity reflects an intentional alignment with the World Health Organization’s International Classification of Functioning, Disability and Health Framework, which distinguishes between ‘capacity’ and ‘performance’.⁸⁶

⁸² Sensational Kids, *Submission 61*, p. 1 and p. 4.

⁸³ Mr Kyle Montgomery, *Submission 68*, [p. 1] and [p. 4].

⁸⁴ Australian Human Rights Commission, *Submission 287*, p. 3.

⁸⁵ See, for example, Dr Caitlin Anderson, President-elect, Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians, *Committee Hansard*, 9 June 2026, pp. 63–64; Australian Autism Alliance, *Submission 429*, p. 19.

⁸⁶ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 5.

- 2.83 Further, it was noted by the Agencies that the adoption of a capacity-based definition intends to establish a consistent and comparable baseline for assessment across individuals.⁸⁷
- 2.84 A Technical Advisory Group will also be established, which according to the Agencies, will ‘provide advice on appropriate assessments and thresholds for substantially reduced functional capacity, informed by consultation with the community and states and territories’.⁸⁸

Individuals with autism, psychosocial disability, and fluctuating or episodic disability

- 2.85 Some inquiry participants discussed specific concerns on how the proposed definition will impact individuals who have fluctuating needs, psychosocial disability or autism, particularly for individuals who mask.⁸⁹
- 2.86 For example, one individual noted that the operative impact of impairment is significantly mediated by environment, predictability, support structures, stress, sensory load and social context for individuals with context-dependent disabilities like autism or psychosocial disability. As such, they raised concerns about the impact of the definition on these individuals:

For these participants, an assessment conducted under section 9B risks producing a notional figure that bears little reliable relationship to the participant’s actual capacity in the world.⁹⁰

- 2.87 This was reiterated by another submitter, who outlined the potential impacts on autistic children:

Autistic children mask. They perform. They comply, briefly, in unfamiliar settings. A functional capacity test conducted as though no environment exists will systematically under-rate the disability of every autistic child who can hold themselves together for an assessment but cannot function in school, in shopping centres, or in their own home when overwhelmed.⁹¹

- 2.88 Autism Goals similarly expressed concern, noting that functioning for many neurodivergent children is context dependent and that many are ‘already masking, compensating, and surviving at extraordinary personal cost until eventual collapse occurs’. It concluded that:

⁸⁷ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 5.

⁸⁸ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 6.

⁸⁹ See, for example, Name Withheld, *Submission 546*, [p. 21]; Name Withheld, *Submission 547*, pp. [1–2]; Explore & Empower, *Submission 460*, [p. 2]; Kin Disability Advocacy, *Submission 548*, p. 7.

⁹⁰ Name Withheld, *Submission 73*, pp. 3–4.

⁹¹ Name Withheld, *Submission 87*, [p. 2].

The proposed definition risks narrowing access precisely for those children whose impairments are least visible during brief or reductionist assessment processes.⁹²

- 2.89 As such, one submitter called for the definition to be changed so that the NDIA is required to assess individuals within their ‘natural, real-world environments, taking full account of sensory processing vulnerabilities and the impact of cognitive masking’.⁹³
- 2.90 Autism Spectrum Australia similarly recommended that functional capacity be assessed in real-world contexts, and that policy should recognise dynamic and situational capacity, not static impairment.⁹⁴
- 2.91 The Department advised that the Technical Advisory Group will consider how to assess the needs of different types of disability and impairment, including degenerative, fluctuating and episodic impairment. Additionally, the Technical Advisory Group’s advice will be guided by the requirements of the NDIS Act that continue to include consideration of these types of impairment.⁹⁵

Reasonable and necessary supports

- 2.92 Some inquiry participants discussed the types of considerations the CEO must have regard to in determining whether a support is reasonable and necessary, including value for money considerations and effective and beneficial considerations.⁹⁶
- 2.93 One submitter noted that while value for money and sustainability are relevant considerations, they are nevertheless concerned that these considerations may be applied in a way that undervalues individual evidence, lived experience, prior support outcomes and treating professional evidence.⁹⁷
- 2.94 Another submitter raised concerns that peer reviewed published research is elevated above individual clinical evidence in the new evidentiary hierarchy. As such, this submitter questioned how this will apply to rare conditions and complex presentations where peer reviewed evidence is limited by definition.⁹⁸
- 2.95 Similarly, Ms Cat Walker recommended that ‘the lived experience of the participant must be deemed of equal or greater weight to other evidence and

⁹² Autism Goals, *Submission 224*, pp. 3–4.

⁹³ Name Withheld, *Submission 72*, p. 4.

⁹⁴ Autism Spectrum Australia, *Submission 156*, [p. 2].

⁹⁵ Department of Health, Disability and Ageing, answers to written questions on notice, [pp. 3–4].

⁹⁶ EM, pp. 52–55.

⁹⁷ Name Withheld, *Submission 88*, [p. 6].

⁹⁸ Name Withheld, *Submission 51*, [p. 5].

must not be constrained to their experience using supports in the previous plan but include *all* their relevant lived experience'.⁹⁹

- 2.96 In explaining the work of the NDIS Evidence Advisory Committee (EAC), established in response to the NDIS Review, Professor Jill Duncan, Chair of the EAC, described the importance of robust evidence informing supports that deliver participant outcomes, safety and value for money. She described the value of 'a structured but not rigid evidence framework'. She went on to say:

At the highest level, we look to systematic reviews, meta-analyses and randomised controlled trials. Those provide the strongest basis for identifying the most reliable and, importantly, generalisable evidence. Where the highest level of evidence is unavailable, we consider well designed, comparative and quasi-experimental studies. These can offer valuable insights and effectiveness—although with greater uncertainty. We also draw on observational and real-world evidence including cohort studies, case studies and administrative data. Qualitative evidence and lived experience are essential to our work. They help us understand what outcomes matter to participants, how supports are experienced and how they operate in different contexts.¹⁰⁰

Family and community support

- 2.97 Evidence to the committee also discussed the NDIA CEO's consideration of what families, carers, informal networks and the community are reasonably expected to provide when determining whether a support is reasonable and necessary.

- 2.98 The committee heard concerns from a range of stakeholders, including Mr Darryl Steff, the CEO of Down Syndrome Australia, that increased reliance on informal supports or parental responsibility risks overburdening families. For example, Mr Steff stated:

I think the other impact on families is the increased emphasis on parental responsibility that comes in in the legislation. [...] it's really inappropriate to continue to just assume that parents will pick up the responsibility.¹⁰¹

- 2.99 One submitter raised that mainstream schools and community programs are 'chronically under-resourced to handle complex neurodivergent needs' and that 'tightening these boundaries will trigger an intentional wave of cost-shifting, leaving families to absorb these pressures or go without'.¹⁰²

⁹⁹ Ms Cat Walker, *Submission 1*, p. 7. Emphasis in original.

¹⁰⁰ Professor Jill Duncan, Chair, NDIS Evidence Advisory Committee, *Committee Hansard*, 10 June 2026, p. 61.

¹⁰¹ Mr Darryl Steff, Chief Executive Officer, Down Syndrome Australia, *Committee Hansard*, 9 June 2026, p. 47.

¹⁰² Name Withheld, *Submission 72*, p. 3.

2.100 Another individual discussed the potential impacts of relying on parental responsibility:

The downstream costs of this provision will not appear in the NDIS budget line. When parental responsibility becomes the legal default for everything, parents leave the workforce. Centrelink pays carer payments and disability support pensions. Mental health services absorb the carer who breaks down. Emergency departments absorb the participant in crisis. The justice system absorbs the participant who falls through every gap.¹⁰³

2.101 Another individual stressed that caring responsibilities can be both lifelong and intensive. As such, they questioned how families and carers will be expected to provide unpaid support while earning an income and maintaining their own wellbeing, or how they are supposed to provide care if pushed into burn out, poverty or ill-health.¹⁰⁴

2.102 Noting similar concerns, State and Territory Disability Ministers recommended the following:

- The NDIS Act and Rules should specify that appropriate parental responsibility for children includes low intervention support overnight and for a reasonable period during a week.
- The Bill should include clear and specific assumptions about the level of support that is reasonable for an ageing carer to provide.¹⁰⁵

2.103 At a hearing in Canberra, the Department clarified the expectation that parents providing age-appropriate care and support for their children is not a new requirement and is currently stated in the National Disability Insurance Scheme (Supports for Participants) Rules 2013.¹⁰⁶

2.104 Mrs Sarah Hawke, Assistant Secretary, NDIS Policy, Legislation and Engagement, explained that the current rules have been lifted into the bill to enable clarification:

It's elevated from the rules into the primary legislation to clarify what substantial care and support means for a child that. [...] It's now codified in the bill with some further clarification, including consideration of the need for ensuring taking into account where care and support arrangements are becoming unsustainable. That's a relevant factor in terms of funding disability-related supports for that child and family.¹⁰⁷

¹⁰³ Name Withheld, *Submission 51*, [pp. 5–6].

¹⁰⁴ Name Withheld, *Submission 23*, [p. 3].

¹⁰⁵ State and Territory Disability Ministers, *Submission 508*, p. 7.

¹⁰⁶ Mrs Sarah Hawke, Assistant Secretary, NDIS Policy, Legislation and Engagement, Department of Health, Disability, and Ageing, *Committee Hansard*, 11 June 2026, p. 52.

¹⁰⁷ Mrs Sarah Hawke, Assistant Secretary, NDIS Policy, Legislation and Engagement, Department of Health, Disability, and Ageing, *Committee Hansard*, 11 June 2026, p. 52.

2.105 The Department further explained that age-appropriate care and support ‘includes matters set out in the bill—supervision, support with activities of daily living, and transport to and from school and after-school activities. But where a child participant's support needs extend beyond what would be age-appropriate support for a parent to provide, those support needs would absolutely be considered in the context of that child's disability related support needs—and that's the case currently’.¹⁰⁸

Support determinations

2.106 Submitters held significant concerns regarding proposed section 34A, which allows the Minister to make a legislative instrument to determine reduced funding for groups of supports.¹⁰⁹

2.107 For instance, OTSi described it as ‘one of the most extraordinary powers ever proposed within the NDIS legislative framework’,¹¹⁰ while another submitter identified it as the ‘one of the most serious provisions in the bill’.¹¹¹

2.108 Aruma, whilst understanding the policy rationale and ‘not opposing the principle of government oversight of Scheme-wide expenditure’, was of the view that:

... the ministerial expenditure lever as currently designed risks undermining the integrity of the individual needs assessment process. If a categorical cap can override what an assessment determines a participant requires, the assessment becomes procedural rather than determinative. The Bill should resolve this tension explicitly, rather than leaving it to administrative practice.¹¹²

2.109 OTSi raised concerns that reductions may occur ‘without individual reassessment, without consideration of actual support needs and without meaningful parliamentary scrutiny’, and as such emphasised that ‘this represents a fundamental departure from the principles of individualised support that underpin the NDIS’.¹¹³

2.110 Sensational Kids characterised this provision as ‘a substantial departure from the core principles of the NDIS, which are built on individualised assessment’

¹⁰⁸ Mrs Sarah Hawke, Assistant Secretary, NDIS Policy, Legislation and Engagement, Department of Health, Disability, and Ageing, *Committee Hansard*, 11 June 2026, p. 51.

¹⁰⁹ EM, p. 29.

¹¹⁰ OTSi, *Submission 32*, p. 10.

¹¹¹ Name Withheld, *Submission 88*, [p. 5].

¹¹² Aruma, *Submission 190*, pp. 9–10.

¹¹³ OTSi, *Submission 32*, p. 10.

and that blanket reductions ‘put essential supports at risk and increase risk of harm, loss of independence and impacts on progress and wellbeing’.¹¹⁴

2.111 Further, an individual who submitted to the inquiry raised that the power is ‘unchecked, unsunsetted, and unilateral’ and urged that the committee should not recommend that the provision pass without ‘independent oversight mechanisms, mandatory consultation requirements, and sunset clauses that require parliamentary review’.¹¹⁵

2.112 Similarly, Disability Rights and Culture suggested that the bill require certain evidence prior to any support determination reducing or removing supports:

The Bill should require that no support determination reduce or remove supports unless the Parliament and the disability community can see the modelling, the human rights analysis, the proposed rules, the impact on high-risk groups and evidence that replacement services are already available and accessible.¹¹⁶

2.113 The Agencies explained that support determinations enable responsible administration of the NDIS that is central to the sustainability of the Scheme. It was also clarified that a support determination would be applied at the start of a new plan, which ‘ensures that a participant is aware of the amount of funding in their plan and can plan and organise their supports accordingly’.¹¹⁷

2.114 Additionally, the Agencies noted that the Minister will be required to have regard to the safety of participants when making a support determination. This would require, at a minimum, advice from the NDIA and the Department about the impacts on participants, their families and carers.¹¹⁸

2.115 This would consider assessing evidence of the likely impacts on participant health and wellbeing, continuity of essential supports and equitable access to supports. This would include an assessment of system level risks and unintended consequences on vulnerable groups of participants. If relevant, it would also incorporate advice about whether the determination would have market impacts that could impact the safety of participants in the short and long term.¹¹⁹

¹¹⁴ Sensational Kids, *Submission 61*, p. 5.

¹¹⁵ Name Withheld, *Submission 51*, [p. 4].

¹¹⁶ Disability Rights and Culture, *Submission 368*, p. 5.

¹¹⁷ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 9.

¹¹⁸ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 10.

¹¹⁹ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 10.

2.116 An Impact Analysis, which will be published online, will also be required where a support determination would have ‘more than a minor’ impact on individuals.¹²⁰

2.117 Further, at the hearing the Department reminded the committee that the ministerial determinations would be, as other ministerial powers that are currently in legislation, subject to parliamentary scrutiny. They would be disallowable instruments, which means there would be 15 sitting days for the parliament to debate and move a disallowance motion.

Concerns regarding ‘gaps’

2.118 Evidence to the committee raised concerns that the support determinations mechanism, as well as the focus on Scheme sustainability within the bill, could result in decisions which mean ‘that participants are not able to get the level of funding that will fully allow them to have the level of support that was deemed necessary’ and that there is no definitive answer regarding whether the NDIS will introduce co-payments with participants.¹²¹

2.119 However, the Agencies submitted that support determinations will not create a gap payment:

Support determinations do not create a ‘gap fee’ that participants will be required to pay. Participants can continue to work with their providers on how to use their budget and get the most out of their supports.¹²²

Social and community participation

2.120 Some submitters specifically discussed the potential impacts of the Minister’s ability to make determinations to reset funding for groups of support like social, community and civic participation (SCCP) and capacity building.¹²³

2.121 One submitter emphasised their view that social and community participation is not a luxury, and that these supports often allow a disabled person to ‘leave their home, build skills, participate in family life, attend appointments, exercise, engage in recreation, access services and be part of the world’.¹²⁴

2.122 This was reiterated by Mr Kyle Montgomery, who also stated that reducing funding for social and community participation will ‘confine disabled people to

¹²⁰ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 11.

¹²¹ Ms Maeve Kennedy, Inclusion Australia, Chief Executive Officer, *Committee Hansard*, 9 June 2026, pp. 30–31.

¹²² Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 10.

¹²³ The Hon Mark Butler MP, Minister for Disability and the National Disability Insurance Scheme and the Minister for Health and Ageing, *House of Representatives Hansard*, 14 May 2026, p. 7.

¹²⁴ Name Withheld, *Submission 23*, [p. 1].

their homes, deepen isolation, worsen mental health, and increase dependence on acute health and crisis services at far greater cost'.¹²⁵

2.123 Relatedly, the Young People In Nursing Homes National Alliance emphasised that community participation provide critical respite for families and care partners, and that discounting funding 'will accelerate the decline of participants with progressive conditions and intensify the impact on families who are already providing substantial informal care'.¹²⁶

2.124 Ms Kate Chaney recommended that the Ministerial determination reducing funding for social, civic and community participation and capacity building daily activities should not proceed until alternative support arrangements are in place and demonstrated to deliver genuine community inclusion.¹²⁷

2.125 4.82 Down Syndrome Australia specifically highlighted how some people with Down syndrome 'cannot "choose" to safely shift away from 1:1 (or more intensive supports', while noting that 'funding within "Core" categories of supports are allowed to be used flexibly', this may be harder to access for participants in non-metro regions who 'do not have access to general community groups or services such as public transport'.¹²⁸

2.126 The Agencies explained that in the absence of any action, spending on social, civic and community participation is forecast to grow around \$20 billion per year by the end of the decade.¹²⁹

2.127 The Agencies also stressed that in implementing these changes, participants who require 24/7 supports still have access to these supports.¹³⁰

2.128 In response to questions on notice the Department further detailed that changes to social and community participation and capacity building supports will not impact budgets for critical supports such as:

- supports such as to help with eating, drinking, dressing, toileting, laundry, cleaning, community nursing care, help with medication
- home and vehicle modifications
- personal mobility equipment and transport
- consumable products to help with incontinence and menstruation

¹²⁵ Mr Kyle Montgomery, *Submission 68*, [p. 4].

¹²⁶ Young People In Nursing Homes National Alliance, *Submission 255*, pp. 14–15.

¹²⁷ Ms Kate Chaney MP, *Submission 105*, p. 9.

¹²⁸ Down Syndrome Australia, *Submission 402*, pp. 10–11.

¹²⁹ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 11.

¹³⁰ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 11.

- Specialist Disability Accommodation and where people are receiving continuous support.¹³¹
- 2.129 Additionally, the Agencies advised that a 50 per cent reduction to a participant's social, civic and community participation budget might not translate to a 50 per cent reduction in spending, as participants generally do not use their full social, civic and community participation budget.¹³² Similarly, for capacity building daily activities, a 10 per cent budget reduction may have an even smaller impact on spending as average utilisation for these supports is around 60 per cent.¹³³
- 2.130 Further, according to the Agencies, the government is establishing the Inclusive Communities Fund, which is a \$200 million grant program to rebuild and strengthen community-based supports for NDIS participants. They noted that consultation and design of this fund will inform how community participation activities can best deliver the supports that participants benefit from the most.¹³⁴
- 2.131 Moreover, participants will still be able to request a plan reassessment where there has been a significant and ongoing change in circumstances and the NDIA retains the ability to conduct a CEO initiated plan reassessment. The Agencies advised that for more urgent and unforeseen circumstances, the NDIA can conduct a plan variation.¹³⁵
- 2.132 The Agencies also stated that the use of support determinations is 'necessarily time limited, as they only apply to old framework plans, which will begin to be phased out and replaced with new framework plans from 1 April 2027'.¹³⁶

Unscheduled plan reassessments

- 2.133 The Disability Advocacy Service Inc., Integrated Disability Action Inc. and Darwin Community Legal Service (together, the NT Disability Advocacy Consortium) discussed potential impacts on participants in meeting the new thresholds for when a reassessment of their plan can be requested.¹³⁷

¹³¹ Department of Health, Disability and Ageing, answers to written questions on notice, [p. 4].

¹³² Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 11.

¹³³ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 12.

¹³⁴ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 11.

¹³⁵ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 12.

¹³⁶ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 9.

¹³⁷ NT Disability Advocacy Consortium, *Submission 160*, pp. 17–19.

2.134 The NT Disability Advocacy Consortium explained that the requirement for a ‘substantial reduction’ in functioning creates a strong reliance on written clinical evidence, but that in practice, participants without access to medical professionals may not be able to meet this threshold, even where their needs have clearly increased.¹³⁸

2.135 Another individual similarly raised that the new requirements are ‘incredibly high’ and explained that for autistic individuals, burnout can cause ‘sudden, catastrophic drops in functional capacity and adaptive behaviours’.¹³⁹

2.136 This was reiterated by Disability Rights and Culture, which noted that while clearer processes for unscheduled plan reassessments may be useful, urgent circumstances such as housing becoming unsafe, or informal supports collapsing, ‘do not always fit neat administrative thresholds’.¹⁴⁰

2.137 In answers to questions on notice, the Department advised that:

Where a participant is experiencing emergency or crisis situations, or where there is a short-term need for additional support, they will still be able to seek a plan variation. Plan variations can be used to access crisis or emergency funding, so participants can access the NDIS supports they need quickly.¹⁴¹

2.138 Further, the Department stated that the bill’s amendments ‘do not impact circumstances where a plan variation can be requested or be undertaken’.¹⁴²

Timeframes for reassessment

2.139 OTSi commented that the extended timeframe for the NDIA CEO to make a decision about a reassessment following a participant’s request, from 21 days to 90 days., may mean that participants who are experiencing rapidly deteriorating circumstances may be left without adequate supports.¹⁴³

2.140 Similarly, one individual stated that ‘forcing autistic participants to wait up to 90 days for a decision while experiencing severe burnout or a co-occurring mental health crisis will directly lead to unmet needs and increased crisis risk’.¹⁴⁴

2.141 Another individual identified that for those with psychosocial disability, deterioration can be rapid and critical to life. As such, this submitter

¹³⁸ NT Disability Advocacy Consortium, *Submission 160*, p. 18.

¹³⁹ Name Withheld, *Submission 72*, p. 2.

¹⁴⁰ Disability Rights and Culture, *Submission 368*, p. 5.

¹⁴¹ Department of Health, Disability and Ageing, answers to written questions on notice, [p. 5].

¹⁴² Department of Health, Disability and Ageing, answers to written questions on notice, [p. 5].

¹⁴³ OTSi, *Submission 32*, p. 9.

¹⁴⁴ Name Withheld, *Submission 72*, p. 2.

recommended that the bill be amended to include an urgent reassessment pathway where there is evidence of:

- acute psychosocial deterioration;
- self-harm or suicide risk;
- homelessness or housing instability;
- loss of informal supports;
- carer burnout or breakdown;
- hospitalisation;
- family violence or abuse risk or
- serious risk to functional capacity.¹⁴⁵

2.142 Likewise, several submitters, including the Young People In Nursing Homes National Alliance, raised similar concerns for people living with life limiting neurodegenerative conditions, whose trajectory can be ‘variable’ ‘often rapid’, and ‘often unpredictable in timing and so cannot be aligned with fixed administrative timetables’.¹⁴⁶

2.143 Parkinson’s Australia recommended that for people with incurable neurodegenerative conditions, the 21-day period should be maintained.¹⁴⁷

Automatic plan renewal

2.144 While some inquiry participants could see administrative benefits to the amendments related to automatic plan renewal under Part 5 (Plan renewal), they nevertheless held concerns that the changes could lock participants into inadequate plans.

2.145 One submitter acknowledged that automatic renewal may be administratively efficient, but that it may also ‘continue inadequate plans, remove one-off supports, or apply Ministerial changes without genuine participant engagement’.¹⁴⁸

2.146 One individual raised concerns about being locked into a plan, noting the needs of young people who ‘need a system that responds to my life stage, not one that locks me into unsuitable plans’.¹⁴⁹

2.147 Similarly, Kids I Can, a regional provider delivering early childhood intervention supports, was of the view that children require flexibility with their

¹⁴⁵ Name Withheld, *Submission 88*, [p. 4].

¹⁴⁶ Young People In Nursing Homes National Alliance, *Submission 255*, p. 8.

¹⁴⁷ Parkinson’s Australia, *Submission 558*, pp. 2 and 12.

¹⁴⁸ Name Withheld, *Submission 88*, [p. 5].

¹⁴⁹ Name Withheld, *Submission 66*, [p. 4].

funding as their needs fluctuate and are not predictable within rigid funding periods.¹⁵⁰

2.148 Additionally, one submitter took issue with the fact that renewal does not involve the making of a reviewable decision as the ministerial instrument is exempt from sunseting. As such, they recommended:

Amend section 50A to: (a) make the renewal decision a reviewable decision; (b) apply the standard ten-year sunset to instruments made under section 50A(3) (c) provide a clear mechanism for substantive reassessment and participant consultation where a renewed plan no longer appropriately reflects the participant's circumstances and support needs.¹⁵¹

2.149 The EM clarified that a legislative note is included which explains that under Section 50A, an old framework plan is renewed as a new plan on the old plan's end date. Although the making of the new plan does not involve a reviewable decision, this does not prevent a review of the old plan, and the review of the old plan could also affect the new one, depending on the outcome of the review.¹⁵²

Provisions related to automation

2.150 Submitters offered variable support for provisions related to automation under Schedule 3, Part 2 of the bill. For example, Ms Kate Chaney MP noted in her submission that there is community support for automation where it reduces administrative burden on participants and providers.¹⁵³

2.151 However, Ms Chaney also emphasised the need for clear delineation regarding which decisions can be automated and which require human determination, and that override and appeal mechanisms are robust.¹⁵⁴

2.152 Similarly, Children and Young People with Disability Australia submitted that while automation could be applied to improve efficiency, it strongly cautions against 'its application in any domains that require evidence-based, fair, appropriate, or person-centred decision-making'.¹⁵⁵

2.153 The Human Technology Institute (HTI) similarly underlined its serious concerns about the automation provisions and called for clear guidance on what is and what is not permissible:

¹⁵⁰ Kids I Can, *Submission 251*, p. 6.

¹⁵¹ Name Withheld, *Submission 73*, p. 7.

¹⁵² EM, p. 42.

¹⁵³ Ms Kate Chaney MP, *Submission 105*, p. 13.

¹⁵⁴ Ms Kate Chaney MP, *Submission 105*, p. 13.

¹⁵⁵ Children and Young People with Disability Australia, *Submission 282*, p. 9.

HTI's central concern with the Bill is as follows. The automation provisions in the Bill are facilitative: they provide legal authorisation to automate some forms of NDIS decision making, with a breadth that is, to our knowledge, unprecedented in Australian law. Such legislation cannot be a blank cheque. In authorising some forms of [automated decision-making], it must also make clear what is and is not permissible in an area of decision making that engages fundamental human rights.¹⁵⁶

2.154 A submitter recommended to ensure that 'automation complies with disability rights and supported decision-making principles' and comply with the *Disability Discrimination Act 1992*.¹⁵⁷

2.155 The Agencies explained that automated processes can only be carried out under 'designated provisions' where the end-to-end process for computer-based decision making is clear and there is high confidence that the provision can be automated without compromising the integrity of the decision-making under these provisions.¹⁵⁸

2.156 Mr Matthew Swainson, Deputy CEO of the NDIA, told the Committee that the NDIA 'processes over 600,000 claims per day, currently' and that is something that could be 'done much more efficiently, accurately and consistently by a computer'. He then outlined the automation provision in the Bill seeks to 'increase the transparency of that process by requiring us to publish a statement on our website about the use of that computer' and create additional safeguards like an 'internal audit program, which will be oversighted by the board'.¹⁵⁹

2.157 Further, the Agencies noted that in time, it may be appropriate to expand the scope of designated provisions to other aspects of the bill (Act if passed), which would occur via a legislative instrument. The legislative instrument will be subject to parliamentary scrutiny and disallowance processes.¹⁶⁰

Safeguards

2.158 Evidence to the committee considered the safeguards applying to automation of administration action. For instance, the Commonwealth Ombudsman raised that while the legislated safeguards are welcome, there would still be significant risks at the agency level which the NDIA will need to address in

¹⁵⁶ Human Technology Institute, *Submission 347*, p. 1.

¹⁵⁷ Name Withheld, *Submission 88*, [p. 14].

¹⁵⁸ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 14.

¹⁵⁹ Mr Matthew Swainson, Deputy Chief Executive Officer, Enabling Services, and Chief Operating Officer, NDIA, *Committee Hansard*, 11 June 2026, p. 57.

¹⁶⁰ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, pp. 14–15.

operationalising automation of actions that require discretionary decision-making and evaluative judgements.

2.159 The Commonwealth Ombudsman further commented that ‘legislated requirements alone cannot guarantee that administrative processes will in fact operate consistently in a fair, reasonable and lawful way’ and that using these processes ‘to achieve administrative efficiency is unlikely to succeed if agencies do not ensure the processes and systems they form a part of operate with integrity’.¹⁶¹

2.160 The NT Disability Advocacy Consortium also noted the safeguard provisions for automation in the bill, however it highlighted specific risks for NT participants, for example:

Automated systems trained on aggregated data are likely to misclassify atypical or less statistically common participant profiles. This includes remote Aboriginal participants with complex support needs, participants who are non-verbal or communicate in Aboriginal languages, and participants whose cultural or living circumstances do not fit standard administrative categories.¹⁶²

2.161 In a joint submission, the Agencies explained that the range of safeguards ‘form a layered and interwoven framework for safe, transparent and accountable decision making’.¹⁶³ This includes:

- the accountability and oversight of the CEO;
- the requirement for the NDIA Chief Executive Officer (CEO) to make a standard operating procedure instrument when arranging for the use of a computer program to undertake evaluative administrative action;
- substituted administrative actions; and
- additional transparency requirement relating to notification, publication and reporting about automated administrative action.¹⁶⁴

2.162 The Agencies also noted that these safeguards address key risks which may be associated with automation, such as validity, opacity, and lack of accountability or oversight.¹⁶⁵

¹⁶¹ Commonwealth Ombudsman, *Submission 248*, p. 8.

¹⁶² NT Disability Advocacy Consortium, *Submission 160*, p. 28.

¹⁶³ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 15.

¹⁶⁴ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, pp. 15–17.

¹⁶⁵ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 15.

General matters

2.163 The committee received correspondence from many individuals that did not directly engage with the bill's provisions. The correspondence primarily discussed broad general concerns regarding NDIS funding and availability of disability supports in the future within or outside the NDIS. Other correspondence raised issues in relation to the conduct of the inquiry and limited timeframe to engage with the bill. These matters are outlined below.

Broader funding concerns

2.164 Many NDIS participants expressed general concerns about the bill and changes to funding. For instance, Ms Hong Nguyen stated in her submission that her ability to live independently, work meaningfully, and participate in the community depends on the support provided by the NDIS. She continued by saying that:

The NDIS is essential to my life, and I am deeply concerned about the proposed cuts and changes to eligibility and supports. Without the NDIS, I would not be able to work in a sustainable or meaningful way, nor contribute to my community as I currently do.¹⁶⁶

2.165 Similarly, Mrs Janelle Richens, who has lifelong lived experience in the disability community, outlined her concerns that the bill may lead to reduced access to essential supports:

I am deeply concerned about the proposed changes contained within the NDIS Future Generation Bill and the broader direction of reforms currently being implemented. While the stated intention is sustainability and consistency, I believe many of these changes risk reducing access to essential supports for disabled people with complex, fluctuating, developmental, or less visible disabilities.¹⁶⁷

2.166 This sentiment was echoed by the family and friends of individuals with disability, who have expressed concern regarding the impact on their loved ones. For example, one submitter stressed that 'any reduction, restriction or narrowing' of their son's supports would have 'devastating consequences for his safety, health, independence, and quality of life'.¹⁶⁸

Alternative support arrangements

2.167 Evidence to the committee also discussed the availability of disability supports outside the NDIS. One submitter, who is a person with disability, a current NDIS participant, and who has lived experience with Type 2A Usher syndrome, expressed their concerns regarding service gaps:

¹⁶⁶ Ms Hong Nguyen, *Submission 33*, [p. 1].

¹⁶⁷ Mrs Janelle Richens, *Submission 17*, [p. 1].

¹⁶⁸ Name Withheld, *Submission 301*, p. 1.

My central concern is that the Bill appears to rely on a disability support ecosystem outside the NDIS that does not yet exist in a reliable form. That creates a serious risk of people with disability being pushed out of, or partially out of, the NDIS and into service gaps.¹⁶⁹

2.168 People with Disability Australia also characterised the removal of participants from the Scheme in the absence of established alternative supports as a ‘profound systemic failure in the making’ that is ‘not merely unrealistic’, but ‘reckless’.¹⁷⁰

2.169 This was reiterated by Mrs Emma Bennison, Chief Executive Officer of the Disability Advocacy Network Australia (DANA), who told the committee that DANA is particularly concerned about sequencing, and emphasised that ‘we cannot move people away from existing supports before alternative supports, safeguards and community infrastructure are genuinely in place’.¹⁷¹

2.170 Dr Astha Tomar, President of the Royal Australia and New Zealand College of Psychiatrists, also told the committee that ‘if people lose access to disability supports without equivalent alternatives being available, the pressure does not disappear; it simply shifts ... to already overstretched emergency departments, public mental health services, homelessness services and families and carers’.¹⁷²

2.171 State and Territory Disability Ministers expressed similar concerns in their submission:

The pace of reform ... creates a significant risk of fragmented service delivery. Without a careful, coordinated approach that aligns these changes with broader improvements across the disability support system, there is a significant risk that people with disability will end up in hospitals or other settings that are inappropriate and unable to meet their needs, or have no access to services at all. States and territories are not in a position, and have made no agreement, to deliver like-for-like services to people who are exited from the NDIS.¹⁷³

Conduct of the inquiry

2.172 This section considers matters related to the conduct of the inquiry, including the consultation period and accessibility concerns.

¹⁶⁹ Name Withheld, *Submission 549*, p. 1.

¹⁷⁰ People With Disability Australia, *Submission 381*, pp. 15–16.

¹⁷¹ Mrs Emma Bennison, Chief Executive Officer, Disability Advocacy Network Australia, *Committee Hansard*, 9 June 2026, p. 49.

¹⁷² Dr Astha Tomar, President, Royal Australian and New Zealand College of Psychiatrists, *Committee Hansard*, 9 June 2026, p. 65.

¹⁷³ State and Territory Disability Ministers, *Submission 508*, pp. 2–3.

Consultation period

2.173 Inquiry participants raised concerns throughout the course of the inquiry about the consultation period, with most stakeholders stating that more substantive consultations are needed beyond the inquiry.¹⁷⁴

2.174 The committee received correspondence via a campaign from individuals who expressed their concerns regarding the submission due date for the inquiry. As such, these individuals called for the submission due date to be extended to a period of 30 to 60 days.

2.175 In addition to this campaign, other inquiry participants also raised concerns regarding the inquiry's timeframe.¹⁷⁵ For instance, Ms Susan Irvine, a neurodiversity and inclusion advocate, an unpaid carer, and a person with a disability, submitted that:

The consultation conditions are such that impacted stakeholders, cannot meaningfully respond to this Bill, or to proposed further consultations, in sufficient detail ... All timelines should be reviewed and significantly extended for whatever proposals proceed.¹⁷⁶

2.176 Similarly, the Justice and Equity Centre stated that the timeframe is challenging for civil society organisations and those representing the disability community to give the bill the full and detailed consideration that is required to avoid unintended consequences.¹⁷⁷

Accessibility

2.177 Some inquiry participants experienced challenges in fulsomely participating in the inquiry and public hearings due to the overall lack of accessibility. This includes the inability to participate via videoconference at the hearing in Melbourne, the difficulty coordinating appearances at hearings due to short notice, the difficulty to lodge submissions due to the short timeframe and the lack of accessibility on the Parliament of Australia website.

2.178 Additionally, some stakeholders were disappointed to hear that the current online system does not allow for the transcribing of audio evidence into a submission and were frustrated by the lack of a streamlined process to submit videos to the committee.

¹⁷⁴ See, for example, Disability Intermediaries Australia, *Submission 259*, p. 13; Hireup, *Submission 362*, p. 2; Royal Australian College of General Practitioners, *Submission 403*, [p. 1]; National Legal Aid, *Submission 577*, p. 9.

¹⁷⁵ See, for example, All About Autism, *Submission 361*, p. 1; Disabled People Against Cuts, *Submission 257*, [p. 1]; Disability Advocacy Network Australia, *Submission 275*, p. 1; Allied Health Professions Australia, *Submission 280*, p. 3; Working with Women Alliance, *Submission 296*, p. 1; Speech Pathology Australia, *Submission 393*, p. 6; Mental Health Australia, *Submission 380*, p. 7.

¹⁷⁶ Ms Susan Irvine, *Submission 117*, p. 6.

¹⁷⁷ Justice and Equity Centre, *Submission 82*, [p. 1].

2.179 Finally, some stakeholders also raised concerns about the lack of easy English materials in relation to the EM and bill information.

Committee view

2.180 The committee thanks all inquiry participants for their input to the inquiry. The committee acknowledges the extensive engagement of stakeholders who provided detailed submissions and put forward proposals and recommendations to ensure the future of the NDIS is secured and Australians with permanent and significant disability can continue to be supported.

2.181 In particular, the committee recognises the significant contribution of witnesses who appeared at the hearings, especially those with disability, their family members and carers. The committee acknowledges the emotional effort and financial resources many devoted to attend the public hearings in order to provide detailed evidence of their lived experience.

2.182 The committee acknowledges the tight timeframe of the inquiry and how it may have impacted some stakeholders. Due to the large volume of submissions received, some submissions have yet to be published on the committee's website. The committee has agreed that submissions, which were received by 10 June 2026, will continue to be published despite the inquiry being completed and submissions will be tabled at a later date in the Senate.

2.183 The committee notes that, in addition to the submissions, the committee received over 250 short statements expressing concerns about the bill and potential impacts on the level of supports participants may access in the future. These have been accepted as unpublished correspondence.

Accessibility

2.184 The committee notes the comments made by inquiry participants regarding the challenges they experienced in participating in the inquiry and the public hearings due to limited accessibility measures and the short timeframe of the inquiry.

2.185 The committee acknowledges that the current process and systems available to members of the community wishing to provide evidence to a Senate committee may not meet the access needs of many stakeholders. The issue is not new and has been raised in previous inquiries. Whilst some measures to improve accessibility of committee systems and processes have been put in place, more needs to be done. The Chair has written to the President and Deputy President to explore these challenges and ways in which the Department of Parliamentary Services could work to remove barriers to participation.

Context of the reform

2.186 The NDIS has changed lives and needs to be protected. It keeps Australians with disability safe. It enables community participation and, importantly,

strengthens our social fabric. It must continue to be there in the future for Australians who need it the most. At present, the scheme is growing too fast. It has expanded beyond its original remit of supporting people with significant and permanent disabilities.

- 2.187 The committee notes that the Productivity Commission forecasted that the Scheme would support 476,000 participants and cost \$22 billion at full Scheme commencement, but at the end of March 2026, the NDIS was supporting 774,456 participants, and over the 12 months to the end of March 2026, the Scheme cost \$50.2 billion.
- 2.188 Fraud and non-compliance have become too prevalent. These have direct and disastrous impacts on the lives of participants and their families. The Fraud Fusion Taskforce has identified design failures in the Scheme, which make the NDIS a soft target for rorters and organised crime. Only legislative changes can address these structural flaws.
- 2.189 While the committee understands the short timeframe of this inquiry process, it is clear that the bill reflects extensive work and consultation undertaken over many years. It draws on recommendations from the independent review into the NDIS, delivered in 2023; the disability royal commission; and the NDIS Provider and Worker Registration Taskforce. The bill also reflects the concerns that participants, carers, advocates and providers themselves have consistently raised about integrity, sustainability and participant safety.
- 2.190 The committee acknowledges that while reform is necessary, that any change to the Scheme understandably causes fear, confusion and uncertainty about what the reforms may mean for participants and their families. Throughout the inquiry, the committee observed that some misconceptions about particular elements of the reform were emphasised which further exacerbated fear amongst the community.
- 2.191 The committee encourages the NDIA and the Department of Health, Disability and Ageing to ensure all changes to the Scheme are clearly communicated to NDIS participants, their families and carers.
- 2.192 The committee does however understand that many elements of this reform will support further consultation to occur in the lead up to implementation. For example, the committee accepts the important role that the Technical Advisory Group will have in the process of informing NDIS rules especially in relation to the assessment tools to determine functional capacity.
- 2.193 The committee also accepts that there are diverse views regarding what constitutes a sustainable NDIS and the most effective pathway to achieving it.
- 2.194 Certain witnesses canvassed a significantly broader interpretation of eligibility and supports under the NDIS. However, the committee notes that without reform, the Scheme will grow to unsustainable levels.

- 2.195 While these views reflect a desire to ensure people with disability receive appropriate support, it is the committee's view that reform to align eligibility and appropriate supports to the intent of the scheme are essential to its long-term sustainability.

Fraud

- 2.196 Fraud has become a real issue for the sustainability of the Scheme and needs to be urgently curbed. When fraud exists, it leads to greater risk of abuse, exploitation and neglect. Ultimately, it is participants who suffer.
- 2.197 The committee acknowledges the significant work already undertaken to address fraud in the system and strengthen integrity. Since its establishment in November 2022 the Fraud Fusion Taskforce (FFT) has supported hundreds of joint fraud investigations involving billions of dollars, materially improving detection capability and cross agency responsiveness. The FFT's work has directly informed NDIA system uplifts, legislative reform and investment decisions, improved the maturity of fraud prevention and surfaced integrity risks that were previously not visible. The intent of fraud mitigation is to ensure that funds are rightly directed to participants to spend on the services and supports they require.
- 2.198 Measures in the bill respond directly to some of the identified design weaknesses that have left the NDIS vulnerable to fraud, organised criminal activity and poor oversight.
- 2.199 Provider registration is an effective measure for combatting fraud. However, currently, only one in 16 providers are registered and this needs to change. The committee understands that the current definition of 'NDIS provider' is too broad and is an obstacle to the effective registration of providers. The committee is of the view that the bill appropriately strengthens the requirements for provider registration.
- 2.200 The committee notes that some submitters were concerned about the risk of small providers exiting the market, especially in regional areas and thin markets. As such, the committee encourages the Department to work with service providers and other relevant stakeholders to ensure that there is no unnecessary duplication of regulation and administrative requirements.
- 2.201 The committee also welcomes the strengthening of the civil penalties and regulatory powers of the NDIA. This will assist in establishing stronger accountability and enable the NDIA to investigate fraud and noncompliance in relation to claims and payments.

Eligibility and assessments

- 2.202 The committee recognises that many submitters and witnesses expressed concern that reform to eligibility and assessment requirements may reduce access to supports. At the same time, the committee considers that a sustainable

NDIS depends upon the Scheme remaining targeted towards individuals with substantial and permanent disability-related support needs, rather than expanding beyond its intended scope.

- 2.203 The committee supports the intent of the bill to promote greater consistency and equity in eligibility determinations, with the aim of ensuring participants are assessed against clearer and more transparent criteria.
- 2.204 The committee also supports the move away from a diagnosis-based eligibility approach, aligning to recommendations from the NDIS Review.
- 2.205 As outlined throughout the report, the committee notes that further work is needed to identify the appropriate assessment of functional capacity and encourages the Australian Government to work collaboratively with the Technical Advisory Group and the broader community in the design and operation.
- 2.206 The committee was pleased to hear that the Technical Advisory Group will be specifically tasked with consideration of how the assessment tool will have consideration for episodic, fluctuating and degenerative conditions.
- 2.207 The committee understands that these reforms will result in people exiting the Scheme where they do not meet the eligibility requirements.
- 2.208 As was always the intent of the Scheme, the NDIS is not meant to be the only option for support. The committee was advised of the agreement with Premiers regarding a significant joint investment of \$10 billion into supports outside of the Scheme.
- 2.209 The Committee notes that this investment reflects the original design intent of the Scheme, which envisaged that a 'Tier 2' of broader community and mainstream supports would complement the NDIS.
- 2.210 The Committee notes that these foundational supports are important in ensuring Australians with disability who do not meet eligibility requirements are not left without support.
- 2.211 The committee encourages the States and Territories to work on this matter swiftly.

Safeguards for support determination

- 2.212 The committee notes the need for further clarity on the mechanism through which the Minister must have regard to the safety of participants when making a support determination, including appropriate safeguards and monitoring.
- 2.213 In relation to the reduction in SCCP, the committee heard that within a participant's SCCP budget, the line item in relation to employment supports will not be impacted by the government's intended 50 per cent budget reduction. Given the concern of those that utilise other aspects of their budget flexibly to

support their employment, the committee encourages further clarification to be provided around safeguarding these supports.

Thin markets

- 2.214 Consistent with findings of previous inquiries and reviews, the committee notes that the NDIS market model has not always resulted in diverse, quality markets that allow participants to exercise choice and control.
- 2.215 As reported by the Joint Standing Committee into the National Disability Insurance Scheme in November 2025, participants in regional, rural and remote areas face exacerbated challenges in accessing information, services and supports.
- 2.216 The NDIS Review concluded that ‘markets have not worked as originally imagined’, with service gaps, variable quality, poor incentives, and exposure to risks for participants, particularly in thin and regional markets.
- 2.217 It is the committee’s expectation that the Australian Government monitors the impact of reforms on thin markets, including in regional, rural and remote areas to ensure any unintended consequences are minimised.

Automated decision-making

- 2.218 The committee understands concerns about potential unintended consequences of the use of technology to automate administrative action.
- 2.219 The committee does however note that the NDIA will closely consult the disability community and experts to ensure use of technology is done so in a safe and effective way.

The need for change

- 2.220 The committee acknowledges that changes to the Scheme can be cause for concern for people with disability and their loved ones. As such, amendments to what is reasonable and necessary for the Scheme to fund, permanent impairment considerations and functional capacity assessments must be implemented sensitively and compassionately. Change is, however, necessary to ensure that the Scheme remains sustainable.
- 2.221 The committee agrees that the Scheme was never intended to operate as the sole source of support for people with disability, but rather as one part of a broader ecosystem of mainstream, community and disability supports.
- 2.222 The committee notes the importance of governments continuing to strengthen and invest in foundational and mainstream supports outside the NDIS. The committee acknowledges the evidence received regarding the need for improved access to health, education, housing, community and psychosocial supports, and recognises that a stronger and more accessible service system outside the Scheme is essential to ensuring people with disability can access appropriate support regardless of NDIS eligibility.

2.223 The committee considers that securing a sustainable future for the NDIS is critical for both current and future participants and for the broader disability support system.

2.224 The committee also acknowledges the substantial body of work undertaken over a number of years through processes including the Independent Review of the NDIS, the Disability Royal Commission, and extensive consultation with people with disability, advocates and the sector that has built the evidence for this reform. The committee considers that many of the measures contained in the bill seek to respond to issues identified through these processes, including improving clarity, consistency and equity within the Scheme, while supporting a system that is easier for participants to navigate.

Recommendation 1

2.225 The committee recommends that the Department of Health, Disability and Ageing table a roadmap accompanying the legislation that sets out the timeline and consultation requirements for all reforms included in the bill and the NDIS Reforms package announced in the 2026-27 Budget.

Recommendation 2

2.226 The committee recommends that the Australian Government amends the Explanatory Memorandum to include further clarification, similar to evidence provided in the Agency's submission and Questions on Notices, in relation to:

- **how the proposed test for permanence will be applied while having regard to individual choice and autonomy;**
- **the extent of consultation that will be undertaken in advance of implementation, particularly in relation to the functional capacity assessment tool;**
- **the safeguards that will apply in relation to the use of technology to automate administrative actions;**
- **the mechanism through which the Minister must have regard to the safety of participants when making a support determination, including safeguards and monitoring;**
- **the critical supports which will not be impacted through the proposed reduction to social, civic and community participation and capacity building support budgets;**
- **how the impact of reforms on thin markets, including in regional, rural and remote areas will be monitored to ensure any unintended consequences are minimised; and**
- **how employment support budgets will be preserved from the proposed support determination in relation to the SCCP.**

Recommendation 3

2.227 The committee recommends that state and territory governments fulfil their commitments under the National Cabinet agreement to support the long-term sustainability of the NDIS, including through the delivery of the jointly agreed \$10 billion investment in foundational supports outside of the Scheme.

Recommendation 4

2.228 Subject to the above, the committee recommends that the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 be passed.

**Senator Karen Grogan
Labor Senator for South Australia**

Additional Comments - Coalition Senators

Introduction

- 1.1 Coalition Senators reaffirm their strong bipartisan support for the National Disability Insurance Scheme (NDIS) and the role the Scheme plays in enabling Australians with significant and permanent disability to live with dignity, independence and greater choice.
- 1.2 The Scheme represents one of the most significant social reforms undertaken in Australia and has transformed the lives of hundreds of thousands of Australians with disability.
- 1.3 However, the long-term success of the NDIS depends not only on its intent, but on its sustainability, integrity and effective administration.
- 1.4 Coalition Senators note the Scheme has grown rapidly since its establishment. Originally expected to support around 410,000 Australians, the NDIS now supports over 774,000 participants and continues to expand.
- 1.5 Originally estimated to cost \$13.6 billion, expenditure this year is estimated at more than \$50 billion, projected to increase to \$70 billion by the end of the decade.
- 1.6 As the Scheme matures and participant numbers continue to grow, governments must ensure that reforms are carefully designed, clearly communicated and implemented in a way that maintains public confidence in the Scheme.
- 1.7 Coalition Senators are concerned the significant reforms currently being pursued by the Government in the Bill lack sufficient detail, transparency, implementation clarity and impact analysis for the disability community.
- 1.8 These concerns relate particularly to the Government's proposed targets for reducing growth and expenditure in the Scheme and ongoing failure to adequately address fraud and integrity within the NDIS.
- 1.9 Coalition Senators note the Committee timeframe to scrutinise the legislation was exceptionally compressed, providing only 11 days for the community to make submissions and allowing only three days for public hearings.
- 1.10 Coalition Senators also note the Committee has received more than 4,000 submissions, of which only 15 per cent have been made available for review at the time of writing this report.

Sustainability of the Scheme and Growth Targets

- 1.11 Coalition Senators recognise that ensuring the long-term sustainability of the NDIS is one of the most significant policy challenges facing the government.
- 1.12 The Government has committed in the 2026-27 Budget to reduce annual growth in the Scheme to two per cent.
- 1.13 However, Coalition Senators note this is now the Government's third attempt to slow the growth of the Scheme.
- 1.14 In April 2023 the Government committed to reducing the annual growth rate of the Scheme to eight per cent, however they have failed to achieve this target.
- 1.15 The Minister for Health and Disability, the Hon Mark Butler MP announced in January 2026 the Albanese Government would seek to further reduce the annual growth in the Scheme to between five and six per cent over the medium term. Again, this has not been achieved.
- 1.16 Right now, growth in the NDIS is around 11.3 per cent, meaning the Government's commitment to a two per cent growth target represents a substantial reduction.
- 1.17 Whilst Coalition Senators acknowledge the importance of moderating growth and expenditure to ensure the NDIS is sustainable, it is clear the Government has failed to consult with the disability community and State and Territory governments about the reforms.
- 1.18 Concerningly, State and Territory Disability Ministers stated in their joint submission to the Inquiry:

Disability Ministers have not been meaningfully consulted in the development of these reforms, signalling a broader shift away from shared governance despite the Scheme's joint funding responsibilities.¹
- 1.19 The submission further noted the changes in the Bill are:

inconsistent with commitments by all governments at National Cabinet in January 2026, including the Heads of Agreement on Health and Disability and in the National Agreement on Foundational Supports.²
- 1.20 Coalition Senators note the National Agreement on Foundational Supports was signed by National Cabinet in February 2026, prior to details of the reforms being released in the Bill.
- 1.21 Disability Ministers have continued to assert they were not consulted on, or aware of the extent of the changes in the Bill and that the proposed reforms go beyond the terms of the agreement which was signed.

¹ State and Territory Disability Ministers, *Submission 508*, p. 3.

² State and Territory Disability Ministers, *Submission 508*, p. 3.

- 1.22 Without evidence of a clear implementation strategy and a commitment from State and Territory Governments to support participants removed from the Scheme, the Government's growth targets are aspirational rather than achievable and risk the safety and welfare of vulnerable Australians with disability.
- 1.23 Coalition Senators are concerned the Bill does not provide adequate safeguards to ensure vulnerable Australians with disabilities and their families will be supported if they are deemed ineligible for the NDIS or support funding is reduced.
- 1.24 This risk is intensified in regional, rural and remote areas where there are already thin markets.

Changes to Social Community Civic Participation and Capacity Building Supports

- 1.25 The most significant savings measure in the Government's reform package can be attributed to the reset of Social Community and Civic Participation and Capacity Building supports from 1 October 2026.
- 1.26 These reforms are expected to reduce expenditure by \$13.2 billion over the forward estimates.³
- 1.27 In an address to the National Press Club on 22 April 2026, Minister Butler said:

Five years ago, this stream of support alone cost \$4 billion per year. This year, it's more than \$12 billion.⁴
- 1.28 Coalition Senators note that despite making these statements, neither the Minister nor the Department has quantified the reason for the accelerated costs.
- 1.29 Emphasising the lack of evidence, Ms Rosemary Kayess, the Disability Discrimination Commissioner, told the Committee:

I don't see where the evidence is. We don't have the evidence coming out of the NDIA. They've got outcome areas that they report on, but nobody can give me a strategic understanding of either the impact of (a) a 50 per cent cut or (b) why it's necessary. I mean, what are the indicators that demonstrate that we're not getting good return on money? There isn't the evidence there because we don't collect it...⁵

³ Minister for the NDIS, *Response to orders of 14 May 2026 (503, 504, 505, 506, 507 and 508) relating to the National Disability Insurance Scheme—Treasury modelling*, received 27 May 2026. ([Tabled documents | Document 16585](#) accessed 16 June 2026).

⁴ [Minister Butler speech at the National Press Club – 22 April 2026 | Health, Disability and Ageing Ministers | Australian Government Department of Health, Disability and Ageing](#)

⁵ Ms Rosemary Kayess, Disability Discrimination Commissioner, *Committee Hansard*, 10 June 2026, Canberra, p. 4.

- 1.30 The Bill will enable the Minister to make determinations to reduce funding for groups of supports by legislative instrument rather than primary legislation. The Bill states the Minister may reduce funding by:

a percentage (lower than 100%) that is the percentage by which a funding component amount for a specified group of supports is reduced while the determination is in force.⁶

- 1.31 Coalition Senators note that whilst Minister Butler has indicated the reductions will constitute a 50 per cent reduction to two categories of supports, being the Social Community and Civic Participation and Capacity Building, the Bill fails to specify this and leaves it open for the Minister to expand reductions to 'groups of supports' through a legislative instrument at any time.
- 1.32 Coalition Senators note these changes, as evidenced through testimonies throughout the inquiry, have caused the most anxiety for people with disability, experts, advocates, and the broader community in relation to participant safety.
- 1.33 In the submission by the Australian Human Rights Commission, the Disability Discrimination Commissioner, Ms Kayess stated:

The Bill introduces a new power for the Minister to reduce funding for groups of supports through a legislative instrument, which raises a number of concerns about how these decisions would operate in practice. Firstly, there is limited clarity about how decisions would be made. While, the Bill requires the Minister to have regard to participant safety, it does not set out detailed criteria, processes or a requirement to justify decisions. This makes it difficult to understand how funding reductions would be determined. Secondly, there are limited avenues to review or challenge these broad legislative decisions, and a lack of public accountability measures to support Ministerial decisions. Thirdly, the breadth of power means that funding settings could be adjusted over time in response to changing policy, governments, or budget priorities. This creates some uncertainty for participants about the level of support they can expect. More broadly the reduction throughout the Bill in reviewable administrative decisions made by the NDIA significantly diminishes the role of the Administrative Review Tribunal and the judiciary, compromising pathways to access justice. Collectively, these changes reduce independent scrutiny, with implications for access to justice. It should be recognised that these provisions alone have led to concerning levels of anxiety and uncertainty within the disability community.⁷

- 1.34 The submission by Women With Disabilities Australia (WWDA) highlighted the increased safety risk for women with disability stating:

The Bill risks reducing supports that enable daily living, community participation, safety, autonomy and work. When funded supports are

⁶ National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, section 34A(1)(a), p. 12.

⁷ Australian Human Rights Commission, *Submission 287*, p. 3.

reduced, the need for care and support does not disappear. It shifts to unpaid carers, who are disproportionately women. This will affect mothers, partners, daughters, sisters and friends, including many women with disability who already provide care while managing their own support needs.⁸

- 1.35 Further, in evidence provided to the Committee Ms Sophie Cusworth, Chief Executive Officer of WWDA reiterated evidence of the increased risk to women with disability through greater isolation, stating:

This bill proceeds as though an alternative system is ready. It is not. Women with disability will pay the price of this gap in systems through increased isolation, unpaid care, poverty and exclusion, and exposure to harm. Mothers, daughters, partners and sisters will carry it. Crisis systems and state health systems will carry it later, at greater human and public cost. Imagine a woman in regional Australia with an incurable degenerative condition like multiple sclerosis, which affects three women for every one man. She relies on NDIS supports to keep working, manage daily life and prevent avoidable deterioration. The government says functional capacity assessments will reduce the need for people to pay for expensive eligibility reports, but this bill creates another pay-to-prove barrier. She must now prove she has exhausted all appropriate treatment options before her impairment is recognised as permanent. Medicare funds only five subsidised allied health sessions a year. Treatment options and specialists may be unaffordable, or unavailable locally, but the need for reports is not removed. She needs evidence to prove which treatments she has tried. She is locked out of support for an incurable condition because she can't afford the pathway to proof. Without support, preventable deterioration accelerates. Or imagine a woman whose social and community participation support is the only regular contact she has outside home. It helps her to attend appointments, access community and be seen by people who know when something is wrong. For women with disability, community participation is a safeguard. Under the bill, this category of support is reduced, without regard to her circumstances, and her isolation grows. She is forced to rely on informal supports that are unsafe. The risk of violence increases and becomes easier to hide because she is isolated.⁹

- 1.36 Down Syndrome Australia noted in their submission:

A blanket percentage reduction has no regard to the reasonableness of the budget in the first place. That a participant can receive less funding than the reasonable and necessary amount undermines the goal of the NDIS. This reduction will remove essential supports and breaches the UNCRPD (Article 19 and 30). The mechanism for these cuts – applying immediately from a specified date – are also untenable for many people in our

⁸ Women With Disabilities Australia, *Submission 331*, p. 9.

⁹ Ms Sophie Cusworth, Chief Executive Officer, WWDA, *Committee Hansard*, 10 June 2026, Canberra, pp. 6–7.

community. Any change to supports, routines and daily life must be carefully planned and gradual.¹⁰

- 1.37 State and Territory Disability Ministers did not provide evidence during the Senate Inquiry hearings, however their joint submission confirmed they were not consulted on the changes and highlighted the significant risk to participants, stating:

The pace of reform – focused heavily on expenditure constraint, without a clearly defined broader ecosystem and with limited consultation – creates a significant risk of fragmented service delivery. Without a careful, coordinated approach that aligns these changes with broader improvements across the disability support system, there is significant risk that people with disability will end up in hospitals or other settings that are inappropriate and unable to meet their needs, or have access to no services at all [...]

[...] people with disability will end up in hospitals or other settings that are inappropriate and can't meet their needs or with no services at all. States and territories are not in a position, and have made no agreement, to deliver like-for-like services to people who are exited from the NDIS.¹¹

- 1.38 The submission further highlighted the risk of participants being left without supports, stating:

Significant projected participant exits by 2031 are not accompanied by clearly defined alternative supports, creating risk of unmet need and cost-shifting to state and territory systems (including health, education, and justice), which are not equipped for increased demand and cannot deliver like-for-like services with the NDIS.¹²

- 1.39 The Committee also heard testimony from people with lived experience who delivered powerful statements about the risks to themselves, their family and friends.

- 1.40 Ms Hannah Diviney delivered a powerful statement and warning to the Government during her testimony saying:

You may cast me as a frightened little girl, but hear this: when disabled people die as a direct result of this bill—and they will—their blood will be on your hands. How do I know people will die? Because you will have made it impossible for them to live in so many ways. You will have to live with that every single day for the rest of your life, haunted by their ghosts and by me every time I have a platform, because I'll be damned if I ever let a single politician in this government forget what you did if you dare position your own political power over our humanity.¹³

¹⁰ Down Syndrome Australia, *Submission 402*, p. 9.

¹¹ State and Territory Disability Ministers, *Submission 508*, pp. 2–3.

¹² State and Territory Disability Ministers, *Submission 508*, p. 3.

¹³ Hannah, *Committee Hansard*, Canberra, 10 June 2026, p. 38.

- 1.41 Coalition Senators note the evidence provided in submissions and through testimony at the hearings raises significant alarm regarding the lack of consultation undertaken with people with disability, experts, advocates and State and Territory Governments.
- 1.42 Coalition Senators are deeply concerned the Government's failure to consult and lack of evidence of a clear implementation strategy and commitment from State and Territory Governments to support participants who will have their Social Community and Civic Participation and Capacity Building supports reduced from 1 October 2026, will result in an unacceptable risk to the safety and welfare of vulnerable Australians with disability.

Ministerial determinations and powers

- 1.43 The Bill provides the Minister with sweeping Ministerial powers and places much of the detail for the proposed reforms into future legislative instruments. This includes reductions to support determinations, eligibility and functional capacity assessments, a new definition of permanence, and pricing decisions.
- 1.44 Coalition Senators recognise the policy rationale behind the Government's proposal to have greater ability to make changes to the Scheme rules as required, however these powers carry inherent risk for the disability community, not least of which will potentially impact their safety.
- 1.45 None of the proposed powers in the Bill have any independent oversight or consultation requirement, including with State and Territory Ministers, who noted in their joint submission a:

shift away from shared governance despite the Scheme's joint funding responsibilities.¹⁴

- 1.46 The Australian Human Rights Commission submission noted:

While, the Bill requires the Minister to have regard to participant safety, it does not set out detailed criteria, processes or a requirement to justify decisions. This makes it difficult to understand how funding reductions would be determined. Secondly, there are limited avenues to review or challenge these broad legislative decisions, and a lack of public accountability measures to support Ministerial decisions. Thirdly, the breadth of power means that funding settings could be adjusted over time in response to changing policy, governments, or budget priorities. This creates some uncertainty for participants about the level of support they can expect. More broadly the reduction throughout the Bill in reviewable administrative decisions made by the NDIA significantly diminishes the role of the Administrative Review Tribunal and the judiciary, compromising pathways to access justice. Collectively, these changes reduce independent scrutiny, with implications for access to justice. It should be recognised that

¹⁴ State and Territory Disability Ministers, *Submission 508*, p. 3.

these provisions alone have led to concerning levels of anxiety and uncertainty within the disability community.¹⁵

- 1.47 Coalition Senators are concerned the lack of consultation with the disability community and other stakeholders to establish any safeguards creates an unacceptable risk and undermines the objective and intent of the Scheme.

Fraud and Integrity in the NDIS

- 1.48 Maintaining public confidence in the Scheme is essential to its long-term sustainability. This confidence depends on the assurance that taxpayer funds are being used appropriately and that there are robust integrity systems in place to prevent the fraud and rorting that has infiltrated the Scheme.
- 1.49 In an address to the National Press Club on 22 April 2026, Minister Butler noted community support for the NDIS is eroding with:
- [...] 7 in 10 (Australians) also think it's gotten too large and struggles with dodgy providers. Worse still, 6 in 10 think it's actually 'broken'.¹⁶
- 1.50 Despite the Minister making these statements, Coalition Senators note the changes contained within the Bill do very little to address the fraud and rorting that is prevalent within the Scheme.
- 1.51 In fact, the Government's own modelling for the reform measures contained within the Bill state the fraud and integrity changes will only reduce the estimated \$5 billion of potential fraudulent and incorrect claims each year by \$300 million with the measures not having any budget impact until the 2027-28 financial year.¹⁷
- 1.52 Coalition Senators are concerned the Government has failed to adequately address the fraud and integrity of the Scheme, despite this being the primary concern of 7 in 10 Australians, as stated by the Government.
- 1.53 Coalition Senators welcome the changes within the Bill to introduce additional provider registration requirements, some new civil penalties and increase the NDIA's regulatory powers.

¹⁵ Australian Human Rights Commission, *Submission 287*, p. 3.

¹⁶ [Minister Butler speech at the National Press Club – 22 April 2026 | Health, Disability and Ageing Ministers | Australian Government Department of Health, Disability and Ageing](#) (accessed 16 June 2026).

¹⁷ Minister for the NDIS, *Response to orders of 14 May 2026 (503, 504, 505, 506, 507 and 508) relating to the National Disability Insurance Scheme—Treasury modelling*, received 27 May 2026. ([Tabled documents | Document 16585](#) accessed 16 June 2026).

- 1.54 Currently, around 94 per cent of providers delivering services to participants are unregistered. The lack of central oversight for unregistered providers has created an unacceptable risk to participant safety and expenditure of taxpayer funds. Coalition Senators welcome the changes in the Bill to expand mandatory registration requirements which will provide greater protection for participants who are most at risk of abuse and exploitation.
- 1.55 New civil penalties and strengthened record retention requirements will assist in reducing some fraud and integrity issues, but these changes alone are not enough to address the Australian National Audit Office estimate that up to 10 per cent of claims could be non-compliant, fraudulent or incorrect.¹⁸
- 1.56 Coalition Senators remain concerned ongoing reports of fraud and misuse of taxpayer funds remain largely unaddressed. The changes contained within the Bill fail to adequately meet the expectation of Australians for greater integrity of the Scheme and will not improve the Scheme's social licence.
- 1.57 Coalition Senators consider it essential the Government urgently consider additional measures to support greater integrity of NDIS expenditure.

Conclusion

- 1.58 Coalition Senators reiterate their support for the NDIS and its role in supporting Australians with significant and permanent disability.
- 1.59 The continued success of the Scheme depends on maintaining public confidence in its sustainability, governance and integrity.
- 1.60 Coalition Senators acknowledge there are some changes contained within the Bill which will improve the integrity and administration of the Scheme, but more must and should be done to address the fraud and rorting that is occurring.
- 1.61 Through this Bill, the Government has proposed substantive changes to the operation of the NDIS to reduce the Scheme's expenditure, under the guise of ensuring it is sustainable for future generations.
- 1.62 Unfortunately, it is clear addressing the Scheme's sustainability in the future is not the Government's only motivation. With National debt racing towards a trillion dollars, it is clear the Government's primary motivator is Budget repair. This is what happens when a government loses control and lacks the ability and discipline to manage the economy.

¹⁸ ANAO, Auditor General Report No. 48 2024-25, National Disability Insurance Agency's Management of Claimant Compliance with National Disability Insurance Scheme Claim requirements, p. 7.

- 1.63 In failing to consult with the disability community, experts and State and Territory Governments, the Government is poised to fail the very people the NDIS was designed to support.
- 1.64 Coalition Senators emphasise that the success of any reforms to the Scheme depend heavily on the detail and co-design of reforms, and implementation - of which none has been provided. For changes of this magnitude this is unacceptable.
- 1.65 Given the scale of the reform proposed, Coalition Senators consider it essential the Government provide greater transparency regarding program design, implementation, governance arrangements and oversight – and most importantly how the Government will ensure the safety and welfare of people who will be impacted.
- 1.66 Finally, Coalition Senators wish to express their heartfelt thanks to everyone who provided submissions to the Committee and to the incredibly brave and powerful witnesses who expressed their views and shared their personal stories during the Senate Inquiry hearings.

Senator Wendy Askew
Liberal Senator for Tasmania

Senator Maria Kovacic
Liberal Senator for New South
Wales

Senator Kerryanne Liddle
Liberal Senator for South Australia

Dissenting Report - Australian Greens

- 1.1 The Australian Greens extend their sincere gratitude to the disabled people, family members, representative organisations, allies, academics, legal experts, professional peak bodies, support workers, and advocates who contribute their time, expertise, and lived experience to this inquiry.
- 1.2 The evidence prepared through submission and public hearings was powerful and offered the committee extraordinarily valuable insights into the likely impacts of this legislation. The Australian Greens acknowledge that participating in this process required significant preparation, courage, vulnerability, and emotional labor, particularly for disabled people.
- 1.3 The Australian Greens also wish to acknowledge and thank the Committee Secretariat for their professionalism and work on this inquiry.
- 1.4 The Greens strongly support the National Disability Insurance Scheme (NDIS) and its foundational principle that disabled people have the right to access the supports they need to live with dignity, independence, and choice. The NDIS has transformed the lives of hundreds of thousands of Australians by providing access to essential supports, services, and equipment that enable disabled people to participate more fully in their communities, education, employment, and family life.
- 1.5 The Greens believe the NDIS is one of Australia's most significant social reforms and reflects a commitment to upholding the rights of disabled people. The Scheme recognises that disability support is not a privilege, but a fundamental investment in equality and inclusion. The Greens remain committed to protecting the integrity of the Scheme and ensuring it continues to deliver on its promise of providing disabled people greater choice, control, and opportunity.
- 1.6 The Australian Greens remain deeply concerned about the impacts of this legislation. We note that every individual and organisation that appeared before the Committee in a public hearing expressed the view that the Bill should not proceed in its current form. This unprecedented level of opposition underscores the significant concerns held by the disability community and other stakeholders regarding the proposed changes.
- 1.7 As said by Protect Our NDIS Alliance during the inquiry:

The proposed NDIS bill must be rejected in full. Proceeding with the bill is an irresponsible and dangerous course of action, with real risk and harm, including death, which is a guaranteed outcome.¹

¹ Mx Oriela Williams, Hansard, 9 June hearing.

- 1.8 Additionally, it became apparent throughout the inquiry that there will not be equivalent supports available to many participants who are removed from the NDIS. State and territory governments have not adequately established the proposed foundational supports, and evidence provided to the Committee indicates significant concerns about the legislation proceeding before these alternative services are in place.
- 1.9 The submission from State and Territory Disability Ministers highlighted 'there is a significant risk that people with disability will end up in hospitals or other settings that are inappropriate and unable to meet their needs, or have no access to services at all.'²
- 1.10 The Committee heard compelling evidence that the absence of accessible and adequately funded alternative supports would leave many individuals with unmet needs.
- 1.11 As such, no participant should be removed from the NDIS, nor should their supports be reduced based on transitioning to foundational supports, until equivalent and accessible alternative services are fully established and available.

Recommendation 1

- 1.12 The Australian Greens recommend that this Bill be withdrawn.**

Recommendation 2

- 1.13 The Australian Greens recommend that no participant be removed from the Scheme until foundational supports are fully implemented, evaluated, and proven to meet the needs of people who will be relying on them.**

Rushed, inadequate inquiry

- 1.14 The Australian Greens are deeply concerned about the limited timeframe allocated to this inquiry given the breadth of this legislation and the number of people impacted. The Senate's decision to require the inquiry to report by 16th June 2026 allowed only four weeks for the Committee's consideration of the Bill. Public submissions were open for just two weeks and, as Inclusion Australia³ noted during a public hearing, Easy Read materials explaining the Bill were not made available until seven days before submissions closed.
- 1.15 The Australian Greens have heard from many people about the impact of this short time frame. Jasmin from babeswithmobilityaids said during the inquiry:

The submission window was two weeks—two weeks for disabled people managing chronic illness, cognitive fatigue, pain and communication barriers to engage with complex legislation and prepare a formal response.

² State and Territory Disability Ministers, Submission 508.

³ Ms Maeve Kennedy, Hansard, 9 June hearing.

Co-design is a genuine commitment to ensuring the people most affected by a decision have a hand in shaping it, and, by that measure, this process has not met that standard.⁴

- 1.16 The Australian Greens consider that the short duration of this inquiry has constrained the ability of disabled people, their families, advocates, and representative organisations to fully examine the Bill and provide evidence on its likely consequences. Additionally, the short time frame demonstrates a fundamental lack of respect for the disability community and their right to be meaningfully consulted on significant changes to the NDIS.

Recommendation 3

- 1.17 The Australian Greens recommend that the Bill be referred for further committee scrutiny, so that the Senate can further review the significant cuts and expansive powers proposed by this Bill.**

Community view of the Bill

- 1.18 Despite the significant time and access barriers, the community submitted more than 4000 submissions. It is concerning that the short timeframe has meant that very few of these submissions have been publicly uploaded on the committee's website before the conclusion of this inquiry.
- 1.19 During the hearings, the Committee heard from many people with lived experience of disability, as well as people who have lived experience of caring for disabled people. Several key quotes from these witnesses are included below.

This bill will not affect all disabled people equally; it will fall hardest on the people who are already carrying the most—those with the fewest informal supports, the least capacity to navigate complex systems, the highest barriers to self advocacy—while simultaneously removing the review rights that would allow them to challenge the decisions made against them [...] I ask that this bill be withdrawn.⁵

Rare-disease disability remains poorly recognised in policy and funding settings, contributing to inconsistent support, fragmented care and avoidable inequity. The amendment bill takes us further away from that equity [...] I call on the committee to implore that government not let this bill pass into law and to instead safeguard those without a concrete diagnosis.⁶

⁴ Jasmin, Hansard, 9 June hearing.

⁵ Jasmin, Hansard, 9 June hearing.

⁶ Lauren, Hansard, 10 June hearing.

Having lived with my disability for over 40 years, I have seen Australia change a lot when it comes to disabilities. I feel that these changes will only make Australia go backwards.⁷

When governments discuss budgets, sustainability and cost cutting, I ask that they also consider the human cost. What is the cost of a person losing their home? What is the cost of a family pushed to breaking point? What is the cost of stripping dignity from someone who depends on the system to survive? These are not abstract questions. They are lived experience happening right now in households across this country. Behind every funding reduction is a person whose life becomes smaller. Behind every delayed support is a family forced to fill the gap. Behind every unmet need is someone whose dignity is compromised.⁸

I do not want to be sitting here in this room begging the government to see people like me as human, begging you to understand the right the disabled community has to live rich and full lives that exist out in the world, beyond any four walls. But I have no choice. None of us do. If the bill gets passed into legislation, the consequences will be dire, far-reaching and near impossible to undo.⁹

Fraud within the NDIS

- 1.20 The Australian Greens note that this inquiry took place against the backdrop of a sustained public narrative from the Federal Labor Government that the Bill is necessary to address fraud and misuse within the NDIS. Significant public resources have been directed towards promoting this narrative and justifying the proposed reforms.
- 1.21 Evidence received throughout the inquiry, however, raised serious questions about this characterisation. Witnesses consistently highlighted that the measures contained in the Bill are directed primarily at restricting or removing supports available to participants, rather than seriously addressing fraud, non-compliance, or misconduct by providers and other actors within the NDIS.
- 1.22 One of the most significant contributions of this inquiry has been to provide a public forum in which these claims could be scrutinised. The evidence presented to the Committee demonstrated a clear disconnect between the Government's stated rationale for the Bill and the practical effect of its provisions. Rather than targeting fraud and exploitation within the Scheme, many witnesses argued that the Bill would instead reduce access to essential supports for disabled people.
- 1.23 The Australian Greens are concerned that the Government's public messaging has obscured the real impacts of the proposed legislation and has contributed to harmful narratives about NDIS participants. The evidence before the Committee

⁷ Rohan on behalf of a friend who is an NDIS participant, Hansard, 10 June hearing.

⁸ Vanita, Hansard, 10 June hearing.

⁹ Hannah, Hansard, 10 June hearing.

indicates that disabled people, rather than those engaging in fraudulent conduct, are likely to bear the consequences of these reforms.

- 1.24 The Australian Greens are also concerned that, despite the Government's repeated justification of this Bill as an anti-fraud measure, the legislation does not go far enough to address fraud and exploitation within the NDIS. Throughout the inquiry, concerns were raised about fraudulent and unethical practices by some providers operating within the Scheme.
- 1.25 The Australian Greens support targeted action to address fraud and misuse of public funds. However, such action should focus on those engaging in fraudulent conduct, particularly providers and corporations that profit from the NDIS, rather than reducing access to essential supports for disabled people.

Recommendation 4

- 1.26 The Australian Greens consider that stronger measures are needed to hold providers accountable, including increased enforcement of penalties for fraudulent conduct, enhanced transparency requirements, stronger regulatory oversight, and more robust obligations on corporate providers to prevent and detect misconduct within their organisations.**

Areas of significant concern

Cuts to social and community participation funding

- 1.27 The inquiry heard significant concerns that this Bill provides a framework that enables the Government to enact their announced 50% cuts to social and community participation funding. It is concerning that such cuts can be made through broad Ministerial support determinations, rather than through an assessment of an individual participant's circumstances, goals, support needs and capacity for community engagement.
- 1.28 We heard during the inquiry that these cuts will risk greater isolation of NDIS participants and make them more vulnerable to violence, abuse, neglect, and exploitation. Dr George Taleporos explained this during a hearing for this inquiry:

When we isolate people who can't go out into the town or the community, we are setting the scene for that person where the only people who see them are the people who come to the house and provide that support. How on earth will anyone know when something is wrong if that person is not seen in that community? This is a very, very poorly thought-out proposal, and I urge the Senate to come out strongly against these wide, sweeping ministerial powers. They are inhumane, they are unsafe and they should not be allowed.¹⁰

¹⁰ Dr George Taleporos, Hansard, 10 June hearing.

- 1.29 Sam Connor from Disabled People Against Cuts also raised the impact on removal of community participation supports on disabled people experiencing domestic violence:

For domestic violence and family safety, the removal of community access increases risk for people in coercive control situations—this is a very gendered issue—and reduces DFV exit pathways.¹¹

- 1.30 The Australian Greens are concerned that such an approach undermines the fundamental principle of the NDIS as an individualised and person-centred scheme. Reducing supports through blanket policy settings, rather than participant-specific assessments, risks increasing social isolation, limiting opportunities for inclusion, and diminishing the independence and wellbeing of disabled people.

Recommendation 5

- 1.31 The Australian Greens recommend that the Bill be amended to prevent the Minister from imposing blanket restrictions or funding caps on any class of supports. Decisions regarding these supports should be based on the individual circumstances, goals and needs of each participant, consistent with the person-centred principles of the NDIS.**

Requirement to prove permanence

- 1.32 The Committee heard significant concern from the disability community regarding provisions in the Bill that would alter the definition of permanent disability used for determining eligibility to the Scheme. Under the Bill, a disability may not be considered permanent, and therefore the individual won't be given access to the Scheme, unless they have first undertaken all appropriate medical treatments.
- 1.33 Evidence to the inquiry highlighted several issues with this approach. In particular, concerns were raised that decisions regarding which treatments must be pursued would be determined through the rules made by the Minister, rather than by an individual's medical professionals. Submitters also noted that the proposed framework does not adequately account for barriers to accessing treatment, including affordability, geographic location, waiting times, potential risks, or an individual's personal circumstances and preferences. Many argued that changes to the definition of permanent disability would create additional obstacles for disabled people accessing the Scheme.
- 1.34 It is of great concern that the Bill contains no explicit safeguards to prevent the Government from requiring individuals to undergo certain harmful medical interventions. The Committee heard concerns from multiple witnesses to the inquiry that medical interventions could include the administration of

¹¹ Ms Sam Connor, Hansard, 9 June hearing.

medication for the purpose of suppressing particular behaviours, sometimes known as chemical restraints.

- 1.35 Children and Young People with Disability Australia explained this in their evidence:

When we think about medication, we know that chemical restraints or a chemical restrictive practice can occur when somebody is forced to take medication as a way to suppress particular behaviours or conduct that either they or the people around them wish to. That's what we're concerned about for children in particular—an early adoption of chemical restraint as a way of satisfying appropriate treatment before nonchemical or medication support is available to them.¹²

- 1.36 The Disability Discrimination Commissioner also spoke about concerns that forced menstrual suppression might be required by the Government:

It started out as making sure people were having all their treatments and still hitting thresholds, but they found that women were being coerced into having hysterectomies so they didn't have to fund menstrual support. So, whilst on paper at the moment it doesn't seem like those sorts of things like menstrual suppression will be part of an eligibility assessment, the question is: are those types of supports going to come under question?¹³

Recommendation 6

- 1.37 The Australian Greens believe that robust safeguards are necessary to ensure that disabled people are not pressured or compelled to undergo unwanted or inaccessible medical interventions to access essential supports through the NDIS.**

Functional capacity assessments

- 1.38 Over the course of the inquiry, we heard significant concern about the proposed 'one-size-fits-all' approach to assessment. This Bill introduces a definition of 'functional capacity' which will underpin the new approach to accessing the Scheme, and will enable the reassessment of every person currently on the NDIS. The government's own modelling¹⁴ shows that 241,000 people will be removed from the Scheme by 2031 as a result of the reassessment and the stricter eligibility conditions.
- 1.39 The definition of functional capacity as set out in the Bill removes the ability for an assessor to consider the impacts of the person's environment and personal circumstances in the assessment of that person's functional capacity. We heard countless times in this inquiry that this approach is reductive, it fails to

¹² Ms Skye Kakoschke-Moore, Hansard, 9 June hearing.

¹³ Ms Rosemary Kayess, Hansard, 10 June hearing.

¹⁴ Government response to OPDs 503, 504, 505, 506, 507, 508.

accurately capture a person's function and needs, and that it is fundamentally misaligned with the human rights-based social model of disability.

- 1.40 The Occupational Therapy Society for Invisible Disability spoke about this concern during a public hearing to this inquiry:

Their introduction shifts NDIS eligibility decisions away from the sum of available evidence of the impact of the person's disability to a single assessment. There is currently no demonstrated assessment tool capable of delivering the type of objective, functional assessment contemplated by the bill while accurately reflecting the complexity of disability.¹⁵

- 1.41 The Disability Discrimination Commissioner also spoke about the human rights implications of the government's definition of functional capacity:

When environmental and social factors are removed, the system reverts back to a deficit based, medical model of disability where the focus is placed solely on the individual's impairment rather than recognising the role of societal barriers and individual circumstances.¹⁶

- 1.42 The other glaring issue with the new approach to functional capacity assessments is that it is largely undefined by this Bill. The government has announced that there will be a functional capacity assessment tool developed for use in eligibility assessments and reassessments, but there has been no detail released about what this tool will look like and how it will work. The final decision on the details of the functional capacity assessment will be left to the Minister, with no requirement for consultation or parliamentary scrutiny.

Recommendation 7

- 1.43 The Australian Greens recommend that the impact of a person's environmental, contextual, social, and cultural circumstances be included in the definition of functional capacity.**

Recommendation 8

- 1.44 The Australian Greens believe that significant Rules, including those that set out the detail of functional capacity assessments, must be co-designed with the disability community and must require a vote of the Parliament before being implemented.**

Ministerial powers

- 1.45 The Greens are deeply concerned about the expansion of power this Bill grants to the Minister. Of particular concern is the inclusion of so-called "Henry VIII powers" in the Bill. These provisions would allow the Minister to make legislative instruments that significantly alter the operation of the NDIS

¹⁵ Ms Sally Davison, Hansard, 10 June hearing.

¹⁶ Ms Rosemary Kayess, Hansard, 10 June hearing.

framework without requiring the same level of parliamentary scrutiny, debate, and amendment as primary legislation.

- 1.46 While the powers are time-limited, they nevertheless represent a substantial delegation of legislative authority to the Executive. The Australian Greens are concerned that such powers reduce transparency and accountability and risk undermining Parliament's role in scrutinising significant policy changes that may affect the rights and entitlements of NDIS participants.
- 1.47 Evidence received during the Senate inquiry highlighted concerns regarding the breadth of these powers and the limited opportunities for parliamentary oversight. Given the significant impact that changes to the NDIS can have on disabled people, the Australian Greens consider that substantive amendments to the scheme should be made through primary legislation and subject to full parliamentary scrutiny.

Parliament is a place for providing the evidence, having the discussions and making sure that what is being proposed is safe, is necessary and is appropriate in the circumstances [...] That's what legislation is for [...] if you're going to change it, you need to go back to parliament and not just undermine it by giving the minister all the powers to go and do things by themselves. Any future minister could use those powers for all sorts of things.¹⁷

Recommendation 9

- 1.48 The Australian Greens recommend amending the Bill to remove the "Henry VIII" powers and ensure any changes to the operation of the NDIS Act remain subject to parliamentary scrutiny and approval.**

Automated decision-making

- 1.49 We are concerned that this Bill opens the door to significant automated decision-making within the NDIS. These processes have not been co-designed with the disability community, nor have they been subject to adequate scrutiny, validation, or testing. Throughout the Senate inquiry, the NDIA has not provided evidence demonstrating the reliability, safety, accuracy, or appropriateness of automated decision-making in this context. Given the potentially profound impact of these decisions on participants' lives, the absence of such evidence raises serious concerns about the risks associated with introducing these powers.
- 1.50 The Australian Neurodivergent Parents Association spoke to their concerns about automated decision-making during the inquiry:

[Automated decision-making] makes mistakes, and, when it makes mistakes, it does so by entrenching bias and systematising it [...] The idea that a consistent system is more fair is erroneous. It is not. When it is

¹⁷ Ms Naomi Anderson, Hansard, 9 June hearing.

designed by human beings who already have existing biases, what happens is that you merely encode bias into a system and then it goes everywhere. Mistakes amplify.¹⁸

Recommendation 10

1.51 The Australian Greens recommend that safeguards be added around any automated decision-making within the NDIS, including that all decisions are subject to human oversight and approval.

Parental responsibility

1.52 The Committee heard very strongly during the inquiry that the disability community is worried about the proposed approach in this Bill to parental responsibility and how it will affect funding decisions. This Bill writes a definition of parental responsibility into the NDIS Act itself. It specifies that supports such as supervision, personal care, transport, emotional support and behavioural support are the responsibility of parents, and therefore would not be funded through the NDIS.

1.53 We believe that this change will profoundly impact on parents and carers of disabled children as well as the children themselves who will lose access to crucial supports.

1.54 Alarmingly, the change also does not consider the needs of disabled parents, many of whom require additional support to undertake tasks that the Bill considers parental responsibility.

1.55 The Australian Neurodivergent Parents Association raised in the inquiry the likely impact of these changes:

Pretty much every service that our children access currently through the NDIS will become our responsibility to manage. In the case of our families, we are all disabled parents. We are not able to absorb that labour without our children being put at risk, without our families collapsing and without us, as people, collapsing.¹⁹

1.56 Children and Young People with Disability Australia also spoke to their concerns with this change:

We know that parents of children with disability, particularly those who have complex communication and behaviour support needs, require more support in the home. We don't yet have a definition or clarity over what that threshold is: when does parenting go beyond what is ordinarily expected? Expecting a parent to single-handedly provide the same level of care and support as a team of skilled, qualified and experienced support workers

¹⁸ Ms Sarah Langston, Hansard, 11 June hearing.

¹⁹ Ms Sarah Langston, Hansard, 11 June hearing.

risks putting that family into further crisis and may lead to increased instances of carer burnout.²⁰

Recommendation 11

- 1.57 The Australian Greens recommend that the strict definition of parental responsibility be removed from this Bill, and instead that funding decisions for an individual's supports are made based on the individual circumstances, goals and needs of each participant, consistent with the person-centred principles of the NDIS.**

Conclusion

- 1.58** Due to the extremely limited timeframe of this inquiry, this report does not constitute an exhaustive account of the Australian Greens' concerns with the NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026.
- 1.59** Again, we thank all those who have contributed to this important inquiry and especially those who have shared their personal experiences with the Committee.
- 1.60** We urge the government to go back to the drawing board with these reforms and take the time to properly engage in authentic, meaningful co-design with the disability community before proposing changes that will affect the lives of disabled people to the extent that they will be affected by this Bill.

Recommendations

Recommendation 1: The Australian Greens recommend that this Bill be withdrawn.

Recommendation 2: The Australian Greens recommend that no participant be removed from the Scheme until foundational supports are fully implemented, evaluated, and proven to meet the needs of people who will be relying on them.

Recommendation 3: The Australian Greens recommend that the Bill be referred for further committee scrutiny, so that the Senate can further review the significant cuts and expansive powers proposed by this Bill.

Recommendation 4: The Australian Greens consider that stronger measures are needed to hold providers accountable, including increased enforcement of penalties for fraudulent conduct, enhanced transparency requirements, stronger regulatory oversight, and more robust obligations on corporate providers to prevent and detect misconduct within their organisations.

Recommendation 5: The Australian Greens recommend that the Bill be amended to prevent the Minister from imposing blanket restrictions or

²⁰ Ms Skye Kakoschke-Moore, Hansard, 9 June hearing.

funding caps on any class of supports. Decisions regarding these supports should be based on the individual circumstances, goals and needs of each participant, consistent with the person-centred principles of the NDIS.

Recommendation 6: The Australian Greens believe that robust safeguards are necessary to ensure that disabled people are not pressured or compelled to undergo unwanted or inaccessible medical interventions to access essential supports through the NDIS.

Recommendation 7: The Australian Greens recommend that the impact of a person's environmental, contextual, social, and cultural circumstances be included in the definition of functional capacity.

Recommendation 8: The Australian Greens believe that significant Rules, including those that set out the detail of functional capacity assessments, must be co-designed with the disability community and must require a vote of the Parliament before being implemented.

Recommendation 9: The Australian Greens recommend amending the Bill to remove the "Henry VIII" powers and ensure any changes to the operation of the NDIS Act remain subject to parliamentary scrutiny and approval.

Recommendation 10: The Australian Greens recommend that safeguards be added around any automated decision-making within the NDIS, including that all decisions are subject to human oversight and approval.

Recommendation 11: The Australian Greens recommend that the strict definition of parental responsibility be removed from this Bill, and instead that funding decisions for an individual's supports are made based on the individual circumstances, goals and needs of each participant, consistent with the person-centred principles of the NDIS.

Senator Jordon Steele-John
Greens Senator for Western Australia

Dissenting Report - Senator David Pocock

- 1.1 From the outset, I want to thank the many Canberrans with disability who generously shared with me their experiences of the NDIS, their concerns about the proposed changes, and their hopes for a Scheme that is both sustainable and responsive to the needs of people with disability.
- 1.2 In particular, I want to acknowledge the Canberrans who attended my community town hall on the Bill, which brought together more than 100 people with disability, carers and supporters. The stories shared at that event, and in subsequent conversations, reinforced the importance of ensuring that reform is undertaken carefully, transparently and with the meaningful involvement of the people most affected.
- 1.3 I thank everyone who took the time to share their experiences and perspectives. Their contributions have informed my consideration of the evidence before the Committee and the conclusions reached in this report.

Introduction

- 1.4 The National Disability Insurance Scheme (NDIS) is one of Australia's most important social reforms. It has transformed the lives of many people with disability, their families and carers, and remains essential to ensuring people with disability can live with dignity, independence and choice.
- 1.5 The Scheme must be sustainable. Measures that strengthen integrity, improve consistency and address fraud and misuse are welcome. Participants, families, providers and taxpayers all have an interest in a Scheme that is sustainable, well-governed and protected from exploitation.
- 1.6 However, the evidence received by the Committee raises serious concerns about whether this Bill, in its current form, has been subject to the scrutiny required for legislation of this significance. It is also imperative that those people who lose access to the scheme can access appropriate supports and that those who remain on the scheme can continue to access necessary care. Change to the NDIS is needed, but I am not convinced that the Government has got the changes right in the bill it has presented to the parliament.
- 1.7 The Bill contains substantial reforms to participant supports, access arrangements, review processes, ministerial powers, provider arrangements and automated administrative decision-making. Some of these reforms were examined in detail during the inquiry, but others received very limited scrutiny in the time allowed for this inquiry, despite their potential impact on participants.
- 1.8 The Committee received more than 4,000 submissions. At the time this report was prepared, more than half had not been published, and many more than that

have likely not been read. The Parliamentary Joint Committee on Human Rights has also not completed its scrutiny of the Bill and has sought further information from the Minister regarding significant human rights questions.

- 1.9 In my view, this is not an adequate process for legislation that will affect the rights, safety and support arrangements of hundreds of thousands of Australians with disability. The Committee has simply not been given the time it needs to adequately examine the Bill.
- 1.10 For these reasons, and for those outlined throughout this report, I am not persuaded that the Committee has had sufficient opportunity to properly examine some of the Bill's most significant reforms. While there are elements of the Bill that have attracted broad support, including measures to strengthen the integrity of the Scheme and address fraud, further scrutiny is needed to ensure that the design, sequencing and impacts of the remaining reforms are fully understood before Parliament is asked to make decisions of such consequence for people with disability.

The inquiry has not adequately scrutinised several of the Bill's most consequential reforms

- 1.11 The evidence received by the Committee suggests that several of the Bill's most significant reforms have not been examined in the level of detail their significance warrants. The following sections outline a number of areas where submitters and witnesses raised substantial concerns, but where the Committee had limited opportunity to test that evidence, examine the practical implications of the proposed changes, or consider whether additional safeguards may be required.
- 1.12 Identifying these issues is not intended to suggest that every reform should be abandoned. Rather, it reflects my view that Parliament should have a clearer understanding of the design, implementation and likely consequences of these reforms before being asked to approve them.

Automation powers

- 1.13 One of the most significant aspects of the Bill is the proposed expansion of automated decision-making powers.
- 1.14 In its submission, the Human Technology Institute raised serious concerns about these provisions. Its submission states that the Bill would enable the CEO to automate a broad range of administrative action, which according to the Institute could include decisions that require "*an evaluative judgement*" or the development of "*a particular state of mind*".¹ It warned that the breadth of the

¹ Human Technology Institute, Submission to inquiry

proposed powers as it applies to discretionary decisions is, to its knowledge, *"unprecedented in Australian law"*.

- 1.15 These are not merely technical or administrative matters. They may affect whether a person receives the supports they need to live safely, participate in their community, work, study or maintain their independence.
- 1.16 As the Institute submitted, *"such legislation cannot be a blank cheque"*.
- 1.17 The Committee had limited opportunity to examine how these powers would operate in practice, what safeguards would apply, how human oversight would be guaranteed, and how participants would challenge decisions made or influenced by automated systems.
- 1.18 While increasing the use of automation could ultimately represent a sensible step forward, it's worth remembering this key conclusion of the Royal Commission into the Robodebt Scheme:

The automation used in the Scheme at its outset, removing the human element, was a key factor in the harm it did. The Scheme serves as an example of what can go wrong when adequate care and skill are not employed in the design of a project; where frameworks for design are missing or not followed; where concerns are suppressed; and where the ramifications of the use of the technology are ignored.²

- 1.19 It is for that reason that the Robodebt Royal Commission also recommended reforms to ensure future uses of automated decision-making are subject to appropriate safeguards.
- 1.20 Recommendation 17.1 called for the establishment of a consistent legal framework governing the use of automation across government, including clear review rights, transparency regarding the use of automated decision-making, and public access to the business rules and algorithms used to make decisions. Recommendation 17.2 called for the establishment of a dedicated body, or expansion of an existing body, with responsibility for monitoring and auditing automated decision-making systems, including their fairness, accuracy, bias and usability.
- 1.21 The Government accepted both of those recommendations. However, the Committee received no evidence that either reform has yet been implemented. As a result, Parliament is being asked to approve a significant expansion of automated decision-making powers within the NDIS before the broader safeguards recommended by the Robodebt Royal Commission are in place.
- 1.22 This does not mean automation should not be used within the NDIS. It does, however, raise legitimate questions about sequencing. Given the vulnerability of many NDIS participants and the importance of the decisions that may be

² Royal Commission into the Robodebt Scheme. Final Report. Pg. 488.

affected, there is a strong case for ensuring the recommended oversight and accountability mechanisms are established before these powers are expanded.

- 1.23 Additional scrutiny of these provisions would assist Parliament to better understand how the proposed safeguards compare to those recommended by the Robodebt Royal Commission and whether further protections are required before these powers commence.

Alternate supports

- 1.24 A recurring assumption underpinning the Bill is that people who are no longer eligible for the NDIS, or who receive reduced supports, will instead receive assistance through a system of “foundational supports” or other alternate supports.
- 1.25 However, if passed, parts of the Bill will begin to operate before any of these alternate systems are designed, funded, operational or even tested.
- 1.26 Take the proposed cuts to SCCP funding, for example. The Department has signalled that these cuts are due to start rolling out through planning processes from October 2026. The “Inclusive Communities Fund”, which is apparently supposed to operate - at least in part - as a replacement for SCCP funding will not be operational when these cuts start to take effect.
- 1.27 More broadly, there are questions about whether the broader system of foundational supports will be ready in time for when the changes to access commence in 2028.
- 1.28 As submitted to the Committee by Advocacy for Inclusion - a Disabled People’s Organisation in the ACT following the development of foundational supports locally:

The National Agreement on Foundational Supports has been signed by all jurisdictions including the ACT, and we acknowledge that as a genuine commitment. However, the National Agreement is a framework document. What operationalises it in the ACT is the bilateral agreement between the Commonwealth and the ACT Government – and that agreement has not yet been finalised. Without it there is no binding funding commitment, no agreed milestones, and no accountability mechanism.

Even where agreements exist, the implementation reality is stark. The ACT Government’s own Thriving Kids Implementation Plan is due for publication by the end of May 2026.⁵ Service design does not begin until June 2026. First (state-run) services are targeted for October 2026 – less than five months away. Full rollout is not expected until January 2028. States and territories across the country are in the same position: working to understand what Foundational Supports will look like in practice, with bilateral agreements still being negotiated and design work barely started.

There is no jurisdiction in Australia where a properly designed, adequately staffed, and operationally ready system of Foundational Supports will exist by October 2026. That is not a criticism of intent. It is administrative reality.

The sequencing problem is not simply that alternatives don't exist on paper. It is that they cannot be built and delivered in the time available³.

- 1.29 While governments have agreed in principle to establish Foundational Supports, the only cohort for which services have been designed, funded and committed in any meaningful way is the Thriving Kids program. Beyond that, key questions about eligibility, service design, funding and implementation remain unresolved. As a result, for most adults with disability, older children, people with psychosocial disability and people with higher support needs, who will be exited from the Scheme, there is currently no agreed, funded or planned system of Foundational Supports that could reasonably be relied upon as an alternative to the NDIS.
- 1.30 With a start date of 2028, when access measures commence, this represents a small implementation runway for when these supports will be needed by people who will be removed from the NDIS or prevented from accessing it.
- 1.31 Indeed, state and territory ministers do not seem convinced they can deliver or have even agreed to establish this system of alternate supports. As stated in their joint submission to this inquiry:

States and territories are not in a position, and have made no agreement, to deliver like-for-like services to people who are exited from the NDIS⁴.
- 1.32 This evidence is significant. The practical effect of the proposed reforms will depend heavily on the availability of alternative supports. Yet the governments that would be expected to provide many of those supports have expressly stated that no such commitment has been made.
- 1.33 States and territories also raised concerns about the information available to them to prepare for the proposed changes. Their submission noted that, despite the Commonwealth forecasting substantial savings from the reforms, they had not been provided with sufficient information to understand the scale of the impact:

States and territories have not yet been provided with the detailed or meaningful cohort, pathway and impact information needed to understand who may leave the Scheme, experience reduced supports, or rely more heavily on other systems⁵.
- 1.34 The submission went on to warn that these reforms may:

³ Advocacy for Inclusion. Submission to inquiry.

⁴ State and Territory Disability Ministers. Submission to inquiry.

⁵ State and Territory Disability Ministers. Submission to inquiry.

...unreasonably shift responsibility onto families and informal carers where they exist, as well as state services including health, mental health, housing, education, child protection, justice and crisis services⁶.

- 1.35 In my view, this evidence raises a fundamental question for the Committee. If the governments responsible for many of the alternative support systems do not yet know how many people may be affected, have not agreed to provide alternate supports, and have not been provided with the information necessary to plan for these changes, it is difficult to assess whether the alternative supports contemplated by the Bill will exist in practice when participants need them.
- 1.36 While I appreciate that this is subject to inter-governmental negotiations, I believe this demonstrates why more scrutiny of these reforms is needed, including their sequencing. At a minimum, state and territory ministers should be asked to appear before this Committee to answer questions on their readiness to provide services in time for when access changes commence in 2028.
- 1.37 I also draw attention to the changes that would allow the Minister to exclude people from accessing the NDIS, where the Minister deems there is an alternative system that can reasonably meet those peoples' needs.
- 1.38 This is a broad power, and could conceivably be used to move people off the NDIS after they turn 65 into aged care, and indeed, the Explanatory Memorandum for the Bill does seem to contemplate this power being used in relation to aged care.
- 1.39 If this were to happen, this would represent a seismic shift in NDIS policy. Currently, older Australians are waiting an average of 13 months to get into a residential aged care facility, so it raises serious questions if that is the government's intent.⁷
- 1.40 And from publicly reported experiences, we know that the aged care system struggles to accommodate older people with disability. In one recent case, reported publicly in the media, an older Canberran with paraplegia was recently stranded in one of Canberra's public hospitals for 19 months awaiting admission to residential aged care.⁸
- 1.41 This section of the Bill has received very little scrutiny, but could represent one of the biggest step-changes to NDIS policy. It should be examined in more detail.

⁶ State and Territory Disability Ministers. Submission to inquiry.

⁷ Aged Care Act 2024 – Wait Times Report. 12 May 2026. Accessed via: www.health.gov.au/resources/publications/aged-care-act-2024-wait-times-report?language=en.

⁸ Canberra paraplegic woman stranded in hospital for 19 months due to aged care bed block. ABC. 7 April 2026. Accessed via: www.abc.net.au/news/2026-04-07/act-paraplegic-woman-stranded-for-19-months-due-to-aged-care-bed/106528228.

Revocation powers

- 1.42 The Committee also received evidence about proposed powers to revoke a participant's plan where they are unable to be contacted.
- 1.43 Submitters questioned whether these powers are necessary or proportionate, given a more appropriate mechanism is also contained in the Bill to allow for a suspension (before a revocation) if someone cannot be contacted.
- 1.44 Women with Disabilities Australia raised particularly serious concerns about how these powers may affect women escaping violence. As outlined in their submission:

A participant escaping violence may leave home quickly, change phones, lose documents, move through crisis accommodation or avoid contact for safety reasons. Under the Bill, being "not contactable" could lead to plan suspension and revocation of participant status. This creates a serious safety risk. A person in crisis may lose the very supports that help them stabilise, communicate with services, attend appointments, secure housing and stay safe. Safeguarding steps must be required before suspension or revocation, especially where violence, homelessness, coercive control, hospitalisation or crisis accommodation may explain why a participant cannot respond.

- 1.45 While this may appear to be a narrow issue, it reflects a broader concern I have with the Bill: too many provisions appear to have been designed for administrative efficiency without sufficient attention to the circumstances in which participants may be unsafe, in crisis, or unable to engage with the Agency in the way the legislation assumes.
- 1.46 The Committee did not have sufficient opportunity to examine how the proposed revocation powers would operate in these circumstances or whether existing safeguards are adequate.

Permanence provisions

- 1.47 The Bill proposes significant changes to the test used to determine whether an impairment is likely to be permanent.
- 1.48 Several submitters raised concerns about the requirement to consider whether an impairment could be "alleviated" through available treatment, support or intervention. While these changes may appear technical, the evidence received by the Committee suggests they may have significant implications for clinical decision-making, creating pressure for people with disability to pursue treatments or interventions that they would not otherwise choose, or that may not be clinically appropriate in their circumstances, in order to establish eligibility for the NDIS.
- 1.49 The Justice and Equity Centre raised concerns about the inclusion of the term "alleviate" in this permanence test, arguing that it sets a very low threshold for determining whether an impairment could be improved through treatment, support or intervention.

1.50 The Centre noted that many impairments can be alleviated to some extent, even where the underlying condition remains permanent and the person's need for support is unchanged. In its view, the proposed test risks placing undue weight on the possibility of some limited improvement, rather than on whether a person continues to experience a lifelong impairment that substantially affects their functioning.

1.51 As it submitted:

Almost any impairment could be 'alleviated' to some degree. This risks excluding people with serious, lifelong impairments simply because some limited improvement is possible, even where overall functional capacity remains substantially reduced and their need for ongoing support is clear. The provisions may also disadvantage people with progressive conditions, where treatment may slow decline, but not reverse it, even though decline is inevitable. This risks excluding people precisely at the point where timely support is most critical.

1.52 Similar concerns were raised by People with Disability Australia, which also argued that the inclusion of the term "alleviate" creates a particularly low threshold for exclusion from the Scheme:

Even minor or temporary improvements in function may be used to argue that an impairment is not permanent, regardless of whether those improvements significantly change a person's overall level of need. This also has the potential to drive the requirement for medical, clinical or therapeutic intervention that has demonstrated long-term psychosocial impacts.

1.53 The Committee also received evidence from Mind Australia that the proposed provisions may create pressure on participants to pursue treatments or interventions they would not otherwise choose or that may carry significant risk.

1.54 Disturbingly, Professor Fels told the Committee that this practice was already happening:

Already, before this bites, I know of at least one person who was asked, 'Why not ECT, electroconvulsive therapy?' That's a dangerous thing. Another we know of was asked, 'Why not clozapine?' You probably know clozapine is a really powerful antipsychotic drug. It's reserved for limited use. Imagine just saying to a person with mental illness, 'You should look into ECT. You haven't? We're not sure we'll consider you,' or, 'Why aren't you having clozapine?'

1.55 Neurological Alliance Australia submitted that treatments for Parkinson's disease may manage symptoms but do not halt or reverse the underlying neurodegenerative condition. It warned that decision-makers without specialist clinical expertise may incorrectly interpret symptom management as evidence that an impairment has been alleviated.

1.56 The Alliance also raised concerns about deep brain stimulation, a significant surgical intervention used in some cases of Parkinson's disease. It noted that

deep brain stimulation is a major procedure with strict eligibility requirements, limited availability and significant risks, and argued that:

Individual clinical decisions to decline DBS [deep brain stimulation] should not affect NDIS access.

- 1.57 The Royal Australasian College of Physicians similarly questioned the practicality of the proposed permanence test. Dr Anderson told the Committee:

There is rarely a clear point at which all reasonable treatment is complete.

- 1.58 He warned that, if applied rigidly, the provisions risk delaying access to support, prolonging hospital stays and requiring clinicians to predict long-term outcomes prematurely. As Dr Anderson observed:

Permanence must reflect real-world circumstances, not hypothetical inaccessible treatment options.

- 1.59 Taken together, this evidence raises concerns that the proposed permanence provisions may have consequences that extend well beyond the technical question of NDIS eligibility. The Committee received evidence suggesting that participants may feel pressure to pursue treatments they do not want, cannot access, or that carry significant risks in order to demonstrate that their impairment is permanent.
- 1.60 This is a significant issue. Decisions about whether to undertake a medical treatment or undergo a surgical procedure should be guided by clinical advice and the informed preferences of the individual, not by concern that declining treatment may jeopardise access to disability support. While the Government has stated that this is not the intended effect of the reforms, it is striking that evidence provided to the Committee, particularly by Professor Fels, suggests that these dynamics are already happening in practice.
- 1.61 Given the significance of these issues, and the evidence received by the Committee, I consider that additional scrutiny would assist Parliament to better understand how these provisions may operate in practice and whether appropriate safeguards are required before they are implemented.

Social and community participation is a safety measure

- 1.62 The most significant concern arising from this inquiry relates to the proposed reductions to Social, Civic and Community Participation (SCCP) supports.

- 1.63 The Department's submission explains the rationale for these reductions in the following terms:

The Government has decided to constrain growth in some support categories that, while important to many participants, **are not essential to participant health and safety**. The Government has announced its intention to reduce participant budgets for social, civic and community participation (SCCP) supports and capacity building daily activities (CBDA) supports.

- 1.64 The evidence received by the Committee consistently challenged that proposition.
- 1.65 Witnesses and submitters from across the disability sector argued that social and community participation supports are not separate from health and safety. Rather, they are often one of the key mechanisms through which safety is maintained.
- 1.66 This issue was examined directly during the Committee's hearings. When I asked whether the proposed power to reduce participant budgets without consideration of individual circumstances would leave people in unsafe situations, Disability Discrimination Commissioner Rosemary Kayess responded:

We know it will leave people in unsafe situations.

- 1.67 Commissioner Kayess went on to explain that isolation creates vulnerability, noting that people become vulnerable when they are isolated from their communities and relationships and are consequently at greater risk of "violence, abuse and exploitation."
- 1.68 Women with Disabilities Australia submitted that women with disability already experience significantly higher rates of violence and abuse and warned that reductions to participation supports risk deepening isolation and worsening the conditions in which violence, abuse, neglect and exploitation remain hidden.
- 1.69 In particularly compelling evidence, Women with Disabilities Australia recounted the story of Ann Marie Smith; a story that was also shared with the Disability Royal Commission. I truly feel this bears repeating, and I have copied the extract from their submission below:

Ann Marie Smith's death shows why community participation is a safety issue. She had cerebral palsy, lived alone, received NDIS-funded care and had very limited contact outside one closed support relationship. Police said she had been left in the same chair day and night, was malnourished, in septic shock and died in circumstances described as "likely preventable". Isolation was identified as a central risk factor, with advocates stating that safeguarding requires "multiple eyes" and "multiple people" in a person's life. The Disability Royal Commission examined what had been learnt since her death and stated that individual cases must identify the "policy and regulatory issues" needed to give practical effect to Australia's human rights obligations. Reducing social, civic and community participation supports risks cutting away the regular contact, visibility and informal safeguards that help people be seen, known and able to report harm. For women with disability, who already experience higher rates of violence, these cuts risk deepening isolation and worsening conditions where violence, abuse, neglect and exploitation are hidden.

- 1.70 People with Disability Australia also argued that the proposed reductions run counter to the findings of the Disability Royal Commission, which identified

exclusion from community life as a significant driver of vulnerability to abuse, neglect and exploitation. PWDA warned:

By reducing access to supports that enable connection and participation, the Bill risks entrenching isolation and exposing participants to preventable harm. Removing the ability to participate safely in the community takes away important safeguards that don't rely on formal systems - systems that the Disability Royal Commission has shown can also be places where abuse occurs.

- 1.71 Inclusion Australia also challenged the proposition that participation supports are unrelated to safety. Its submission noted that the Disability Royal Commission repeatedly identified social isolation, segregation and exclusion from community life as key drivers of vulnerability to violence, abuse, neglect and exploitation. As Inclusion Australia outlines in its submission:

We are also concerned by the Impact Analysis' assertion that reductions to SCCP supports "do not impact health and safety" in the same way as personal care or daily living supports. This framing fundamentally fails to recognise the protective role that social connection, community participation, trusted relationships and informal support networks play in maintaining safety, mental health, physical wellbeing and quality of life for people with intellectual disability.

- 1.72 Down Syndrome Australia similarly rejected the assertion that social and community participation is not essential to health and safety:

The Impact Analysis states that "...the decision to reduce this budget was preferred over others because it does not impact the health and safety of participants". This is unfounded. Social and community supports can serve to prevent loneliness, segregation and dependence which otherwise would result in serious and expensive health and psychological impacts on the person.

- 1.73 Evidence received from Mind Australia also highlighted the particular importance of these supports for people with psychosocial disability. Mind Australia submitted that social and community participation is not a "*nice to have*" for this cohort, but rather one of the primary ways people "*sustain their mental health and avoid crisis*".

- 1.74 This view was also shared by providers, with AbilityFirst also stating a reduction in SCCP funding would additionally increase the risks of violence toward disability support workers:

The harm to participants in SIL from a 50% reduction in SCCP funding would: reduce participants' access to meaningful daily routines, community connection and structured activity, with associated wellbeing and behavioural support consequences; compound existing financial pressure on SIL providers; create quality and safeguarding obligations that cannot be met from the reduced funding; and is likely to increase the incidence of occupational violence and aggression in SIL settings as participants respond to loss of routine.

- 1.75 Taken together, this evidence presents a fundamentally different picture to that advanced by the Government. While the Government's position appears to be that social and community participation is not essential to participant health and safety, the overwhelming evidence received by the Committee, including evidence generated through the Disability Royal Commission, suggests otherwise.
- 1.76 The Committee also heard evidence that SCCP contributes directly to employment and economic participation, by enabling people with disability to seek work, get to work and remain in work. Many participants and advocates reported that SCCP funding is used flexibly to engage support workers who assist people to travel to employment, navigate workplaces and maintain participation in the workforce. Despite this, there appears to have been limited consideration of how these supports are used in practice and how proposed reductions may affect employment outcomes.
- 1.77 While I acknowledge the Department's evidence that it is not the Government's intention to undermine participant safety or employment, I am not persuaded that the safeguards proposed in the Bill are sufficient. The Committee was told that the Minister would be required to "have regard" to participant safety when making determinations that could result in reductions to SCCP funding. However, given the seriousness of the evidence received, this appears to be a relatively thin safeguard.
- 1.78 The Committee received no detailed evidence regarding how the Government intends to monitor for increased isolation, identify emerging risks of abuse or neglect, assess the impacts on mental health and employment, or intervene where reductions to participation supports result in unintended harm. Nor was the Committee provided with a clear explanation of how participants could challenge reductions that place their safety or wellbeing at risk.
- 1.79 These are significant reforms that have the potential to affect the daily lives, community connections and safety of hundreds of thousands of people with disability. The evidence before the Committee overwhelmingly suggests that social and community participation is a critical safeguard against isolation, abuse, neglect and deteriorating health. In those circumstances, stronger protections and more careful scrutiny are warranted before these provisions proceed.

Gendered impacts have not been adequately considered

- 1.80 The Committee received evidence that the impacts of this Bill are unlikely to be experienced equally across the community and are likely to disproportionately impact on women.
- 1.81 Women with Disabilities Australia (WWDA) raised concerns that the Bill will disproportionately impact women, whether those are women with disability or

the women who will need to undertake more unpaid work as a result of these changes.

- 1.82 WWDA noted that women with disability experience significantly higher rates of violence, with these reforms likely to worsen the conditions where violence, abuse and neglect are hidden.
- 1.83 The Committee also received evidence regarding the relationship between disability supports, caring responsibilities and workforce participation. Witnesses highlighted that reductions in support can shift caring responsibilities onto family members and informal supports. In practice, these responsibilities are often borne by women.
- 1.84 Indeed, even states and territories drew the Committee's attention to this fact:
Women will likely disproportionately experience a reduction in workforce participation and potential increase in unpaid care.
- 1.85 Despite these concerns, the Committee received no gender impact assessment of the proposed reforms
- 1.86 Given the evidence regarding violence, safety, caring responsibilities, workforce participation and economic security, I am concerned that the gendered impacts of the Bill have not been adequately examined.
- 1.87 A gender impact assessment would provide Parliament with a clearer understanding of how the reforms may affect women with disability, women who provide informal care, and women who rely on disability supports to participate in employment and community life. Given the significance of the reforms proposed by the Bill, such analysis should be undertaken before Parliament is asked to legislate.

Conclusion

- 1.88 The need for reform is not in dispute. The Committee received broad support for measures that strengthen the integrity of the Scheme and address fraud and misuse. Indeed, there are elements of this Bill, including measures designed to better detect and prevent fraud, that have attracted significant support and could proceed with confidence.
- 1.89 However, the evidence received by the Committee also demonstrates that some of the Bill's most consequential reforms have not been subjected to the level of scrutiny they warrant. Significant questions remain regarding the proposed permanence provisions, the expansion of automated decision-making, the operation of alternative supports, the revocation powers, and the proposed reductions to Social, Civic and Community Participation supports, to just name a few.
- 1.90 The legislative process should not be viewed as an obstacle to reform, but as an opportunity to ensure reforms are workable, safe and durable. This is

particularly important where reforms may affect people's access to support, their participation in community life, and, in some cases, their safety.

- 1.91 If the Government is confident that these reforms are necessary and capable of achieving their intended objectives, further scrutiny should be welcomed. Additional consultation, evidence and parliamentary consideration will not weaken the reforms, it will strengthen them.
- 1.92 For these reasons, I do not support the Bill proceeding in its current form. However, I recognise that the measures to prevent fraud have attracted broad support and should be progressed as a priority.

Recommendation 1

- 1.93 That the Senate extend the inquiry into the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026.

Recommendation 2

- 1.94 That provisions enabling the indiscriminate reductions to Social, Civic and Community Participation supports be removed from the Bill.

Recommendation 3

- 1.95 If Recommendation 2 is not adopted, the Bill be amended to ensure any reduction in Social, Civic and Community Participation supports:
- is based on individual circumstances;
 - considers participant safety;
 - considers employment impacts; and
 - is subject to appropriate review rights.

Recommendation 4

- 1.96 That the Government undertake and publish a gender impact assessment of the Bill, having regard to evidence provided by Women with Disabilities Australia and other submitters regarding the disproportionate impacts of these reforms on women with disability and carers.

Recommendation 5

- 1.97 That the Government, as a matter of urgency, implement Recommendations 17.1 and 17.2 of the *Robodebt Royal Commission*, establishing a legislative framework for automated decision-making that guarantees transparency, explainability and merits review, and creating an independent mechanism to monitor, audit and assess the fairness, legality and impact of automated decision-making systems used by government.

Senator David Pocock
Independent Senator for the Australian Capital Territory

Appendix 1

Submissions and additional information

Submissions

- 1 Ms Cat Walker
 - 1.1 Supplementary to submission 1
 - 1.2 Supplementary to submission 1
- 2 Name Withheld
- 3 Name Withheld
- 4 Name Withheld
- 5 Name Withheld
- 6 Name Withheld
- 7 Ms Claire-Louise McCrackan
- 8 Name Withheld
- 9 Name Withheld
- 10 Ms Annette Andersen
- 11 Name Withheld
- 12 Mr Michael Sanderson
- 13 Ms Karen Forde
- 14 Mrs Katrina Hartley
- 15 Name Withheld
- 16 Name Withheld
- 17 Mrs Janelle Richens
- 18 Name Withheld
- 19 Mr Jarrod Sandell-Hay
- 20 Mrs Phillippa Smoker
- 21 Mrs Jodi Wood
- 22 Name Withheld
- 23 Name Withheld
- 24 Mrs Lillia Hemelaar
- 25 Name Withheld
 - 25.1 Supplementary to submission 25
- 26 Name Withheld
- 27 Mrs Helen Harrop
- 28 Name Withheld
- 29 Ms Tanya Dupagne OAM
- 30 Name Withheld
- 31 Deborah Haereroa
- 32 Occupational Therapy Society (OTSi)
 - 32.1 Supplementary to submission 32

- 33 Ms Hong Nguyen
- 34 Andy Parsons
- 35 Mx Eire Rowan
- 36 Ms Kirsty Wesner
- 37 Cassie Van Diemen
- 38 Name Withheld
- 39 Name Withheld
- 40 Name Withheld
- 41 Name Withheld
- 42 Jo Russell
- 43 Name Withheld
- 44 Julie Guilfoile
- 45 Name Withheld
- 46 Name Withheld
- 47 Name Withheld
- 48 Name Withheld
 - 48.1 Supplementary to submission 48
- 49 Name Withheld
- 50 Name Withheld
- 51 Name Withheld
- 52 Disability Solutions and Outcomes
- 53 Ms Alicia De Bartolo
- 54 Name Withheld
- 55 Ms Valerie Evans
- 56 Name Withheld
- 57 Name Withheld
- 58 Mr Declan Holmes
- 59 Name Withheld
- 60 Name Withheld
- 61 Sensational Kids
- 62 Ms Katherine McDowell
- 63 Mr Kieran O'Rourke
- 64 Name Withheld
- 65 Ms Tiffany Papadakis
- 66 Name Withheld
- 67 Name Withheld
- 68 Mr Kyle Montgomery
- 69 Name Withheld
- 70 Name Withheld
- 71 Name Withheld
- 72 Name Withheld
- 73 Name Withheld
- 74 Name Withheld

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- 75 Advance Occupational Therapy
76 Name Withheld
77 Name Withheld
78 Ms Jennifer Harkness
79 Name Withheld
80 Juni Paediatrics
81 Name Withheld
82 Justice and Equity Centre (JEC)
• 82.1 Supplementary to submission 82
83 Lucy McLean
84 Maddie Vincent
85 Michelle To
86 Ms Tanya Evans
87 Name Withheld
88 Name Withheld
89 Name Withheld
90 Name Withheld
91 Name Withheld
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93 Name Withheld
94 Name Withheld
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96 Name Withheld
97 Name Withheld
98 Name Withheld
99 Name Withheld
100 Name Withheld
101 Name Withheld
102 Ms Clare Stewart
103 Ms Michele Campbell
104 Name Withheld
105 Ms Kate Chaney MP
106 Name Withheld
107 Name Withheld
108 Name Withheld
109 Name Withheld
110 Name Withheld
111 Name Withheld
112 Recovery In Mind Occupational Therapy
113 Name Withheld
114 Name Withheld
115 Mr Adrian Praljak
116 Name Withheld

- 117 Ms Susan Irvine
- 118 Name Withheld
- 119 Name Withheld
- 120 Name Withheld
- 121 Ms Pia Kyre
- 122 Ms Holly Clark
- 123 Mrs Alyce Budz
- 124 Name Withheld
- 125 Name Withheld
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- 129 Name Withheld
- 130 Name Withheld
- 131 Name Withheld
- 132 Name Withheld
- 133 Name Withheld
- 134 Mr Thomas Conlan
- 135 Name Withheld
- 136 Name Withheld
- 137 Ms Emily Scott
- 138 Name Withheld
- 139 Name Withheld
- 140 Name Withheld
- 141 Name Withheld
- 142 Name Withheld
- 143 Name Withheld
- 144 Name Withheld
- 145 Ms Sonya Vargas Stagg
- 146 Name Withheld
- 147 Name Withheld
- 148 Name Withheld
- 149 Name Withheld
- 150 The Whole Child Pty Ltd
- 151 Name Withheld
- 152 Therapy Shmerapy
- 153 Community Options
- 154 Australian Multicultural Women's Alliance
- 155 ILSA
- 156 Autism Spectrum Australia
- 157 Elevate Allied Health
- 158 Valued Directions Occupational Therapy
- 159 Ms Stephanie Clark-Webb

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- 160 Disability Advocacy Service Inc., Integrated Disability Action Inc. and Darwin
Community Legal Service (NT Disability Advocacy Consortium)
- 161 Name Withheld
- 162 DonateLife Victoria
- 163 Miss Melissa Ryan
- 164 Name Withheld
- 165 Name Withheld
- 166 Name Withheld
- 167 Name Withheld
- 167.1 Supplementary to submission 167
- 168 Name Withheld
- 169 Name Withheld
- 170 Name Withheld
- 171 Name Withheld
- 172 Name Withheld
- 173 Name Withheld
- 174 Mr Tim Pryde
- 175 Name Withheld
- Attachment 1
- 176 Ms Olivia Brozecki
- 177 Name Withheld
- 178 Mr Evan Johnson
- 179 Name Withheld
- 180 Name Withheld
- 181 Ms Carolyn Garth
- 182 Name Withheld
- 183 Name Withheld
- 184 Name Withheld
- 185 Name Withheld
- 186 Name Withheld
- 187 Mrs Jodi Rolph
- 188 Name Withheld
- 189 Ms Dawn Goldman
- 190 Aruma
- 191 Ms Catherine Hooper
- 192 Name Withheld
- 192.1 Supplementary to submission 192
- 193 The Growing Space
- 193.1 Supplementary to submission 193
- 194 Name Withheld
- 195 Mental Illness Fellowship of Australia
- 196 Name Withheld

- 197 Name Withheld
- 198 The Third Place Community Inc
- 199 Name Withheld
- 200 Name Withheld
- 201 Speak for Yourself Speech & Language Pathology
- 202 Name Withheld
- 203 Name Withheld
- 204 Name Withheld
- 205 Ms Tyarna Groves
- 206 Name Withheld
- 207 Name Withheld
- 208 Gladstone Region Autistic & Neurodivergent Network Inc. - GRANN
- 209 Name Withheld
- 210 Ms Veronica Stephan-Miller
- 211 Name Withheld
- 212 Name Withheld
- 213 Name Withheld
- 214 Name Withheld
- 215 Name Withheld
- 216 Name Withheld
- 217 Name Withheld
- 218 Mrs Amber Blythe
- 219 Name Withheld
- 220 Name Withheld
- 221 Name Withheld
- 222 Name Withheld
- 223 Bright Eyes Speech Pathology
- 224 Autism Goals
- 225 Name Withheld
- 226 Thriving Kids Occupational Therapy Pty Ltd
- 227 Conquip Consulting Pty Ltd
- 228 Assistive Tech
- 229 Unity Studios Pty Ltd
- 230 Empowering Your Llife
- 231 Name Withheld
- 232 Functional Focus Therapy
- 233 Name Withheld
- 234 Name Withheld
- 235 Name Withheld
- 236 Name Withheld
- 237 Name Withheld
- 238 Hobart Wonderings
- 239 Name Withheld

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- 240 Name Withheld
 - 241 Second Echo Ensemble
 - 242 MedTechVic
 - 243 Light Occupational Therapy
 - 244 Anchorage Mentoring and Consultancy
 - 245 Name Withheld
 - 246 Hartful Therapies
 - 247 Department of Health, Disability and Ageing and National Disability Insurance Agency
 - 248 Commonwealth Ombudsman
 - 249 Auscare Support Coordination
 - 250 Growing Gently Psychology
 - 251 Kids I Can
 - 252 Endeavour Foundation
 - 253 Happy Minds
 - 254 Pedorthic Association of Australia
 - 255 Young People in Nursing Homes National Alliance
 - 256 Autism Aspergers Advocacy Australia
 - 257 Disabled People Against Cuts
 - 258 Ability First Australia
 - 259 Disability Intermediaries Australia
 - 260 Tailored Developmental Therapies
 - 261 Name Withheld
 - 262 Name Withheld
 - 263 Miss Jacqueline Rowell
 - 264 Name Withheld
 - 265 Name Withheld
 - 266 Name Withheld
 - 267 Name Withheld
 - 268 Every Australian Counts
 - 269 Name Withheld
 - 270 Rise Wellbeing
 - 270.1 Supplementary to submission 270
 - 270.2 Supplementary to submission 270
 - 271 Name Withheld
 - 272 National Disability Services
 - 273 Queenslanders with Disability Network
 - 274 Name Withheld
 - 275 Disability Advocacy Network Australia (DANA)
 - 276 Grattan Institute
 - 277 Villamanta Disability Rights Legal Service Inc
 - 278 Name Withheld
 - 279 Compass House Pty Ltd

- 280 Allied Health Professions Australia
- 281 Inclusion Melbourne
- 282 Children and Young People with Disability Australia
- 283 Australian Orthotic Prosthetic Association (AOPA)
- 284 Australian Services Union
- 285 Occupational Therapy Australia
- 286 Collabor8 Supports
- 287 Australian Human Rights Commission
- 288 Spectrum Space
- 289 National Aboriginal Community Controlled Health Organisation
- 290 Thrive Rehab
- 291 Australian Psychological Society
- 292 Arts and Disability Network Australia
- 293 AGOSCI Inc
- 294 Centre for Excellence in Child and Family Welfare
- 295 Name Withheld
- 296 Working with Women Alliance
- 297 Psychotherapy and Counselling Federation of Australia
- 298 Social Work Policy and Advocacy Action Group at RMIT University
- 299 Self Manager Hub
- 300 Name Withheld
- 301 Name Withheld
 - 301.1 Supplementary to submission 301
- 302 Southern End Support
- 303 Neurological Alliance Australia
- 304 Name Withheld
- 305 Australian Chiropractors Association
- 306 Carers Tasmania
- 307 Palliative Care Australia
- 308 Save Our Sons
- 309 Your Choice Supports
- 310 Volunteering Australia
- 311 Ms Stella Cox
- 312 Developing Ur Life
- 313 Audiology Australia
- 314 Name Withheld
- 315 Name Withheld
- 316 Name Withheld
- 317 Name Withheld
- 318 South West Autism Network (SWAN)
 - Attachment 1
 - Attachment 2
 - Attachment 3

- Attachment 4

- 319 Name Withheld
- 320 Name Withheld
- 321 NDIS Reform Advisory Committee
- 322 Northern Territory Public Guardian and Trustee
- 323 Health Services Union - National Office
- 324 Name Withheld
- 325 JFA Purple Orange
- 326 Name Withheld
- 327 Name Withheld
- 328 Sagest Services
- 329 Name Withheld
- 330 Name Withheld
- 331 Women With Disabilities Australia (WWDA)
- 332 Outcomes Therapy
- 333 Dr Monique Ryan MP

- Attachment 1

- 334 Name Withheld
- 335 Name Withheld
- 336 Name Withheld
- 337 Name Withheld
- 338 Name Withheld
- 338.1 Supplementary to submission 338
- 339 Name Withheld
- 340 Name Withheld
- 341 Name Withheld
- 342 Name Withheld
- 343 Community and Public Sector Union (CPSU)
- 344 Australian Council of Trade Unions (ACTU)
- 345 Health and Community Services Union
- 346 National Union of Students
- 347 Human Technology Institute
- 348 Rehab Health and Fitness Australia
- 349 Evergreen Allied Health
- 350 NATSIWA
- 351 ADHD Australia
- 352 Deaf Australia
- 353 National Mental Health Consumer Alliance
- 354 Protect Our NDIS Alliance
- 355 Municipal Association of Victoria
- 356 Name Withheld
- 357 Ms Annette Kollowski

- 358 Name Withheld
- 359 National Council of Women WA
- 360 Find Your Voice Collective
- 361 All About Autism
- 362 Hireup
- 363 NOFASD Australia
- 364 Communication eXtra
- 365 Tutti Arts
- 366 Association for Behaviour Analysis Australia
 - Attachment 1
- 367 National Rural Health Alliance
- 368 Disability Rights and Culture
- 369 Australian Council of Social Services
- 370 Vision Australia
- 371 Rights & Inclusions Australia
- 372 National Ethnic Disability Alliance
- 373 National Council of Women Victoria
- 374 National Mental Health Commission
- 375 Queensland Advocacy for Inclusion (QAI)
- 376 Carers NSW
- 377 Australian Lawyers Alliance
- 378 National Regional, Rural, Remote and Very Remote Community Legal Network
- 379 Carers Australia
- 380 Mental Health Australia
- 381 People with Disability Australia
- 382 Pouch Kids Therapy
- 383 Early Childhood Intervention Australia Vic/Tas
- 384 Name Withheld
- 385 The Australian Association of Psychologists Inc
- 386 National Rural Women's Coalition
- 387 Mr Wayne Jenkins
- 388 Aiyana Nicholas
- 389 Developmental Educators Australia
- 390 Ms Amber Stubbings
- 391 Name Withheld
- 392 Roshana Care Group
- 393 Speech Pathology Australia
- 394 Name Withheld
- 395 Advocacy for Inclusion
- 396 Name Withheld
- 397 Ms Lisa Bleakley
- 398 Angelman Syndrome Association Australia

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- 399 Rare Voices Australia
 - 400 Carers SA
 - 401 Inclusion Australia
 - 402 Down Syndrome Australia Consortium
 - 403 Royal Australian College of General Practitioners
 - 404 Intrepidus Law
 - 405 Green Pathways Disability Support Provider Pty Ltd
 - 406 Business Council of Australia
 - 407 Name Withheld
 - 408 Phoenix Support and Consulting
 - 409 Name Withheld
 - 410 Mr Christopher Hills
 - 411 Ms Silvia Dropulich
 - 412 Ms Jenny White
 - 413 Name Withheld
 - 414 Name Withheld
 - 415 Kismet
 - 416 Aboriginal Health Council of South Australia
 - 417 Consumers of Mental Health WA
 - 418 Mental Health Carers NSW
 - 419 Dementia Australia
 - 420 Indigenous Australian Lived Experience Centre
 - 421 Physical Disability Australia
 - 422 Autism Association of Australia
 - 423 MND Australia
 - 424 Name Withheld
 - 425 Queensland Alliance for Mental Health
 - 426 Child and Family Disability Alliance
 - 427 Australian Child & Family Supports Alliance
 - 428 Inclusive Futures, Griffith University
 - 429 Australian Autism Alliance
 - 430 Sylvanvale
 - 431 Australasian Association and Register of Practicing Nutritionists (AARPN)
 - 432 MAGNA Performance and Risk Consulting
 - 433 Rise Network Inc
 - 434 Disability Rights Connect
 - 435 Anglicare Australia
 - 436 Name Withheld
 - 437 Name Withheld
 - 438 MS Australia
 - 439 Inspirit Therapy
 - 440 Team Lemonade
 - 441 Planet Ability

- 442 Name Withheld
- 443 Pathways Social Work Pty Ltd
- 444 Minimbah Disability Support Services Ltd
- 445 Attain (Mable)
- 446 Australian Federation of Disability Organisations
- 447 Mind Australia
- 448 First Peoples Disability Network
- 449 Queensland Premium Allied Health
- 450 Epilepsy Australia
- 451 Distinctive Options
- 452 Accessible Homes Australia
- 453 Name Withheld
- 454 2 Thumbs Up Pty Ltd
- 455 Name Withheld
- 456 Foundation First Speech Pathology
- 457 Name Withheld
- 458 Little Sound Waves
- 459 Talking Together Speech Pathology
- 460 Explore & Empower
- 461 Beyond Limits Psychology
- 462 Inclusion Tree
- 463 Milestones OT
- 464 Epilepsy Team Australia
- 465 NAPA Centre
- 466 Mindful Occupational Therapy
- 467 Performl
- 468 Optimum Movement
- 469 The Whole Child Pty Ltd
- 470 Eat Speak Play Hub
- 471 Summer Foundation
- 472 PURA Foundation Australia
- 473 Wild At Heart
- 474 National Association for the Visual Arts
- 475 Name Withheld
- 476 Name Withheld
- 477 Ms Elle Millward
- 478 Ms Aleisha Hyslop
- 479 Name Withheld
 - 479.1 Supplementary to submission 479
- 480 The Australian Neurodivergent Parents Association
- 481 Ms Amanda Austin
- 482 Ms Sarah Waardenburg
- 483 Name Withheld

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- 484 Name Withheld
485 Mr Jarrod Laurent, Southern End Support
486 Mx Raynne Rasha
487 Name Withheld
488 Ms Jess Schafer-Wilson, Heart Worx
• Attachment 1
• Attachment 2
489 Name Withheld
490 Ms Deidre Ellem
491 Name Withheld
492 Name Withheld
493 Name Withheld
494 Mrs Lisa Davidson-Lim
495 Name Withheld
496 Name Withheld
497 Name Withheld
498 Name Withheld
499 Name Withheld
500 Name Withheld
501 Name Withheld
502 Name Withheld
503 Name Withheld
504 Name Withheld
505 Ms Rebecca Hocking
506 Name Withheld
507 Name Withheld
508 State and Territory Disability Ministers
509 Name Withheld
• 509.1 Supplementary to submission 509
510 Name Withheld
511 Name Withheld
512 Climate Justice Union
513 Name Withheld
514 Name Withheld
515 Ms Lisa Myers
516 Axel AI Assisted
517 Name Withheld
518 Mrs Rhonda Danylenko
519 Ms Natalie Atherton
520 Rise and Shine Plan Management
521 Ms Karen McInnes
522 KiddOTherapy Pty Ltd
523 Name Withheld

- 524 Mrs Laura Lewis
- 525 Mrs Bridget Jones
- 526 Name Withheld
- 527 Name Withheld
- 528 Name Withheld
- 529 Name Withheld
- 530 Ms Carolyn Murray
- 531 Allegro Therapy
- 532 Ms Justine Barragan
- 533 Olga Komadina Apraxia Therapy
- 534 Awesome Plan Management
- 535 Name Withheld
- 536 Wheelnutz Garage Specialist Service
- 537 Project Epic
- 538 Name Withheld
- 539 Raised with Joy Speech Pathology
- 540 Sprout Speech Pty Ltd
- 541 Mrs Annette Thompson
- 542 Amaze
- 543 Accessible Victorian Greens
- 544 Name Withheld
- 545 Bonorigo
- 546 Name Withheld
- 547 Name Withheld
- 548 Kin Disability Advocacy
- 549 Name Withheld
- 550 Name Withheld
- 551 Name Withheld
- 552 A C McArthur Services
- 553 Australian Association of Social Workers
- 554 The Australian Psychosocial Disability Collective
- 555 Name Withheld
- 556 Name Withheld
 - 556.1 Supplementary to submission 556
- 557 Name Withheld
- 558 Parkinson's Australia
- 559 Name Withheld
- 560 Name Withheld
- 561 Name Withheld
- 562 Name Withheld
- 563 Name Withheld
- 564 Australian Psychosocial Alliance
- 565 Lived Experience Carers (Psychosocial)

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- 566 Coast Rehab
567 Adera
568 Freedom Support Tasmania
569 Name Withheld
570 Name Withheld
571 Beacon of Hope Project
572 Name Withheld
573 Name Withheld
574 Name Withheld
575 Name Withheld
576 Name Withheld
577 National Legal Aid
578 Centre of Research Excellence in Achieving Health Equity for All People with Disability (AHEAD)
579 National Network of Incarcerated & Formerly Incarcerated Women & Girls
580 Tenant Voice
581 University of Sydney Students' Representative Council Disabilities Collective
582 Name Withheld
583 Professionals Australia
584 Lotus Consultancy and Support
585 Mental Health Carers Australia
586 Brain Injury Australia
587 Name Withheld
588 Kirinari
589 Define Normal
590 Name Withheld
591 Connecting Foster and Kinship Carers South Australia
592 Ability Pathways Australia
593 Name Withheld
594 Name Withheld
595 Name Withheld
596 Name Withheld
597 Ms Emma Wishaw
598 Name Withheld
599 Name Withheld
600 Intellectual Disability Rights Service
601 Confidential
602 Name Withheld
603 Confidential
604 Confidential
605 Confidential
606 Confidential
607 Confidential

608 Confidential
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611 Confidential
612 Confidential
613 Confidential
614 Ms Krystyna Aggett
615 Confidential
616 Confidential
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618 Confidential
619 Mr Ian Gomez
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621 Confidential
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624 Confidential
625 Confidential
626 Confidential
627 Confidential
628 Confidential
629 Confidential
630 People With Disabilities (WA) Inc
631 Multicultural Disability Advocacy Australia
632 Melba Support Services
633 Dr George Taleporos
634 The Pepperpot Collective
635 Name Withheld
636 Name Withheld
637 Divergent Health
638 Home Care To Me Bunbury Geographe
639 Advoca-Lab
640 Cerebral Palsy Australia
641 Australian Rehabilitation & Assistive Technology Association
642 Dietitians Australia
643 Brotherhood of St Laurence
644 ADACAS
645 Self Advocacy Resource Unit
646 Ms Tanya Pisk
647 The Heather Support Coordination Pty Ltd
648 Interactive Community Care
649 Osteopathy Australia
650 Peer Motivation

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- 651 Incite Arts Inc
652 Name Withheld
653 Emerge Australia
654 Name Withheld
655 Family Advocacy
656 Beyond Words Speech Pathology
657 Artform Therapies
658 Name Withheld
659 Full Stop Australia
660 Active Health Riverina
661 Community Legal Centres Australia
662 Name Withheld
663 SDA Alliance
664 Name Withheld
665 Deafblind Australia
666 Name Withheld
667 Restless Dance Theatre
668 OT4You
669 Real Life Community Group
670 Name Withheld
671 Dragonfly Supports Pty Ltd
672 Neuro Life OT
673 Exercise & Sports Science Australia (ESSA)
674 L'Arche Australia
675 New Wave Latrobe Valley
676 Australian X & Y Spectrum Support
677 Name Withheld
678 Name Withheld
679 Bus Stop Films
680 Name Withheld
681 roundsquared
682 Name Withheld
683 Name Withheld
684 Miss Laura Buchanan
685 Australian Music Therapy Association
686 Name Withheld
687 A Better Tomorrow
688 Harmony Allied Health
689 Name Withheld
690 ActionAbility
691 Name Withheld
692 Name Withheld
- 692.1 Supplementary to submission 692

- 693 Name Withheld
- 694 Specialist Disability Access and Inclusion Consulting Service
- 695 Name Withheld
- 696 Mornington Peninsula Human Rights Group
- 697 Spectrum Autism Therapy and Consultation
- 698 Nicole McLeod Occupational Therapy
- 699 Wildflower Kids Therapy
- 700 respectABILITY Support Services
- 701 Climb On Occupational Therapy
- 702 Pear Tree Occupational Therapy
- 703 Cri du Chat Support Group of Australia
- 704 Name Withheld
 - 704.1 Supplementary to submission 704
- 705 Mr Nathan Organ
- 706 Dr Stefanie Hammond
- 707 Name Withheld
- 708 Name Withheld
- 709 Name Withheld
- 710 Name Withheld
- 711 Name Withheld
- 712 Name Withheld
- 713 Name Withheld
- 714 Name Withheld
- 715 Positive Powerful Parents
- 716 Name Withheld
- 717 Speech Pathology Whitsunday
- 718 Name Withheld
- 719 Name Withheld
- 720 JAM Music Therapy
- 721 Autistic Self Advocacy Network Australia and New Zealand (ASAN AUNZ)
- 722 Foundations Occupational Therapy
- 723 Name Withheld
- 724 Applied Neuroscience Society of Australasia
- 725 Young Labor Left NSW
- 726 Coastwide Therapy Services
- 728 ME/CFS Australia
- 729 Prudent Plan Management
- 730 Deafness Forum Australia
- 731 Prelude Australia
- 732 Staying Independent Pty Ltd
- 733 Prader-Willi Syndrome Australia
- 734 Lifespan Therapies
 - 734.1 Supplementary to submission 734

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- 735 Embrace Kids OT
736 Munchkin Allied Health
737 Childhood Dementia Lived Experience Council
738 Kindship Group
739 Name Withheld
740 Red Frog for Families
741 No Strings Attached Theatre of Disability
742 AdamSupport Incorporated
743 Flourish OT
744 Driving Well Occupational Therapy
745 Therapy Alliance Group
746 Tableland Community Link
747 Name Withheld
748 Soaring Sparrows
749 Realising Every Dream (REDinc)
750 Independence & Beyond Support Services
 • 750.1 Supplementary to submission 750
 • 750.2 Supplementary to submission 750
 • 750.3 Supplementary to submission 750
 • 750.4 Supplementary to submission 750
 • 750.5 Supplementary to submission 750
751 Name Withheld
752 Touching Base
753 Territory Care & Support Services
754 Sisters Inside and National Network of Incarcerated & Formerly Incarcerated
 Women & Girls
755 Jump Start Therapy Services
756 Bluebottles Co
757 Parents of Deaf Children
758 All Together Therapy
759 Incite Collective
760 Australian Podiatry Association
761 Name Withheld
762 The Right Coordination
763 Access OT Services
764 Inclusion Solutions
765 Curtin Student Guild
766 Connective Tissue Disorders Network Australia
767 Name Withheld
768 Name Withheld
769 Name Withheld
770 Occumax Pty Ltd
771 Supporting Potential

- 772 nib Thrive
- 773 Only About Kids Occupational Therapy
- 774 Community Mental Health Australia
- 775 Step 2 Allied Health
- 776 Assistive Technology Suppliers Australia
- 777 Queensland Independent Disability Advocacy Network
- 778 Youngcare
- 779 Fragile X Association of Australia
- 780 Name Withheld
- 781 APM
- 782 Our Fair Go
- 783 Speaking Up For You
- 784 Loom Arts and Management
- 785 Name Withheld
- 786 Autistic Haus
- 787 Name Withheld
- 788 Name Withheld
- 789 Name Withheld
- 790 The Disability Trust
- 791 Inclusive Rainbow Voices
- 792 Pure Plan Management
- 793 InLife Independent Living
- 794 Noah's Ark Inc
- 795 Jigsaw Autism Services
- 796 Care Plus Plan Management
- 797 Deaf Connect
- 798 Disability Employment Australia
- 799 Lion and Mouse Australia
- 800 Community Industry Group
- 801 Growth Innovations
- 802 Bedrock Support
- 803 AMIDA
- 804 emOTe Occupational Therapy
- 805 Foundation for Angelman Syndrome Therapeutics Australia
- 806 Name Withheld
- 807 Elephant in the Room - Training and Consultancy
- 808 Dads Group
- 809 Disability Representative Organisations
- 810 Northern District Community Health
- 811 Physical Disability Council of NSW
- 812 Future Focus Support Coordination
- 813 Genetic Alliance Australia
- 814 Name Withheld

- 814.1 Supplementary to submission 814

815	Exceptional Care For You
816	Name Withheld
817	Name Withheld
818	Name Withheld
819	Name Withheld
820	Name Withheld
821	1IN25 Foundation
822	Name Withheld
823	Name Withheld
824	OT Movement
825	Miss Sarah Webb
826	Melanie Weeks Occupational Therapy
827	Little Wins Occupational Therapy
828	Megan Heffernan Occupational Therapy for Children
829	DPSS P&C Executive
830	Mansfield Autism Statewide Services
831	Eurella Community Services
832	UQ Union Disability Collective
833	Ability8 Pty Ltd
834	Adelaide Wellbeing Society
835	Canberra Children's Physiotherapy
836	My Plan Manager Group
837	Being Able Pty Ltd
838	Gabby Bond Psychology
839	Blind Citizens Australia
840	Kids That Go
841	Pilbara Disability Network
842	Name Withheld
843	Arts Project Australia
844	Name Withheld
845	Name Withheld
846	Name Withheld
847	Ms Laura Schutz
848	Name Withheld
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865 Support Navigation Services
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 • 879.1 Supplementary to submission 879

880 Name Withheld
881 Name Withheld
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883 Name Withheld
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885 Name Withheld
886 Name Withheld
887 Confidential
888 Ms Taylah Cox
889 Confidential
890 Confidential
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922 Confidential
923 Name Withheld
924 Name Withheld
925 Name Withheld
926 Mr Glen Duncan
927 Name Withheld
928 Confidential
929 Name Withheld
930 Name Withheld
931 Confidential
932 Name Withheld
933 Mr Jordan Furness
934 Confidential
935 Name Withheld
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 • 945.1 Supplementary to submission 945
946 Confidential
947 Name Withheld
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949 Name Withheld
950 Name Withheld
951 Name Withheld
952 Name Withheld
953 Name Withheld
954 Name Withheld
955 Ms Jenny White
956 Name Withheld
957 Ms Indigo Salt
958 Name Withheld
959 Mr Marc Mittag
960 Name Withheld
961 Name Withheld
962 Name Withheld
963 Name Withheld
964 Name Withheld
965 Mrs Liisa Blackwell
966 Name Withheld
967 X Sam Petersen
 • 967.1 Supplementary to submission 967
 • 967.2 Supplementary to submission 967
968 Ms Janette Gee
969 Name Withheld
970 Name Withheld
971 Name Withheld
972 Name Withheld
973 Name Withheld
974 Name Withheld
975 Ms Jennifer Knight
976 Name Withheld
977 Name Withheld
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982 Name Withheld
983 Name Withheld
984 Mr Bruce Donaldson
985 Name Withheld
986 Name Withheld
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989 Name Withheld
990 Name Withheld
991 Name Withheld
992 Name Withheld
993 Name Withheld
994 Ms Kasey Atkinson
995 Name Withheld
996 Name Withheld
997 Name Withheld
998 Mr Richard Zylan
999 Apexx Support Services
1000 Name Withheld
1001 Ms Alana Beeson
1002 Name Withheld
1003 Name Withheld
1004 Ms Johanna Rouse
1005 Name Withheld
1006 Name Withheld
1007 Name Withheld
1008 Name Withheld
1009 Mrs Kristy Waugh
1010 Name Withheld
1011 Ms Tamara Gill
1012 Name Withheld
1013 Name Withheld
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1025 Name Withheld
1026 Name Withheld
1027 Name Withheld
1028 Mr Terence O'Hanlon
1029 Ms Jennifer Hankin
1031 Name Withheld
1032 Ms Poppy Krallidis
1033 Jorja
1034 Mrs Michelle Tilley
1035 Name Withheld
1036 Name Withheld
1037 Name Withheld
1038 Name Withheld
1039 Name Withheld
1040 Name Withheld
1041 Name Withheld
1042 Name Withheld

Answer to Question on Notice

- 1 Answer to Questions taken on Notice - The Royal Australian College of General Practitioners (RACGP) – Melbourne 9 June 2026.
- 2 Answers to Written Questions on Notice - Department of Health, Disability and Ageing.
- 3 Answer to Questions taken on Notice – Down Syndrome Australia (Mr Darryl Steff) – Melbourne 9 June 2026.
- 4 Answers to Questions taken on Notice – Children and Young People with Disability Australia – Melbourne 9 June 2026.
- 5 Answers to Questions taken on Notice – Villamanta Disability Rights Legal Service – Melbourne 9 June 2026.
- 6 Answers to Questions taken on Notice – Women With Disabilities Australia – Canberra 10 June 2026.
- 7 Answers to Questions taken on Notice – Disability Discrimination Commissioner, Australian Human Rights Commission – Canberra 10 June 2026.
- 8 Answers to Questions taken on Notice – National Disability Insurance Agency – Canberra 10 June 2026.
- 9 Answers to Questions taken on Notice – Queenslanders with Disability Network – Melbourne 9 June 2026.
- 10 Answers to Questions taken on Notice – Occupational Therapists Society – Canberra 10 June 2026.
- 11 Answers to Questions taken on Notice – Allied Health Professions Australia – Melbourne 9 June 2026.
- 12 Answers to Questions taken on Notice – Disability Advocacy Network Australia – Melbourne 9 June 2026.

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- 13 Answers to Questions taken on Notice – National Disability Insurance Agency – Canberra 11 June 2026.
 - 14 Answers to Questions taken on Notice – National Disability Insurance Agency – Canberra 11 June 2026.
 - 15 Answers to Questions taken on Notice – NDIS Quality and Safeguards Commission – Canberra 11 June 2026.
 - 16 Answers to Questions taken on Notice – Protect Our NDIS Alliance – Melbourne 9 June 2026.
 - 17 Answers to Questions taken on Notice – Inclusion Australia – Melbourne 9 June 2026.
 - 18 Answers to Questions taken on Notice – NDIS Quality and Safeguards Commission – Canberra 10 June 2026.
 - 19 Answers to Questions taken on Notice – Ability First Australia – Canberra 10 June 2026.

Media Releases

- 1 16 June 2026: Extension of time to report.
- 2 19 June 2026: Extension of time to report.

Appendix 2

Public Hearings and Witnesses

Tuesday 9 June 2026

Stamford Plaza Melbourne

Buckingham Room

111 Little Collins St

Melbourne

Queenslanders with Disability Network

- Mrs Michelle Moss, Chief Executive Officer

Children and Young People with Disability Australia

- Ms Skye Kakoschke-Moore, Chief Executive Officer

Villamanta Disability Rights Legal Service Inc

- Ms Naomi Anderson, Legal Practice Manager

Allied Health Professions Australia

- Mr Philipp Herrmann, Senior Policy and Advocacy Adviser
- Mrs Bronwyn Morris-Donovan, Chief Executive Officer
- Mrs Natalie Stapleton, Senior Policy and Advocacy Adviser

Dinesh, Private capacity

Inclusion Australia

- Ms Maeve Kennedy, Chief Executive Officer
- Mr Luke Nelson, Policy Officer

Protect our NDIS Alliance

- Ms Grace Bell, Disabled Volunteer
- Mr Andrew Bretherton, Disabled Volunteer
- Ms Nicole Moran
- Mx Oriela Williams, Disabled Volunteer

Disabled People Against Cuts

- Ms Samantha Connor OAM
- Mr Peter Gregory
- Ms Marayke Jonkers
- Dr Stevie Lang Howson

Down Syndrome Australia

- Mr Darryl Steff, Chief Executive Officer

Disability Advocacy Network Australia

- Mrs Emma Benison, Chief Executive Officer

Lived Experience Panel

- Chithrani
- Jasmin
- Michelle
- Nick

Disability Intermediaries Australia

- Ms Tanya Walford, Acting Chief Executive Officer

Royal Australian College of General Practitioners

- Dr Tim Jones, Chair, Child and Young Person's Health Specific Interest Group

Royal Australian and New Zealand College of Psychiatrists

- Dr Astha Tomar, President

Royal Australasian College of Physicians

- Dr Caitlin Anderson, President-elect, Australasian Faculty of Rehabilitation Medicine
- Dr Niroshini Kennedy, President, Paediatrics and Child Health Division

Wednesday 10 June 2026

Committee Room 2S1

Parliament House

Canberra

Australian Human Rights Commission

- Ms Rosemary Kayess, Disability Discrimination Commissioner

Women with Disabilities Australia

- Ms Sophie Cusworth, Chief Executive Officer
- Dr Diana Piantedosi, Senior Manager, Policy and Advocacy

Occupational Therapy Society (OTSi)

- Ms Muriel Cummins, Co-Director
- Ms Sally Davison, Co-Director
- Ms Carolyn Fitzgibbon, Board Member and Secretary

Lived Experience Panel

- Lauren
- Hannah
- Rohan

- Timothy
- Vanita

Association for Children with Disability

- Ms Karen Dimmock, Chief Executive Officer

Kiind

- Ms Helen Nys, Chief Executive Officer

South West Autism Network

- Ms Nicole (Nick) Avery, Chief Executive Officer

Autism Aspergers Advocacy Australia

- Mr Robert (Bob) Buckley, Co-Convenor

Australian Autism Alliance

- Ms Jenny Karavolos, Independent Co-Chair

Every Australian Counts

- Ms Heidi La Paglia, Steering Committee Member
- Samantha Petersen, Member
- Dr George Taleporos, Independent Chair

Ability First

- Mr Andrew Rowley, Chief Executive Officer
- Mr Terry Symonds, Chief Executive Officer

Endeavour Foundation

- Ms Kirrily Boulton, Chief Corporate Relations Officer
- Mr Andrew Chesterman, Chief Executive Officer
- Ms Leanne Rutherford, Executive General Manager, Service Delivery, Home and Community

Youth Disability Advocacy Network

- Isabella Choate, Chief Executive Officer

NDIS Evidence Advisory Committee

- Professor Jill Duncan OAM, Chair

People with Disability Australia

- Isabella Choate, Chief Executive Officer

Australian Criminal Intelligence Commission

- Mr Adam Meyer, Acting Deputy Chief Executive Officer, Intelligence

Australian Federal Police

- Ms Hilda Sirec, Deputy Commissioner, National Security Investigations

Commonwealth Director of Public Prosecutions

- Mr Andrew Doyle, Acting National Practice Leader, Fraud and Specialist Agencies

National Disability Insurance Agency

- Mr John Dardo, Deputy Chief Executive Officer, Integrity Transformation and Technology Services
- Mr Tom McGregor, Acting Deputy Chief Executive Officer, Legal, Actuarial, Governance and Reviews

NDIS Quality and Safeguards Commission

- Ms Natalie Wade, Associate Commissioner
- Ms Mahashini Krishna, Assistant Commissioner, Regulatory Campaigns and Projects

Services Australia

Thursday 11 June 2026

Committee Room 2S3

Parliament House

Canberra

Australian Neurodivergent Parents Association

- Ms Sarah Langston, President
- Ms Loma Naser, Board Director

Australian Federation of Disability Organisations

- Mr Matthew Hall, National Manager, Systemic Advocacy and Policy
- Mr Ross Joyce, Chief Executive Officer

National Disability Services

- Mr Michael Perusco, Chief Executive Officer
- Ms Karen Stace, Director of Policy and Advocacy

Mind Australia

- Ms Nicola Ballenden, Executive Director, Strategy Engagement and Housing Transformation
- Ms Gill Callister, Chief Executive Officer
- Professor Allan Fels, Chair
- Mr Tim Heffernan, Temporary Board Director

Hireup

- Mr Lliam Caulfield, Director, Corporate Affairs
- Mr Peter Willis, Chief Executive Officer

Aruma

- Dr Martin Laverty, Chief Executive Officer

Mable

- Mr Andrew Kiel, Chief Executive Officer
- Mr Liam Nilon, Head of Government and Stakeholder Relations

Grattan Institute

- Dr Sam Bennett, Director, Disability Program

Department of Health, Disability and Ageing

- Mrs Sarah Hawke, Assistant Secretary, NDIS Policy, Legislation and Engagement
- Ms Anthea Long, First Assistant Secretary
- Ms Erin Rule, Acting First Assistant Secretary
- Mr Ross Schafer, Acting Deputy Secretary, Disability and Carers Group

National Disability Insurance Agency

- Mr Ben Cheever, Deputy Chief Counsel, Public Law Legislation and Practice Branch
- Mr Andrew Maitland, General Manager, National Operations and Performance
- Mr Matthew Swainson, Deputy Chief Executive Officer, Enabling Services, and Chief Operating Officer

Department of Social Services

- Ms Katrina Chatham, Acting Group Manager, Participation and Family Payments

NDIS Quality and Safeguards Commission

- Ms Alisa Chambers, Deputy Commissioner, Regulatory Strategy and Sector Capability
- Ms Natalie Wade, Associate Commissioner