

The Senate

Community Affairs Legislation
Committee

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

Final Report

August 2026

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Abbreviations

AASW	Australian Association of Social Workers
ADM	automated decision-making
the Agency/the NDIA	National Disability Insurance Agency
AHPA	Allied Health Professions Australia
Ahpra	Australian Health Practitioner Regulation Agency
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
FPDN	First Peoples Disability Network
HSU	Health Services Union
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
IHACPA	Independent Health and Aged Care Pricing Authority
JEC	Justice and Equity Centre
the minister	the Minister for Disability and the National Disability Insurance Scheme and the Minister for Health and Ageing
NDIS Act	<i>National Disability Insurance Scheme Act 2013</i>

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
PRECI	Professionals and Researchers in Early Childhood Intervention
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
Scrutiny of Bills Committee	Senate Standing Committee for the Scrutiny of Bills
SES	Senior Executive Service
the Statement	Statement of Compatibility with Human Rights

List of recommendations

Recommendation 1

2.101 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 19 June 2026, the committee tabled a second progress report requesting an extension of time to report until 23 June 2026.⁴
- 1.5 On 23 June 2026, the committee tabled an Interim Report,⁵ requesting an extension of time to table its final report until 14 August 2026.⁶
- 1.6 On 29 June 2026, the committee agreed to reopen the inquiry for submissions until 10 July 2026.
- 1.7 On 2 July 2026, the bill was agreed to by the House of Representatives, with 18 government amendments and 12 crossbench amendments.⁷
- 1.8 The Interim Report examined the key provisions of the bill and evidence to the committee in relation to those provisions. This report will briefly discuss the findings of the Interim Report, before focusing on the amendments to the bill as passed in the House of Representatives and the response to those amendments in evidence to the inquiry.

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.

⁵ Senate Community Affairs Legislation Committee, *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 – Interim Report (Interim Report)*, June 2026.

⁶ *Journals of the Senate*, No. 51, 23 June 2026, pp. 1821–1824.

⁷ *House of Representatives Votes and Proceedings*, No. 71, 2 July 2026, p. 900.

Scope and structure of the final report

1.9 This final report contains two chapters. This chapter sets out:

- a restatement of the purpose of the bill;
- a summary of the key issues examined in the Interim Report, including the additional comments and dissenting reports;
- an outline of amendments to the bill as passed in the House of Representatives; and
- general information outlining the conduct of the inquiry and other committees' consideration of the bill.

1.10 Chapter 2 outlines the views of inquiry participants on the amendments to the bill, considers the overall policy objective of the bill of combatting fraud and ensuring the sustainability of the National Disability Insurance Scheme (NDIS, or the Scheme), and concludes with the committee view and recommendation.

Purpose of the bill

1.11 As outlined in the Interim Report, the main purpose of the bill is to ensure the availability and sustainability of the NDIS for people with permanent and significant disability now and in the future. This purpose is to be achieved by addressing two key vulnerabilities:

- unforeseen growth that, if left unchecked, would put the sustainability of the Scheme at risk in the long term; and
- fraudulent activity that impacts not only the Scheme as a whole, but also 'the lives of participants and their families, leading to lower quality services, exploitation and harm'.⁸

Interim Report

1.12 In its Interim Report, the committee examined the key provisions of the bill across five schedules, including:

- Schedule 1 – Access and planning measures;
- Schedule 2 – Fraud measures;
- Schedule 3 – Governance arrangements;
- Schedule 4 – New framework planning; and
- Schedule 5 – Transitional rules.

1.13 As these provisions were covered in detail in the Interim Report, the committee does not propose to reiterate that coverage here. Instead, this report will focus on the amendments made to the bill in the House of Representatives.

1.14 In its Interim Report, the committee made four recommendations, including:

⁸ Revised Explanatory Memorandum, p. 2.

- that the Department of Health, Disability and Ageing (the Department) publish 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;
- 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: and
- that the Commonwealth Government (the government) clarify a range of issues regarding the provision of the bill, including:
 - 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 Social, Community and Civic Participation (SCCP) supports.⁹

Additional comments and dissenting reports

Additional Comments – Coalition Senators

1.15 In additional comments to the Interim Report, Coalition Senators indicated four main areas of concern with the bill, including:

- sustainability of the Scheme and growth targets;
- changes to SCCP and Capacity Building supports;
- ministerial determinations and powers; and
- fraud and integrity in the NDIS.

⁹ Interim Report, pp. 73–74.

- 1.16 Coalition Senators affirmed their 'strong bipartisan support' for the NDIS, while emphasising that the Scheme's long-term success depended on its sustainability, integrity and effective administration.¹⁰
- 1.17 Coalition Senators observed that the most significant savings measure in the bill could be attributed to 'the reset of [SCCP] and Capacity Building supports from 1 October 2026'.¹¹ They noted that evidence to the committee had indicated that these changes had 'caused the most anxiety for people with disability, experts, advocates, and the broader community' and would 'result in an unacceptable risk to the safety and welfare of vulnerable Australians with disability'.¹²
- 1.18 In their additional comments, Coalition Senators observed that the bill implemented 'sweeping ministerial powers' and left much of the detail of the proposed reforms to be implemented via legislative instruments. These details include reductions to support determinations, eligibility and functional capacity assessments, a new definition of permanence, and pricing decisions.¹³
- 1.19 Coalition Senators affirmed that maintaining public confidence in the NDIS was essential to its long-term sustainability.¹⁴

Dissenting Report – Australian Greens

- 1.20 The Australian Greens' dissenting report focused on several key concerns with the bill, including:
- cuts to SCCP funding;
 - requirements to prove the permanence of an impairment;
 - functional capacity assessments;
 - ministerial powers;
 - automated decision-making; and
 - parental responsibility.¹⁵
- 1.21 The Australian Greens' dissenting report included 11 recommendations, covering issues including:
- fully implementing foundational supports before any current participant is removed from the Scheme;
 - stronger measures to hold providers accountable;
 - preventing the minister from imposing blanket restrictions or funding caps on classes of supports;

¹⁰ Interim Report, p. 75.

¹¹ Interim Report, p. 75.

¹² Interim Report, pp. 77–81.

¹³ Interim Report, pp. 81–82.

¹⁴ Interim Report, p. 83.

¹⁵ Interim Report, pp. 89–95.

- safeguards against requiring unwanted or inaccessible medical interventions;
- ensuring changes to the operation of the *National Disability Insurance Scheme Act 2013* (NDIS Act) remain subject to parliamentary scrutiny;
- safeguards around the use of automated decision-making to ensure that decisions are subject to human oversight and approval; and
- removing a strict definition of parental responsibility.¹⁶

Dissenting Report – Senator David Pocock

1.22 Senator David Pocock focused on several aspects of the bill in his dissenting report, including:

- automated decision-making powers;
- the availability of alternative disability supports to those currently provided by the NDIS;
- powers to suspend or revoke participants' NDIS plans; and
- definitions of permanence.¹⁷

1.23 The dissenting report also noted that SCCP supports are a safety measure that reduces social isolation and exclusion from community life, while contributing directly to employment and economic participation.¹⁸

1.24 Senator Pocock also observed that the impacts of the bill were likely to have a disproportionate impact on women, citing evidence regarding the relationship between disability supports, caring responsibilities and workforce participation.¹⁹

Amendments to the bill

Government amendments

1.25 Government amendments agreed to in the House of Representatives address three key areas of concern raised in evidence to the committee:

- attempts to contact;
- permanence; and
- registration of plan management providers.

Attempts to contact

1.26 In its Interim Report, the committee highlighted the proposed power of the Chief Executive Officer (CEO) of the National Disability Insurance Agency (NDIA, or the Agency) to suspend or revoke a participant's plan where they are

¹⁶ Interim Report, pp. 95–96.

¹⁷ Interim Report, pp. 98–105.

¹⁸ Interim Report, pp. 105–108.

¹⁹ Interim Report, p. 109.

unable to be contacted after 'reasonable attempts'. The government noted evidence to the committee that:

... identified risks arising from the absence of a clear definition of reasonable attempts to contact a participant, including inconsistent practices and inadequate safeguards.²⁰

1.27 Government amendments to the bill are intended to:

- define what reasonable attempts to contact a participant must include;
- ensure that contact efforts are made using appropriate and accessible methods, including engagement with a participant's nominee or support network where appropriate; and
- implement additional safeguards if the CEO becomes aware that the participant was in hospital or an institution, or was experiencing homelessness.²¹

Permanence

1.28 As discussed in the Interim Report, Part 8 of Schedule 1 implements the concept of 'appropriate treatment' and its relevance to the permanence of a person's disability and their eligibility for the Scheme. An impairment is only likely to be considered permanent if a person has undertaken all appropriate treatment for their impairment.

1.29 The government observed evidence to the committee that parts of these provisions might inadvertently require a person to undertake additional treatments even when they have undergone all appropriate treatment, as they would require the CEO to be satisfied that any additional treatment would be unlikely to materially address the impairment.

1.30 Government amendments to the bill will 'remove that ambiguity and ensure that a person is only required to have undertaken all appropriate treatment in order to meet the relevant access requirements'.²²

Registration of plan management providers

1.31 The remaining government amendments to the bill are concerned with the registration of plan management providers. The government noted that an intention of the bill is to facilitate the establishment of a 'plan management provider' panel to manage conflicts of interest and ensure that only high quality and trusted providers can provide plan management supports. This is to be

²⁰ Supplementary Explanatory Memorandum, p. 3.

²¹ Supplementary Explanatory Memorandum, pp. 3–4.

²² Supplementary Explanatory Memorandum, pp. 4–5.

implemented by preventing plan management providers from providing any other kinds of supports under the NDIS.²³

- 1.32 The government acknowledged concerns about the divestiture of plan management providers from related entities that provide other NDIS supports. The government observed that this could leave the newly diverted plan management providers lacking the resources to meet the legislative requirements for inclusion on the plan management provider panel.²⁴
- 1.33 Government amendments to the bill retain the prohibition on plan management providers from providing any other supports under the NDIS, but remove the prohibition on related entities from doing so. Conflicts of interest are to be managed through a deed of agreement with the NDIA that must be entered into by all plan management providers on the panel.²⁵

Crossbench amendments

- 1.34 The government also agreed to 12 amendments proposed by members of the crossbench: nine by the Australian Greens, two by Dr Monique Ryan MP, and one by Dr Helen Haines MP.

Australian Greens' amendments

- 1.35 The Australian Greens' amendments, as introduced by Ms Elizabeth Watson-Brown MP, focused on four aspects of the bill:
- support determination;
 - the 'appropriate treatment' provisions;
 - publication of a standard operating procedure instrument regarding automated decision-making; and
 - the making of transitional rules.

Support determination

- 1.36 The Australian Greens' amendments to the support determinations provisions are intended to ensure that support determinations cannot be applied to the support categories of daily living, transport, consumables, assistive technology or home modifications and limit the impact of ministerial determinations regarding SCCP supports.²⁶

Appropriate treatment

- 1.37 The Australian Greens' amendments to the 'appropriate treatment' provisions would increase protections for people with disability by ensuring that

²³ Supplementary Explanatory Memorandum, p. 5.

²⁴ Supplementary Explanatory Memorandum, p. 5.

²⁵ Supplementary Explanatory Memorandum, p. 5.

²⁶ Ms Elizabeth Watson-Brown MP, *House of Representatives Hansard*, 1 July 2026, p. 87.

'appropriate treatment' does not include restrictive practices such as forced medication. In addition, treatments will be required to be available as publicly funded services through Medicare, the Pharmaceutical Benefits Scheme, or the public health system.²⁷

Publication of proposed standard operating procedure instrument

1.38 The Australian Greens' amendments provide additional safeguards regarding 'the use of automated decision-making for important NDIS decisions, including for the development of participant plans and the processing of claims'. Ms Watson-Brown explained that the amendments to these provisions would provide:

... greater transparency on the detail of how these automated decisions will be made by requiring that decision-making frameworks for evaluative decisions be made publicly available before being implemented.²⁸

Transitional rules

1.39 Australian Greens' amendments to the bill reduce the timeframe for making transitional rules to six months, except for parts of the bill relating to new framework planning, reasonable and necessary supports, and plan renewals.²⁹

Dr Monique Ryan MP's amendments – Review of amendments

1.40 Dr Ryan's amendments implement a review mechanism to examine the operation of the reforms contained in the bill.³⁰ The review is to be conducted at the same time as the review of the operation of the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024*. That Act provided for a review of its operation 'to be conducted as soon as practicable after the end of the 5-year period starting on the day' that Act received the Royal Assent.³¹

1.41 As that Act received Royal Assent on 5 September 2024, the review of its provisions, and therefore a review of the provisions of this bill, are to commence as soon as practicable after 5 September 2029.

1.42 The review is to be conducted by persons independent of the Agency and of the Department, and will be required to consider the following matters:

- (a) access to the NDIS;
- (b) participant outcomes, including continuity and quality of supports;
- (c) review and appeal rights under the NDIS Act;

²⁷ Ms Elizabeth Watson-Brown MP, *House of Representatives Hansard*, 1 July 2026, p. 87.

²⁸ Ms Elizabeth Watson-Brown MP, *House of Representatives Hansard*, 1 July 2026, p. 87.

²⁹ Ms Elizabeth Watson-Brown MP, *House of Representatives Hansard*, 1 July 2026, p. 87.

³⁰ Proposed clause 4.

³¹ *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024*, s. 4.

- (d) the viability and sustainability of the provider market;
- (e) service delivery in thin markets; and
- (f) the interaction between the amendments made by the bill and any foundational supports or related systems of support.³²

1.43 The reviewers will be required to give the minister a written report of the review. The minister will be required to table that report in both Houses of Parliament within 15 days of receiving it.³³

Dr Helen Haines MP's amendment – advice on pricing

1.44 As Dr Haines explained in the House of Representatives, her amendment is designed to increase the transparency of ministerial pricing determinations. When the NDIA provides advice on pricing decisions to the minister, it will also be required to provide a summary of that advice. The minister would then be required to table either the full advice, or the summary, within five sitting days of making the determination.³⁴

Consideration by other committees

1.45 As discussed in the Interim Report, the Parliamentary Joint Committee on Human Rights considered the bill in its Report 7 of 2026, tabled on 12 June 2026.³⁵

1.46 The Senate Standing Committee for the Scrutiny of Bills (Scrutiny of Bills Committee) considered the bill in its Scrutiny Digest 7 of 2026, tabled on 25 June 2026.

1.47 The Scrutiny of Bills Committee observed that the bill leaves significant matters to be decided by the minister via delegated legislation, including:

- determination of 'functional capacity';
- determination of what constitutes 'appropriate treatment' for the purpose of assessing whether a person's impairment is or is likely permanent;
- automation of administrative actions that involve the exercise of discretion or evaluative judgment;
- implementation of 'no-invalidity' clauses;
- automatic renewal of old framework NDIS plans under terms to be determined by the minister;
- making pricing determinations to set maximum amounts, or methods for determining them, for NDIS supports or classes of supports;

³² Dr Monique Ryan MP, *House of Representatives Hansard*, 1 July 2026, pp. 84–85.

³³ Dr Monique Ryan MP, *House of Representatives Hansard*, 1 July 2026, p. 85.

³⁴ Dr Helen Haines MP, *House of Representatives Hansard*, 1 July 2026, p. 36.

³⁵ Interim Report, pp. 31–32.

- determining the conditions applying before and during the exercise of monitoring or investigation powers; and
- determining a percentage reduction of funding component amounts for specified NDIS support groups and the old framework plans to which the reduction applies.³⁶

1.48 The Scrutiny of Bills Committee considered that further information was required and has sought ministerial advice on these matters.

Conduct of the inquiry

- 1.49 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.
- 1.50 At the time of writing its Interim Report, the committee had published 1042 submissions.
- 1.51 At the time of writing this final report, the committee had published over 3400 submissions. Published submissions are listed at Appendix 1 of this report.
- 1.52 In the first phase of the inquiry, the committee held three public hearings:
- 9 June 2026 – Melbourne;
 - 10 June 2026 – Canberra; and
 - 11 June 2026 – Canberra.
- 1.53 After the Interim Report was tabled and the inquiry was extended to 14 August 2026, the committee held three additional public hearings:
- 30 July 2026 – Canberra;
 - 31 July 2026 – Canberra; and
 - 6 August 2026 – Perth.
- 1.54 Over the six hearings, the committee heard from over 80 organisations. The committee also heard the personal stories of over 25 people with lived experience of disability and the NDIS.
- 1.55 The committee received over 4500 submissions and pieces of correspondence to this inquiry. Consequently, some submissions have yet to be published on the committee's website. Submissions received by 10 July 2026 will continue to be published after the reporting date and will be tabled at a later date in the Senate.
- 1.56 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.

³⁶ Senate Standing Committee for the Scrutiny of Bills, Scrutiny Digest 7 of 2026, pp.15–18.

Acknowledgements

- 1.57 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.
- 1.58 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 personal stories.
- 1.59 The committee also specifically acknowledges the contributions from those who made confidential submissions to the inquiry. Although these submissions were not published, they have contributed to the committee's understanding of key matters. Your voices have been heard.

Note on terminology

- 1.60 The committee notes that some submitters and witnesses may refer to NDIS participants and other people with disability as 'clients' of particular services. This report may use the term 'client' when quoting from a submission or a hearing transcript. Otherwise, the report uses the terms 'participant', 'person with disability' and 'people with disability', with respect.
- 1.61 The committee recognises that people use many terms when talking about disability. The committee is aware that there are people in the community who prefer 'people first language', people who prefer 'identity first language', and people who use these terms interchangeably.
- 1.62 People first language seeks to put the person before their disability and avoid the disability becoming the primary, defining characteristic of an individual. For example, 'person with disability'. Identity first language reflects the belief that being disabled is a core part of a person's identity which cannot, and should not, be treated as separate. For example, 'disabled person'.
- 1.63 The committee recognises there is no consensus as to which language should be used, and that each member of the community will have their own opinion on terminology. The committee also understands that each person will have a preferred way of communicating and self-describing. The committee respects that language is an individual and highly personal choice.
- 1.64 In the context of this inquiry, the committee has used people first language.
- 1.65 The committee acknowledges that there are various terms used to reflect the diversity of Aboriginal and Torres Strait Islander cultures and identities. In this report, the terms 'Aboriginal and Torres Strait Islander people' and 'First Nations people' are used, with respect.

- 1.66 The committee acknowledges that the term 'disability' does not readily translate into Indigenous culture and language and honours the enduring spirit of inclusivity demonstrated by First Nations people and communities, recognising that Aboriginal and Torres Strait Islander people with disabilities participate in cultural activities at the same rates as those without disabilities.
- 1.67 The committee also wishes to acknowledge the unique experiences, contributions and resilience of First Nations people with disability and the central role of their families, communities and caregivers.

Note on references

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

Chapter 2

Views on the bill

- 2.1 As discussed in Chapter 1, the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (the bill) was passed by the House of Representatives with 30 amendments: 18 moved by the government and 12 moved by members of the crossbench.
- 2.2 The amendments address nine areas of the bill by:
- defining 'reasonable attempts to contact' participants before a plan is suspended or revoked;
 - refining the concept of 'all appropriate treatment' for an impairment when assessing an applicant's eligibility for the National Disability Insurance Scheme (NDIS or the Scheme);
 - registration of plan management providers;
 - ministerial powers to make determinations regarding categories of supports, applicable to all participants;
 - excluding restrictive practices from the concept of 'appropriate treatment' and requiring that 'appropriate treatment' be available as a publicly funded service;
 - requiring the publication of a standard operating procedure instrument regarding the use of automated decision-making (ADM);
 - reducing the scope of ministerial powers to make transitional rules;
 - implementing a review mechanism to examine the operation of the reforms contained in the bill; and
 - requiring the publication of advice to Minister for Disability and the National Disability Insurance Scheme (the minister) on pricing determinations.
- 2.3 This chapter will consider views on these amendments expressed in submissions and in evidence given at public hearings.
- 2.4 The importance of the bill in achieving the policy objective of reducing fraud and ensuring the sustainability of the Scheme will also be considered.
- 2.5 The chapter will conclude with the committee view and a recommendation.

Views on amendments to the bill

General views on the amendments as a whole

- 2.6 Evidence to the inquiry was generally supportive of the amendments that were made to the bill in the House of Representatives. For example, National Disability Services told the committee that:

We support the government's objective of a sustainable NDIS and we welcome the improvements that have been made to this bill through consultation, amendment and the revised explanatory memorandum. Importantly, the government has made clear that these reforms are not intended to undermine essential supports, participant safety and employment outcomes. Those improvements are important.¹

- 2.7 The Australian Association of Social Workers (AASW) described the amendments to the bill agreed to by the House of Representatives as 'positive improvements':

In particular, we welcome amendments that strengthen safeguards relating to automated decision-making, improve transparency and accountability within the Bill, and respond to a number of concerns raised throughout the inquiry process. These amendments demonstrate the value of parliamentary scrutiny and engagement with people with disability, representative organisations and the broader sector.²

- 2.8 Support for the amendments was accompanied by suggestions that further safeguards were needed. For example, in a joint submission, Inclusion Australia, the Down Syndrome Australia consortium, National Disability Services and Ability First Australia observed that the amendments:

... respond to several concerns raised throughout the inquiry process, including improving transparency around automated decision-making, refining aspects of plan management, and introducing a mechanism for excluding specified supports from Support Determinations.

These are positive developments. However, significant and serious implementation risks remain.

As reforms move from legislation into practice, ensuring that participants are safeguarded from unintended consequences becomes increasingly important. The remaining concerns identified are not about the overall direction of reform. They are about ensuring the legislation can be implemented safely, consistently and in a way that reflects government's stated policy intent.³

Government amendments

Attempts to contact

- 2.9 As discussed in Chapter 1, government amendments to the bill refine and clarify the definition of 'reasonable attempts to contact' a participant, by:

- defining what reasonable attempts to contact a participant must include;

¹ Mr Michael Perusco, Chief Executive Officer, National Disability Services. *Committee Hansard*, 31 July 2026, p. 61.

² Australian Association of Social Workers, *Supplementary Submission 553.1*, p. 2.

³ Inclusion Australia, the Down Syndrome Australia consortium, National Disability Services and Ability First Australia, *Supplementary Submission 402.1*, p. 4.

- ensuring that contact efforts are made using appropriate and accessible methods, including engagement with a participant's nominee or support network; and
 - specifying that attempts to contact will not count if a participant was in hospital or an institution, or experiencing homelessness.
- 2.10 Evidence to the committee supported these amendments, some suggested that additional safeguards could be made to further protect participants.
- 2.11 The Support Worker Association of Australia submitted that:
- ... Government amendments strengthen minimum requirements for reasonable attempts to contact a participant before plan suspension or participant status revocation, including direct contact with the participant, nominee or authorised person, at least five attempts through the person's preferred means of contact, and attempts over a three to four month period...
- These amendments are welcome, but they are not sufficient by themselves. Safeguards should also explicitly consider family violence, coercive control, psychosocial crisis, cognitive disability, acquired brain injury, communication disability, language barriers, digital exclusion, poverty, unstable phone or internet access, loss of informal supports, rural or remote isolation, and unsafe housing or unstable accommodation that may not meet a narrow definition of homelessness.⁴
- 2.12 The Justice and Equity Centre (JEC) welcomed the government's amendments to the 'attempts to contact' provisions of the bill as 'safeguards defining what attempts must be made to contact a participant prior to applying plan suspension and revocation powers'. However, the JEC suggested that the amendments could have gone further by implementing an express requirement for the National Disability Insurance Agency (NDIA) to 'consider whether a participant's disability or accessibility needs may explain their failure to respond. The JEC observed that, without such a requirement, 'there remains a risk that a participant's support needs or disability-related communication barriers may be misinterpreted as non-engagement'.⁵
- 2.13 This view was supported by Vision 2020, who submitted that the legislation should specify that attempts to contact a participant must:
- use the participant's recorded preferred communication format;
 - involve multiple contact attempts and methods where appropriate;
 - consider whether accessibility barriers are preventing engagement;
 - consider whether the participant is awaiting assistive technology, training or other supports necessary to access information; and

⁴ Support Worker Association of Australia, *Submission 2530*, pp. 5–6.

⁵ Justice and Equity Centre, *Supplementary Submission 82.2*, p. 7

- involve nominees, authorised representatives, support coordinators or other approved contacts where appropriate before a plan is suspended.⁶

2.14 AMPARO Advocacy submitted that special consideration should be given, and additional safeguards implemented, when applying the 'attempts to contact' provisions to people from culturally and linguistically diverse backgrounds:

Plan suspension powers should not be exercised unless the NDIA has demonstrated culturally and linguistically accessible contact attempts, including contact in the person's preferred language, through their preferred contact method, with interpreter support and involvement of authorised representatives, nominees, trusted supporters or independent advocates where appropriate.

Suspension powers should be subject to strong procedural safeguards, including accessible communication, reasonable attempts to support engagement, clear review rights, urgent reinstatement pathways, and monitoring of suspension decisions by language, cultural background, disability, age, gender and location to identify disproportionate impacts.⁷

2.15 Mob4Mob told the committee at a public hearing that cultural safety for First Nations people with disability could be improved if:

... the 90-day loss-of-contact suspension provision be removed entirely or, in the alternative, amended so sorry business, cultural obligation, remoteness and housing instability are never treated as grounds to cut someone off.⁸

2.16 This view was shared by the NT Disability Advocacy Consortium, who explained the potential impact on Closing the Gap targets:

The 2025 Productivity Commission Annual Data Compilation Report identified the NT as the worst-performing jurisdiction against the National Agreement on Closing the Gap, with progress worsening across eight targets. Despite this, the Bill introduces reforms built around assumptions that more closely reflect metropolitan service environments ... These assumptions frequently do not reflect the reality of disability service delivery in the NT.

If ongoing participation in the Scheme depends on a participant being contactable by phone or email, navigating an online portal, providing documentary evidence within strict timeframes, attending assessments, accessing 'appropriate treatment', or obtaining support from mainstream services, many NT participants will face significant barriers.⁹

⁶ Vision 2020. *Submission 2504*, [p. 4].

⁷ AMPARO Advocacy, *Submission 2427*, pp. 2–3.

⁸ Ms Cassandra (Cassie) Brophy, Chief Executive Officer, Mob 4 Mob, *Committee Hansard*, 30 July 2026, p. 47.

⁹ NT Disability Advocacy Consortium, *Submission 160*, p. 6.

- 2.17 At a public hearing, an official from the Department of Health, Disability and Ageing (the Department) addressed questions regarding the operation of the amendment to the 'attempts to contact' provisions of the bill:

The bill states the participant's plan can be suspended if the participant doesn't respond to reasonable attempts made by the agency to contact them, and the amendment provides more specificity and metrics around that phrase, what reasonable attempts mean. So the amendment clarifies that the agency must contact the participant, their nominee or authorised person directly, making at least five attempts to contact the person through their preferred means, and that there must be at least three or four months between the first and last attempt at contact. And there are, of course, exclusions to all of the above if the participant is in hospital or an institution or is experiencing homelessness over the relevant period.¹⁰

Permanence

- 2.18 As outlined in Chapter 1, the bill implements the concept of 'appropriate treatment' and its relevance to the permanence of a person's disability and their eligibility for the Scheme. An impairment is only likely to be considered permanent, and eligible for NDIS supports, if a person has undertaken all appropriate treatment for their impairment. Government amendments to the bill clarify the operation of this provision, to ensure that applicants will not be required to undertake additional treatment beyond what is appropriate.

- 2.19 Evidence to the committee indicated that, even with amendment, the requirement to undergo 'all appropriate treatment' could be onerous for people with disability and their families. National Legal Aid told the committee that:

... the proposed changes mean permanence will no longer be about whether a person has a lifelong impairment but about them being able to show they have exhausted all treatment options. This will push people into treatment that has little impact on their functional capacity, just to prove eligibility, to potentially significant cost to individuals, their families and the health system.¹¹

- 2.20 This view was shared by the JEC, who told the committee at a public hearing that:

... by misaligning this and creating this independent standalone imperative to go and get all appropriate treatment, you're creating the wrong incentives—that you're sending people out to get treatment after treatment, regardless of whether it solves the problem, regardless of whether that delays access to the NDIS for many years or an unreasonable period of time and regardless of whether those treatments are accessible. In some places, it is most acutely in terms of early intervention, in ways that cut right against

¹⁰ Ms Erin Rule, Acting First Assistant Secretary, NDIS Strategy and Policy Division, Department of Health, Disability and Ageing, *Committee Hansard*, 6 August 2026, p. 59.

¹¹ The Hon Yvette D'Ath, Executive Director, National Legal Aid, *Committee Hansard*, 30 July 2026, p. 16.

the purpose of access, where, in order to get early intervention access, you need to show that early intervention will give you access to things that improve your functional capacity but also that you've done everything you can to improve your functional capacity already. It's simply a misconceived requirement at present, whereas linking it back to substantially reduced functional capacity at least ensures it's directed towards that existing notion within access that's designed to target the Scheme towards the people who have the most significant need of it.¹²

- 2.21 The committee received evidence that, even with the amendments to the bill, the requirement to undertake 'all appropriate treatment' for an impairment as a condition of access to the Scheme could have a disproportionate effect on people with disability in remote areas of Australia:

Sometimes when there are treatments available on paper, it doesn't necessarily mean there are treatments available in community. When we're talking about remote and very remote communities, if there's a treatment available in Darwin but you're living in East Arnhem or Milingimbi, where, currently, Telstra's cut off the internet, and it's wet season and you've got to get on a small plane and you're in a wheelchair, you ain't getting to that treatment. Just because there's a treatment that's somewhere near you doesn't mean it's accessible, especially for remote communities ...

Just because something's on paper that says you can get there—the other part in the Territory is that we have very long wait times to access services. Someone could be sitting on a waitlist for 18 months before they could access those treatments.¹³

- 2.22 The First Peoples Disability Network (FPDN) observed that these concerns were particularly salient for remote First Nations communities. They told the committee that where services were unavailable or difficult to access, families would be obliged to fill the gap:

In the communities FPDN represents, the word 'available' carries a lot of weight that this bill doesn't adequately address. A service 300 kilometres away is not 'available'. A service that isn't culturally safe is not 'available'. A service that a family can't walk into, because of previous harm is not 'available'. If access narrows before culturally safe alternatives exist, people won't be redirected to support; they'll be redirected towards gaps. Those gaps do have names: the emergency department, child protection and, sometimes, even the police watch house. We've seen that happen far too many times, with disastrous consequences. What the systems don't catch First Nations families will carry, because kinship doesn't walk away. This is what the bill quietly banks on: mothers, grandmothers, aunties and elders

¹² Mr Mitchell Skipsey, Senior Solicitor, Justice and Equity Centre, *Committee Hansard*, 30 July 2026, p. 19.

¹³ Mr Miles Browne, Managing Lawyer, Economic and Social Rights Program, Victoria Legal Aid, *Committee Hansard*, 30 July 2026, p. 17.

absorbing the gap unpaid. Support needs don't disappear when funding does.¹⁴

- 2.23 The committee also received evidence that some disabilities, while permanent, may manifest in an episodic or fluctuating way, which might lead an assessor to question the permanence of a person's impairment. Mental Illness Fellowship Australia told the committee that:

If somebody with a psychosocial disability sits in front of an assessor, they may present functional in that assessment, and in another moment they may be significantly impacted by their psychosocial disability. So, if government plans to pass this particular part of this bill for permanence tests, it is our strong recommendation that it is done with the subject matter expertise of those who understand psychosocial disability best and the episodic and fluctuating nature of psychosocial disability.¹⁵

- 2.24 Deaf Australia told the committee that the 'all appropriate treatment' requirement could put pressure on people with disability to accept surgical interventions for access to the Scheme, when non-surgical supports were a person's preferred option:

... we are deeply concerned about the tightening definition of 'permanence' in a way that could pressure deaf people into surgical interventions, such as cochlear implants, before Auslan supports are approved. This is unfair and a deep threat to informed consent and the right to identify as a linguistic and cultural minority, which shows the preference of the NDIA to focus on speech over Auslan—our preferred and primary language. Across all of these areas, our core recommendation is the same: no decision about deaf people should be made without deaf people. We are asking this committee to require genuine co-design with the deaf community, a minimum of two deaf experts on any technical advisory group and Auslan validated assessment tools, not assumptions borrowed from hearing, English-speaking populations.¹⁶

- 2.25 The JEC suggested that the existing provisions of the bill that provide for exceptions to the 'all appropriate treatment' requirement could be expanded to improve choice and control for people with disability:

We suggest that there could be something done with an existing provision that's in the bill. There is a provision in the bill that allows an exception for a person not to undergo treatment where they cannot, for medical reasons, undergo that treatment. That obviously doesn't incorporate the choice and autonomy point, but we say that that provision could be expanded to enable a person to exercise their choice and perhaps that that choice is balanced

¹⁴ Mr Rhys Howard, Director, Strategy, Policy and International, First Peoples Disability Network, *Committee Hansard*, 30 July 2026, p. 45.

¹⁵ Mr James Maskey, Chief Executive Officer, Mental Illness Fellowship Australia, *Committee Hansard*, 31 July 2026, p. 56.

¹⁶ Ms Shirley Liu, Chief Executive Officer, Deaf Australia, *Committee Hansard*, 30 July 2026, p. 31.

against a reasonableness test as well. So there are some limiting factors around that, but it would still enable informed choice to be at the forefront.¹⁷

2.26 At a public hearing, the Department clarified that the amendments to the 'all appropriate treatment' provisions of the bill made it clear that 'appropriate treatments' are those regularly undertaken and publicly funded in Australia.¹⁸

2.27 In their joint submission, the Department and the Agency indicated that individuals would not be required to undertake unwanted medical procedures to obtain or maintain access to the NDIS:

Consistent with current NDIA practice, individuals are not required to undergo invasive or significant medical interventions—such as cochlear implants—to meet access criteria. It is anticipated that the rules will provide further clarity on similar circumstances, while maintaining flexibility to reflect clinical appropriateness and individual circumstances. Consultation and engagement on these rules will occur over the next 6 to 12 months.¹⁹

2.28 The Department emphasised the importance of participant choice in treatment at a public hearing in Perth. One departmental official highlighted that:

The amendments proposed in the bill are to indicate what appropriate treatment is for consideration about eligibility for the NDIS and the circumstances in which a person is taken to have undertaken all appropriate treatment. There's no intention, or manifestation, in the bill that requires anyone to get treatment.

...

The policy intent is that individuals will, clearly, continue to have the right to make personal decisions about their care, but that there will be some more guidance around what appropriate treatment is.²⁰

2.29 Another departmental official observed that decisions regarding appropriate treatment would be informed by the advice of a participant or applicant's medical professionals:

... the decision-making around appropriate treatment, as it is now, is made on the basis of advice from a participant or a prospective participant's treating medical team. That's the key consideration upon which decisions will be made and considered by the agency in terms of what's appropriate

¹⁷ Ms Sheetal Balakrishnan, Senior Solicitor, Justice and Equity Centre, *Committee Hansard*, 30 July 2026, p. 18.

¹⁸ Ms Mary Wood, Deputy Secretary, Disability and Carers Group, Department of Health, Disability and Ageing, *Committee Hansard*, 6 August 2026, p. 53.

¹⁹ Department of Health, Disability and Ageing and National Disability Insurance Agency, *Submission 247*, p. 8.

²⁰ Ms Mary Wood, Deputy Secretary, Disability and Carers Group, Department of Health, Disability and Ageing, *Committee Hansard*, 6 August 2026, p. 58.

for a participant, based on advice and guidance from their medical and health professional team.²¹

Registration of plan management providers

2.30 The Interim Report discussed the provisions of the bill that enable limiting the number of registered plan management providers, who would be subject to more rigorous integrity and compliance requirements under a deed of agreement with the Agency.²²

2.31 As outlined in Chapter 1, government amendments to these provisions respond to industry resourcing concerns by retaining the prohibition on plan management providers from providing any other supports under the NDIS, but removing the prohibition on related entities from doing so.

2.32 At a public hearing, a person working as a support worker and support coordinator highlighted the importance of consistent regulation across small and large providers in ensuring the sustainability of the Scheme:

A scheme that is structured to make accurate, evidence-based decisions from the outset will always be more sustainable than one that relies on participants correcting avoidable errors through lengthy review mechanisms. The focus should be on consistent enforcement of existing obligations and genuine risk-based regulation. The regulation should distinguish between providers who consistently demonstrate quality, competence and accountability and those who exploit participants or public funding. Small providers should not be disadvantaged by the processes put in place to protect their clients, nor should our valid, evidenced arguments be dismissed due to those who've used their positions for financial gain.²³

2.33 Occupational Therapy Australia (OTA) observed at a public hearing that occupational therapists already meet rigorous registration requirements through the Australian Health Practitioner Regulation Agency (Ahpra) and the National Registration and Accreditation Scheme. OTA recommended that the bill account for these existing obligations to avoid duplication and administrative burden.²⁴

2.34 The committee received evidence that registration and better regulation of providers could improve services. Inclusive Rainbow Voices highlighted that:

It depends on how the registration is done, of course, but I think one of the ongoing issues that LGBTIQ+ people with disability confront when seeking disability supports is that there is often conservatism in that space.

²¹ Ms Sarah Hawke, Assistant Secretary, Department of Health, Disability and Ageing, *Committee Hansard*, 6 August 2026, p. 58.

²² Interim Report, p. 25.

²³ Krystyna, personal capacity, *Committee Hansard*, 30 July 2026, p. 36.

²⁴ Ms Jessica Swarczbord, Head of Policy and Advocacy, Occupational Therapy Australia, *Committee Hansard*, 30 July 2026, p. 50.

Sometimes that's because service providers, large service providers, are often religious based service providers, and that can have impacts on how those services are provided. But it's also, I think, because there hasn't been explicit requirements in relation to ensuring that there is space made for LGBTIQ+ individuals. We still hear stories about what is effectively the suppression of LGBTIQ+ identities amongst disability service providers, often in a kind of risk-averse way. So I think that registration has the potential to require of services—and regulation has the potential to require of services—that they demonstrate an awareness of what it is that LGBTIQ+ communities require and of strategies that they have in place to fulfil them.²⁵

- 2.35 Members of the Fraud Fusion Taskforce emphasised the importance of provider registration for combatting fraud and ensuring the integrity and sustainability of the NDIS. For example, the Australian Criminal Intelligence Commission explained that provider registration would assist in identifying individuals and organisations with links to serious and organised crime. They told the committee that:

... in order to provide the best analysis and the best understanding about potential issues, being able to gain access to information as early as possible in the process is advantageous in terms of being able to identify issues at that early stage. So the earlier access to information provides the ability to do that analysis and identify any particular anomalies or individuals who may have connections in with serious and organised crime, or indeed who may have potentially been found to be acting in an inappropriate way in other programs. And so, for us to be able to identify individuals who may have potential risk indicators from activity across other Australian government programs, or scheme hoppers, as we refer to them, being able to identify those as early as possible is obviously a focus for us.²⁶

- 2.36 This view was supported by the Australian Federal Police, who noted that:

Issues like the registration of plan managers and providers will be crucial. It won't eliminate, but it will go towards preventing and enabling more effective investigations and prosecutions and the removal of those bad actors from the program, noting that the vast majority of providers do the right thing and provide essential services.²⁷

- 2.37 The NDIS Quality and Safeguards Commission highlighted the importance of registration for improving safeguards for people with disability and confirmed that allied health professionals would not be part of the expanded registration arrangements for high risk services:

²⁵ Dr Jessica Cadwallader, Chief Executive Officer, Inclusive Rainbow Voices, *Committee Hansard*, 6 August 2026, p. 10.

²⁶ Mr Adam, Deputy Chief Executive Officer, Intelligence, Australian Criminal Intelligence Commission, *Committee Hansard*, 6 August 2026, p. 62.

²⁷ Superintendent Timothy Underhill, Australian Federal Police, *Committee Hansard*, 30 July 2026, p. 13.

The expanded registration for high-risk supports will not directly capture support provision provided by allied health therapists but will absolutely capture those higher intensity supports typically delivered by disability support workers. They will enable stronger safeguards so that all providers need to meet minimum standards and will be subject to regulatory oversight. Providers who are employing direct workers who are engaging with NDIS participants will need to make sure their workers at risk have NDIS worker screening so that we will be able to continually monitor their suitability. There'll be improved consistency and quality with these clear expectations for registered providers, particularly around their competencies and worker capabilities, and there will be greater transparency and accountability for providers due to these regulatory requirements. So it's clearer for us to see who is delivering services, and we'll increase accountability over the quality of supports and services delivered. And we are of course working very closely with our colleagues across regulatory services, particularly in terms of working with Ahpra—allied health professionals—to make sure that, wherever possible, regulatory requirements are aligned and minimising regulatory burden.²⁸

Crossbench amendments

Greens amendments

Support determinations

2.38 As explained in Chapter 1, the Australian Greens' amendments modify the provisions of the bill that allow the minister to make support determinations. The amendments mean that reductions cannot be applied to the support categories of daily living, transport, consumables, assistive technology or home modifications, and limit the impact of changes to Social, Community and Civic Participation (SCCP) supports. The amendment also allows the minister to exclude funding for particular supports, including supports in employment and disability-related health supports. The revised Explanatory Memorandum also clarifies that continuous 24/7 supports will continue to be provided for participants who require it.

2.39 Several submitters and witnesses who supported the overall objective of the bill to promote a sustainable NDIS were nevertheless concerned that the amendments still left challenges in implementation to ministerial determinations. For example, National Disability Services told the committee that:

We remain concerned though that they do not resolve the central implementation challenge. The bill relies on broad ministerial powers and future support determinations to shape what supports can and cannot be funded. While the government has provided important assurances about how those powers will be used, we remain concerned that foreseeable

²⁸ Ms Nicole Mahar, Acting Deputy Commissioner, Regulatory Strategy and Sector Capability, NDIS Quality and Safeguards Commission, *Committee Hansard*, 30 July 2026, p. 3.

unintended consequences could arise unless parliament also legislates the practical safeguards needed to implement them safely.²⁹

- 2.40 This perspective was shared by the Down Syndrome Australia Consortium, who told the committee that:

... we support reforms that ensure that there is a sustainable NDIS but we do not support broad ministerial powers that reduce or cap funding at levels below what has been deemed reasonable and necessary, so if parliament is to proceed with this approach, it's essential that it is accompanied by robust implementation safeguards. Otherwise, what we will see are unintended consequences, many of which are unfortunately foreseeable.³⁰

- 2.41 Vision Australia emphasised that, even with the amendments to the support determination provisions, the bill conferred significant powers on the minister to influence the Scheme at an operational level. At a public hearing, Vision Australia told the committee that:

We do not consider that the use of support determinations is an appropriate mechanism for correcting overfunding of certain supports. There has been longstanding and systemic inconsistency of NDIS planning decisions, but that cannot be addressed by enforcing oversimplified and universal reductions in support. It's a financial control measure that lacks procedural fairness, and it will expose many participants to the risks of isolation and psychological harm.³¹

- 2.42 The Department emphasised that amendments to support determinations:

... clarify that the determination will apply only to reductions in social, economic and community participation categories and to independent daily living budgets. It also allows the minister to exclude subgroups of those categories from the support determination. The excluded subgroups from that support determination will be supports for employment and disability related health supports.³²

Appropriate treatment

- 2.43 As explained in Chapter 1, the Australian Greens' amendments provide that considerations of 'appropriate treatment' exclude restrictive practices such as forced medication, and encompass only treatments available as publicly funded services through Medicare, the Pharmaceutical Benefits Scheme, or the public health system.

²⁹ Mr Michael Perusco, Chief Executive Officer, National Disability Services, *Committee Hansard*, 31 July 2026, p. 61.

³⁰ Mr Darryl Steff, Chief Executive Officer, Down Syndrome Australia Consortium, *Committee Hansard*, 31 July 2026, p. 61.

³¹ Ms Caitlin McMorro, NDIS and Aged Care Funding Specialist Lead, Vision Australia, *Committee Hansard*, 30 July 2026, p. 29.

³² Ms Erin Rule, Acting First Assistant Secretary, Department of Health, Disability and Ageing, *Committee Hansard*, 30 July 2026, p. 3.

- 2.44 Several submitters and witnesses raised concerns that the amendments to the 'appropriate treatment' provisions of the bill did not offer sufficient safeguards against making unwanted forms of treatment a condition of access to the Scheme. For example, the National Mental Health Consumer Alliance told the committee that these concerns are especially salient for people with psychosocial disability regarding the use of chemical restraints and intensive psychiatric intervention:

First, there is no nationally agreed definition of chemical restraint across the country, nor is there any national legislation covering chemical restraint in the mental health sector. Without an agreed definition, no national data about chemical restraint can be collected, so mental health institutions are not being held to account. This means consumers continue to experience medication being administered against their wishes, under the false justification that it is being provided for therapeutic purposes. Not having a nationally agreed definition creates a risk of inconsistent interpretation and decision-making.

Second, we are particularly concerned that intensive psychiatric interventions such as electroconvulsive therapy, or ECT, could potentially be viewed as evidence of appropriate treatment that a person should pursue before they can access disability supports. ECT is a publicly available treatment funded through Medicare and recognised in some jurisdictions as a treatment option for certain mental health challenges. ECT also causes harm such as memory loss to many people. The legislation should make it clear that access to the NDIS cannot be contingent on a person accepting a particular medical intervention. Stronger safeguards are needed around the interpretation of the terms 'appropriate treatment' and 'chemical restraint'.³³

- 2.45 At a public hearing the Department explained the effect of the amendments to the 'appropriate treatment' provisions of the bill:

In response to concerns raised in the last hearings and engagement with stakeholders, amendments were made to the bill to remove some aspects of the bill regarding what constitutes an appropriate treatment and to clarify that appropriate treatment does not include restrictive practices and that appropriate treatment is treatment that is publicly funded in Australia.³⁴

- 2.46 As discussed earlier in this chapter, the Department and the Agency have emphasised that participant choice will remain a part of decision making, and that decisions will be informed by both the participant and medical advice.

³³ Mx Priscilla Brice, Chief Executive Officer, National Mental Health Consumer Alliance, *Committee Hansard*, 31 July 2026, pp. 57–58.

³⁴ Ms Erin Rule, Acting First Assistant Secretary, Department of Health, Disability and Ageing, *Committee Hansard*, 30 July 2026, p. 3.

Publication of a proposed standard operating procedure instrument governing automated decision-making

2.47 As discussed in Chapter 1, amendments to the ADM provisions of the bill would require the publication of a standard operating procedure instrument to govern its use.

2.48 Evidence to the committee indicated that ADM could reduce decision making costs, but indicated that there should be strong safeguards around its use. The Human Technology Institute, University of Technology Sydney, told the committee that:

We recognise that ADM can reduce the cost of decision making for taxpayers, and, in some instances, it can lead to better decisions for the community. However, there are real numerous examples of ADM going wrong, causing catastrophic human and economic impacts.

...

The government's ADM goals can be realised only if effective safeguards are provided for in law, in how decisions are made and in the accountability and oversight mechanisms.³⁵

2.49 The Health Services Union (HSU) suggested that ADM could appropriately assist, but should not replace, human decision making:

The HSU recognises the need for efficiency in the Scheme, of course—given a scheme of this scale, as well. However, technology can only assist decision-makers and improve that administrative process. It shouldn't be allowed to stand alone and be a replacement for humans making that decision. Algorithms should never be the sole determinant of whether a person with a disability receives support, loses support or has support reduced. It's too risky. These are complex, human decisions with profound consequences, and they involve individual circumstances, functional impacts, health conditions and support needs that can't always be reduced to a set of automated rules. Any adverse decision affecting participant support should be subject to meaningful human oversight—human clinical judgement. The lessons of previous automated government decision failures should not be ignored in this space.³⁶

2.50 MND Australia expressed a similar view. At a public hearing, they told the committee that:

... technology should support clinical judgement, not replace it. We are very concerned about the plan to introduce automated decision-making. We have seen how detrimental this has been in the Support at Home program to people's care, wellbeing, livelihoods and lives. We are seeking clarity that's absent in the exposure draft of the proposed legislation around the role of

³⁵ Professor Edward Santow, Co-Director, Human Technology Institute, University of Technology Sydney, *Committee Hansard*, 31 July 2026, p. 7.

³⁶ Ms Kate Marshall, National President, Health Services Union, *Committee Hansard*, 31 July 2026, p. 23.

automated decision-making in assessments and planning processes. In line with the recommendations of the Office of the Australian Information Commissioner, if automated decision-making is to play any role in assessments and reassessments, there must be complete transparency around where it is used, strong human oversight, clear review mechanisms and the ability for expert clinical judgement to override automated outcomes.³⁷

- 2.51 The inquiry received evidence that the ADM provisions of the bill raised concerns regarding principles of administrative law such as the right of review. For example, National Legal Aid told the committee that the bill represented:

... new territory, really, for governments making decisions at scale and exercising discretion in ways that impact people's lives. There are apparent protections in this legislation that, we would say, do not provide sufficient protection on any level. The CEO has the ability to override a decision, yet decisions can be made that affect people's lives, where there's not even a basic review right. From an administrative law perspective, the scale of decisions that can be made are decisions that involve the exercise of a discretion, decisions about a state of mind being formed and evaluative judgements. It's very difficult to have any comfort, if you're a person with a decision being made by a machine or in an automated way, that your particular circumstances are being taken into account.³⁸

- 2.52 Evidence to the committee illustrated concerns among particular communities that ADM may not take into account the distinctive circumstances of those communities. For example, the Darwin Community Legal Service told the committee that there prospective use of ADM raised additional questions in relation to people in remote areas and First Nations people:

... for the automated decision-making, with the algorithms that are in that AI and how that works, how is that going to take into account remote and Aboriginal people? Because that is vastly different. If decision-making is set up around a metropolitan based person, that is not reflective of someone who's in a remote or a very remote community or an Aboriginal person. That is also a cause for concern. How will it be able to do that effectively and have the safeguards in place to not let those people be penalised because of automated decision-making that doesn't understand what it's like to live in a remote community?³⁹

- 2.53 In a similar vein, the National Ethnic Disability Alliance highlighted that gaps in statistical data may impact the quality of automated decisions regarding members of culturally and linguistically diverse communities:

³⁷ Ms Clare Sullivan, Chief Executive Officer, MND Australia, *Committee Hansard*, 31 July 2026, p. 45.

³⁸ Mr Miles Browne, Managing Lawyer, Economic and Social Rights Program, Victoria Legal Aid, *Committee Hansard*, 30 July 2026, pp. 20–21.

³⁹ Ms Rachael Bowker, Chief Executive Officer, Darwin Community Legal Service, *Committee Hansard*, 30 July 2026, p. 21.

We have been working both with the ABS and other government organisations in order to improve the dataset for culturally and linguistically diverse people with disability. Unfortunately, the data is still very patchy, and we don't feel that it fully reflects what we hear is happening within our communities. As you said, to effectively automate a process or include our cohorts within that, there needs to be appropriate data, which is missing, which indicates to us that our cohorts will be left behind or missed purely because they are not seen in that data.⁴⁰

- 2.54 Organisations representing people with rare disabilities also highlighted similar concerns about the statistical data that forms the basis for ADM. For example, the Mito Foundation told the committee that:

... we're concerned about automated decision-making. We're hopeful that the new framework planning and a standardised support needs assessment could address some of the current inconsistencies in planning. However, mito is rare and under-represented in the datasets on which standardised systems may be based. Automation may assist with routine administration, but it should not be used in isolation to determine access, funding or support reductions for people with mito. Participants must be told what information and criteria were used, have access to meaningful human review and receive assistance to challenge a decision where cognitive, communication or energy limitations make that difficult.⁴¹

- 2.55 At a public hearing in Perth, departmental officials responded to concerns about safeguards around ADM. A representative of the Department told the committee that:

The bill does take safeguarding of automated processes very seriously. In the first instance, there are a limited number of provisions that may be automated, which are specified on the face of the bill, and, if there were to be further provisions automated, the minister would need to make an instrument in order to allow that, and that instrument would be subject to disallowance by the parliament. And then there are further safeguards with regard to the way that the CEO of the National Disability Insurance Agency can put in place arrangements for automation. The CEO, if automation involves any evaluative decisions, must make a standard operating procedure instrument that supports the processes, and that instrument must be published on the agency's website at least seven days before it's made, in order to give participants, representative organisations and other interested parties visibility of the instrument. That instrument must also be registered on the Federal Register of Legislative Instruments. The CEO will have the ability under the act to substitute decisions if the CEO identifies that a preferable decision must be made, and there are also reporting requirements

⁴⁰ Mrs Rebekah Dawson, Policy and Projects Officer, National Ethnic Disability Alliance, *Committee Hansard*, 31 July p. 42.

⁴¹ Mr Sean Murray, Chief Executive Officer, Mito Foundation, *Committee Hansard*, 6 August 2026, p. 21.

to support transparency around whether substituted decisions are being taken by the CEO and the nature of those decisions.⁴²

- 2.56 At the same hearing, an NDIA official explained what operational safeguards the agency would implement to ensure that ADM is used safely and responsibly:

The agency will have an internal oversight committee that will be chaired by a deputy CEO that will oversee the uses of automated provisions. Automated decision-making will also be included in our internal audit program, that will be overseen by our board, so it will be a way in which we would ensure the efficacy and testing of any use of automation across the agency. There will be decision traceability, including records of inputs, rules and methodologies and outputs of human intervention. There will be system testing, validation, legal conformance assessment, monitoring, quality assurance and audit ... the CEO will be able to correct or substitute an action where an automated outcome is not correct or preferable, including with effect to the date on which the original decision was meant to take place.⁴³

- 2.57 The official went on to explain that ADM did not apply to the raising of a debt and confirmed that 'section 59C(1) does not specify a provision that relates to the raising of debt under section 182 of the Act'.⁴⁴

- 2.58 Later in the hearing, the NDIA's Deputy Chief Executive Officer, Integrity, Transformation and Technology Services, Mr John Dardo, went on to explain in detail the Agency's processes for raising debts, under three main categories:

- debts in relation to compensation, where the NDIS has funded a participant and that participant subsequently receives a compensation payout;
- self-initiated debts, where a participant or a provider cancels a claim after the Agency has already paid it or advises the Agency that the claim should not have been paid or that they didn't use the money for that service; and
- Agency-initiated debts, against a participant or provider.⁴⁵

- 2.59 Mr Dardo outlined a range of safeguards around Agency-initiated debts, including:

- providing an evidence package to the participant or provider for comment, and consideration of their response by the Agency;

⁴² Ms Erin Rule, Acting First Assistant Secretary, NDIS Strategy and Policy Division, Department of Health, Disability and Ageing, *Committee Hansard*, 6 August 2026, p. 59.

⁴³ Mr Ben Cheever, Acting General Manager, Legal, and Chief Counsel, National Disability Insurance Agency, *Committee Hansard*, 6 August 2026, p. 59.

⁴⁴ Mr Ben Cheever, Acting General Manager, Legal, and Chief Counsel, National Disability Insurance Agency, *Committee Hansard*, 6 August 2026, p. 59.

⁴⁵ Mr John Dardo, Deputy Chief Executive Officer, Integrity, Transformation and Technology Services, National Disability Insurance Agency, *Committee Hansard*, 6 August 2026, p. 60.

- oversight of a Senior Executive Service (SES) committee and a Deputy CEO committee;
- providing the participant or provider with an opportunity to request reconsideration of the debt by people outside the debt-raising process; and
- an opportunity for the participant or provider to request a write-off or waiver of the debt.⁴⁶

2.60 Mr Dardo further explained that the same level of human oversight and safeguards would continue after the enactment of the provisions of the bill:

The level of human oversight will continue. As we develop our governance, we will revisit the exact governance arrangements, but SES will definitely be there and deputy CEO oversight will still be there. So there will be at least a couple of levels of SES oversight, and the reconsideration option, which is clearly articulated on the website, as are the write-off and waiver provisions, will continue. There is no intent to remove that.⁴⁷

Transitional rules

2.61 As mentioned in Chapter 1, amendments to the bill reduce the timeframe for making transitional rules to six months, except for parts of the bill relating to new framework planning, reasonable and necessary supports, and plan renewals. Some evidence to the committee suggested that this reduction might have the effect of reducing the time available for consultation without meaningfully constraining ministerial power. For example, JFA Purple Orange submitted that:

Shortening how long a minister has to make some transitional rules from 12 months to six months (but not the duration for which the rules apply) is, at best, insignificant, or, at worst, likely to result in their rushed development without adequate consultation. This amendment does not address the significant overreach of federal ministerial power established in the Bill. The Senate should amend the Bill to reverse the overreach of ministerial powers inherent in the transitional rule provisions in the Bill.⁴⁸

2.62 Several submitters and witnesses indicated that, because the bill provides for the minister to make significant policy changes by way of legislative instruments, it will be important that the government undertake consultation on those changes. For example, at a public hearing, the First Peoples Disability Network told the committee that:

⁴⁶ Mr John Dardo, Deputy Chief Executive Officer, Integrity, Transformation and Technology Services, National Disability Insurance Agency, *Committee Hansard*, 6 August 2026, pp. 60–61.

⁴⁷ Mr John Dardo, Deputy Chief Executive Officer, Integrity, Transformation and Technology Services, National Disability Insurance Agency, *Committee Hansard*, 6 August 2026, p. 61.

⁴⁸ JFA Purple Orange, *Supplementary Submission 325.1*, p. 9.

Part of today's uncertainty exists because so much detail sits in rules which are still being consulted on. We'll be at every one of those tables, but consultation only counts if the commencement actually waits for it.⁴⁹

- 2.63 At a public hearing, the Department emphasised that consultation on proposed rules was broad, and included consultation with a range of organisations and individuals:

In the course of our consultation activity across any proposed rules, we undertake targeted consultations with individuals as well as broader consultation. So, as I mentioned, the stories and impacts of individuals are really important to consider in policymaking and advice to government about the use of any such determination.⁵⁰

Dr Monique Ryan MP's amendments – Review of amendments

- 2.64 As discussed in Chapter 1, the bill has been amended to require an independent review of the operation of its provisions in five years, at the same time as the review of the operation of the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024*.

- 2.65 In a supplementary submission, JFA Purple Orange welcomed the addition of the review requirement, while suggesting that further amendments could strengthen the definition of reviewer independence:

We are concerned that the requirement for independence is not defined. The previous 2023 review was not independent of either federal or state and territory governments. The review was conducted out of the Department of Prime Minister and Cabinet, which is no more independent than the NDIA's home department. The minister responsible was actively involved, including attending consultation sessions with stakeholders. The Review's secretariat included federal, state, and territory public servants, including some seconded state officials who usually worked in relevant portfolio areas, such as state disability group house services. Excluding the NDIA and home department of the NDIA is not sufficient to ensure the independence of a statutory review – a clear and accurate definition of independence is needed.⁵¹

Dr Helen Haines MP's amendments – advice on pricing

- 2.66 As mentioned previously, the bill was amended in the House of Representatives to increase the transparency of ministerial pricing decisions by requiring the minister to table advice from the NDIA, either in full or in summary, within five sitting days of making a pricing determination.

⁴⁹ Mr Rhys Howard, Director, Strategy, Policy and International, First Peoples Disability Network, *Committee Hansard*, 30 July 2026, p. 45.

⁵⁰ Ms Sarah Hawke, Assistant Secretary, Department of Health, Disability and Ageing, *Committee Hansard*, 6 August 2026, p. 64.

⁵¹ JFA Purple Orange, *Supplementary Submission 325.1*, pp. 9–10.

- 2.67 Evidence to the inquiry supported the publication of NDIA pricing advice, while suggesting that pricing decisions might better be made by an independent authority, or at least informed by such a body. For example, the HSU submitted that:

Although the HSU welcomes amendments ... requiring the publication of NDIA pricing advice, we remain deeply concerned that the Bill ultimately centralises pricing authority with the minister. This is not a faithful implementation of the NDIS Review's recommendation for an independent pricing authority akin to [the Independent Health and Aged Care Pricing Authority] (IHACPA). Rather, it represents a clear and concerning departure from the Review's intent, preserving political control over pricing decisions while creating the appearance of independent oversight.⁵²

- 2.68 OTA welcomed the amendment to require publication of advice to the minister on pricing, or a summary of that advice. However, they also suggested that advice on pricing could be improved with independent input:

OTA acknowledges the recent amendment requiring the NDIA to provide a summary of advice to the minister to support a pricing determination, and the tabling of that advice in Parliament. This is welcome, but insufficient on its own. Pricing decisions must draw on an independent body beyond the NDIA – such as [IHACPA] – or structured input from allied health peak bodies, such as OTA. Without this independent check, small and sole – practitioner providers in particular bear the cost of pricing decisions they had no opportunity to influence.⁵³

- 2.69 This view was shared by the Australian Physiotherapists Association, who told the committee that:

With regard to future pricing determinations, we maintain that there should be an independent body, like IHACPA, that would undertake that evidence based, consultative approach to pricing determinations. Then, despite the amendment that has recently gone through the House—the CEO of the NDIA being required to provide a summary of that evidence—our view is that that does not go nearly far enough. Before that, again, independence on that pricing assessment should be the key determinant here.⁵⁴

- 2.70 Professionals and Researchers in Early Childhood Intervention (PRECI) highlighted the need for a holistic approach to pricing determinations, telling the committee that:

... we emphasise the need for all appropriate information to be considered to support decision-making, with specific reference to early childhood intervention and the implementation of the National Best Practice Framework for Early Childhood Intervention. The complexity of early

⁵² Health Services Union, *Supplementary Submission 323.1*, p. 6.

⁵³ Ms Jessica Swarczbord, Head of Policy and Advocacy, Occupational Therapy Australia, *Committee Hansard*, 30 July 2026, p. 50.

⁵⁴ Ms Katherine Utry, General Manager, Policy and Government Relations, Australian Physiotherapy Association, *Committee Hansard*, 30 July 2026, p. 52.

childhood intervention must be considered in the context of pricing decisions. Best practice early childhood intervention requires investment in building relationships, not only with the family but between practitioners as part of a collaborative team. Best practice is delivered through everyday routines and settings in the places where children live, learn and play, and pricing advice must take these factors into consideration.⁵⁵

Committee view

- 2.71 The committee thanks all inquiry participants for their contributions to the inquiry. The committee acknowledges the extensive engagement of over 4500 organisations and individuals 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.
- 2.72 In particular, the committee recognises the significant contribution of witnesses who appeared at the hearings, especially people with disability, their family members and carers. The committee appreciates the emotional effort and financial resources many devoted to attend the public hearings and share deeply personal stories of their own lived experience.
- 2.73 Due to the large volume of submissions received, some submissions are yet to be published on the committee's website at the time of writing. The committee has agreed that submissions received by 10 July 2026 will continue to be published after the conclusion of the inquiry. Submissions published after the tabling of this final report will be tabled at a later date in the Senate.

Accessibility

- 2.74 Since the tabling of the Interim Report, the committee has received further comments and correspondence from inquiry participants expressing their frustration and disappointment due to limited accessibility of inquiry processes such as public hearings.
- 2.75 The committee acknowledges that current processes and systems may not meet the accessibility requirements of people who wish to contribute to parliamentary inquiries. The committee will continue to work with the President and the Department of Parliamentary Services to improve accessibility.

Attempts to contact

- 2.76 The committee acknowledges concerns that powers to suspend or revoke a participant's plan for not responding to contact are highly consequential.

⁵⁵ Ms Lauren Falconer, Board Director, Professionals and Researchers in Early Childhood Intervention (PRECI), *Committee Hansard*, 30 July 2026, p. 25.

- 2.77 The committee agrees that the amendments to establish clear definitions of what constitutes an attempt to contact, stipulating how contact is to be made, and outlining circumstances in which these attempts will not apply, such as when a participant is in hospital or experiencing homelessness, represent important safeguards for participants.

Permanence and appropriate treatment

- 2.78 The committee acknowledges concern among the disability community about how the new concept of 'all appropriate treatment' could impose unwanted treatments and additional costs on people with disability and their families.
- 2.79 The committee agrees that the amendments to the bill provide appropriate additional safeguards for people with disability by clarifying that:
- applicants to the Scheme will not be required to undertake additional treatment beyond what is appropriate;
 - restrictive practices such as forced medication are not included in the scope of 'appropriate treatment'; and
 - 'appropriate treatment' must be available through Medicare, the Pharmaceutical Benefits Scheme, or the public health system.
- 2.80 The committee welcomes evidence from the Department and the Agency that participant choice will remain an important part of treatment decisions, and that participants will not be required to undertake unwanted medical procedures.

Registration of plan management providers

- 2.81 The committee acknowledges industry concerns that complete divestiture of plan management providers from related entities that provide other NDIS supports could leave some plan management providers without the requisite capacity for inclusion on the plan management provider panel.
- 2.82 The committee agrees that the amendments to the registration requirements for plan management providers will preserve the policy intent of eliminating fraud and integrity concerns in the plan management market that may arise from conflicts of interest, while averting the potential for resourcing issues in the sector.

Support determinations

- 2.83 The committee acknowledges concerns in the disability community about the scope of ministerial powers to make support determinations as originally provided for in the bill.
- 2.84 The committee notes that amendments to the bill clarify how a support determination can be used and allows the minister to exclude funding for particular supports. The government has signalled its intent to exclude employment and disability related health supports from a reduction, and to ensure that 24/7 supports remain in place for participants who need them.

- 2.85 The committee notes the government has confirmed that support determinations will only apply to funding for SCCP and/or capacity building daily activities.
- 2.86 The committee agrees that the amendments relating to support determinations strikes the right balance between ensuring the sustainability of the Scheme and maintaining safeguards for participants.

Publication of a proposed standard operating procedure instrument governing automated decision-making

- 2.87 The committee acknowledges concerns about the potential for unintended consequences when using ADM in the administration of the NDIS.
- 2.88 The committee welcomes the requirement to publish a standard operating procedure instrument to govern the use of ADM in NDIA processes.
- 2.89 The committee agrees that public scrutiny of operating procedures for the use of ADM will provide an important safeguard to ensure that its implementation is safe and effective.
- 2.90 The committee welcomes the government's commitment, as expressed in the Explanatory Memorandum, to ensure that automation of administrative action is undertaken in a safe, consistent, transparent and accountable way and does not displace the important role of a human delegate or the rights participants have, including for review.
- 2.91 The committee supports the ongoing work of the Department and Agency described in the Explanatory Memorandum to ensure that safeguards are in place for ADM in the NDIS.

Transitional rules

- 2.92 The committee notes that amendments to the bill reduce the timeframe for making transitional rules to six months, except for parts of the bill relating to new framework planning, reasonable and necessary supports, and plan renewals.
- 2.93 The committee acknowledges concerns that shortening the time in which transitional rules can be made would also shorten the potential consultation period on those rules.
- 2.94 On balance, the committee is reassured by a departmental commitment to consultation with the disability community on the making of transitional rules.

Review of amendments

- 2.95 The reforms in this bill are wide ranging, with significant implications for the sustainability of the Scheme and the provision of disability supports in the long term.

- 2.96 The committee agrees that it is appropriate to conduct an independent review of the operation of the provisions of this bill in five years, at the same time as the review of the operation of the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024*.

Advice on pricing

- 2.97 The committee notes evidence from a range of submitters and witnesses about the impact of ministerial pricing determinations on the provision of supports and the viability of businesses providing those supports.
- 2.98 The committee is of the view that publication of NDIA advice to the minister on pricing determinations, or a summary of that advice, is an important transparency and accountability measure.

Amendments as a whole

- 2.99 The committee acknowledges that the amendments made to the bill in the House of Representatives are the product of extensive consultation and negotiation between the government and the crossbench, as well as in response to evidence provided to this committee. As such, they represent a considered and consultative approach to refining the bill and ensuring the sustainability of the Scheme, while implementing additional safeguards for people with disability.
- 2.100 As previously stated in the Interim Report, securing a sustainable future for the NDIS is critical for both current and future participants and for the broader disability support system.

Recommendation 1

- 2.101 The committee recommends that the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 be passed.**

Senator Ellie Whiteaker

Chair

Labor Senator for Western Australia

Additional Comments - Coalition Senators

- 1.1 The National Disability Insurance Scheme (NDIS or the Scheme) has transformed the lives of hundreds of thousands of Australians with significant and permanent disability to live with dignity, independence and greater choice.
- 1.2 However, the Scheme is at a crossroads. 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.
- 1.3 Expenditure this year is estimated at more than \$50 billion, projected to increase to \$70 billion by the end of the decade, far exceeding the initial projections of \$13.6 billion.
- 1.4 Compounding the pressure of escalating expenditure of the NDIS is the significant and pervasive level of fraud occurring within the Scheme. The Australian National Audit Office estimates up to 10 per cent of claims submitted are fraudulent, which equates to around \$5 billion just this year.
- 1.5 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'.¹
- 1.6 Despite this evidence, Coalition Senators remain concerned the changes in the Bill do very little to address the fraud and rorting that is prevalent within the Scheme.
- 1.7 The Albanese Labor Government's modelling of the reform measures contained within the Bill note the fraud and integrity changes will only reduce potential fraudulent and incorrect claims each year by \$300 million² with the measures not having any budget impact until the 2027–28 financial year.
- 1.8 Coalition Senators remain concerned ongoing reports of fraud and misuse of taxpayer funds remain largely unaddressed. The Bill fails to adequately meet the expectation of Australians for greater integrity of the Scheme and will not improve the Scheme's social licence.
- 1.9 In response to questions from Coalition Senators about reductions in fraud as a result of the changes in the Bill, particularly that by organised crime networks,

¹ The Hon Mark Butler MP, Minister for Health and Ageing and Minister for Disability and the National Disability Insurance Scheme, [Speech at the National Press Club](#), 22 April 2026.

² Senator the Hon Jenny McAllister, Minister for the National Disability Insurance Scheme, [Response to orders of 14 May 2026 \(503, 504, 505, 506, 507 and 508\) relating to the National Disability Insurance Scheme—Treasury modelling](#), 27 May 2026.

and if the Australian Federal Police any changes emerging as the reforms are implemented, Donna Parsons, Acting Assistant Commissioner, Crime Command, Australian Federal Police stated:

No, not at this stage. The environment obviously changes depending on how organised crime networks or others are adjusting within that space, but we don't see the legislation necessarily having an impact on that.³

- 1.10 In addition, in response to a Question on Notice, the Australian Federal Police confirmed only 45 referrals have been received from the Fraud Fusion Taskforce over the last four years.⁴
- 1.11 This low level of referral is yet another indicator of the lack of seriousness by the Albanese Labor Government to address fraud and integrity within the NDIS.
- 1.12 Maintaining public confidence in the Scheme is essential to its long-term sustainability, integrity and effective administration. 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.
- 1.13 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.
- 1.14 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.
- 1.15 Coalition Senators consider it essential the Government urgently consider additional measures to support greater integrity of NDIS expenditure.
- 1.16 Coalition Senators remain 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.
- 1.17 Ensuring people remain safe from abuse, neglect, violence, and exploitation is non-negotiable and Coalition Senators urge the Albanese Labor Government ensure participant safety remains a core value of the NDIS.

³ Acting Assistant Commissioner Donna Parsons, Acting Assistant Commissioner, Crime Command, Australian Federal Police, *Committee Hansard*, 6 August 2026, p. 62.

⁴ Australian Federal Police, answers to questions taken on notice, 6 August 2026 (received 11 August 2026).

Senator the Hon Anne Ruston
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 We acknowledge that the Committee initially undertook five weeks of inquiry. Following sustained community pressure and an agreement reached between the Australian Greens and the Government, an additional eight weeks of inquiry were secured.
- 1.3 We are very proud to have secured this vital additional time. These extra weeks have provided the Committee with further evidence about the harms this Bill will cause and have, importantly, delayed the implementation of some of its most harmful provisions.
- 1.4 The Australian Greens also acknowledge that, while this additional time has been valuable, it has not come without a cost. The ongoing media campaign, including campaigning driven by political parties, has subjected disabled people to months of sustained and harmful public debate about the value of disabled people's lives. It has also placed under scrutiny the very supports that disabled people rely on every day.
- 1.5 The Australian Greens are eternally grateful to the disability community and our allies for their powerful contributions to this inquiry.
- 1.6 We also wish to acknowledge and thank the Committee Secretariat for their professionalism and their work throughout this inquiry, including their efforts to improve accessibility at the three Committee hearings in Canberra and Perth through videoconferencing and the provision of live captioning.
- 1.7 At the conclusion of this inquiry, the Australian Greens are alongside a chorus of disabled people, disability representative organisations, human rights commissioners, allied health professionals, lawyers, advocates, disability service providers, academics and researchers who collectively hold a firm view: the NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026 goes too far, too fast, and should not pass the Parliament.
- 1.8 The Australian Greens concerns about this Bill are well documented, including through a [dissenting report](#) released as a response to the Interim Report of this committee.¹
- 1.9 The concerns expressed include:

¹ Senate Community Affairs Legislation Committee, *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 – Interim Report*, June 2026.

- the significant and blunt cuts to social and community participation budgets;
 - the new permanence requirements;
 - functional capacity assessments;
 - the scope of wide-ranging ministerial powers;
 - the extensiveness of automated decision-making; and
 - the definition of parental responsibility.
- 1.10 The Australian Greens are very proud to have secured important amendments to this legislation in the House of Representatives that will:
- limit ministerial powers to impose sweeping cuts to people's supports budgets;
 - ensure greater transparency around automated decision-making; and
 - provide greater protections for disabled people by ensuring that they cannot be forced to undergo harmful restrictive practices to gain access to the NDIS, and that any treatments required must be available in the public healthcare system.
- 1.11 These amendments will place an important firewall between participants and some of the most harmful parts of this Bill. However, they do not transform this Bill into legislation that the Greens can support. Unfortunately, significant concerns remain about the wide-ranging and serious impacts of these reforms.
- 1.12 These reforms will cause serious harm to NDIS participants, their families and loved ones, their carers and the wider community. They will also result in significant job losses for allied health professionals and support workers, further reducing the capacity of the disability support workforce at a time when it is already under significant pressure.
- 1.13 The Australian Greens will always fight to protect the rights, dignity and autonomy of disabled people. For this reason, we remain steadfastly opposed to this Bill.
- 1.14 This report seeks to address concerns that were not explored extensively in our dissenting report to the Interim Report.

Recommendation 1

- 1.15 The National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 goes too far, too fast, and should not pass the Parliament.**

Workforce impacts

- 1.16 This inquiry has found that this Bill, together with the associated reforms to the NDIS, will have a significant and negative impact on workforce participation.
- 1.17 These impacts will be felt across the disability community and the broader care economy. They include NDIS participants who may no longer be able to work

because of reduced supports, people who will lose their jobs in paid care and support roles, and family members and informal carers who may be forced to reduce their own workforce participation to provide additional unpaid care.

Job losses

- 1.18 The Australian Greens are deeply concerned that the significant cuts to social and community participation funding will result in tens of thousands of support worker jobs being lost.
- 1.19 Research by The Australia Institute, in its report *The NDIS cuts: A poor reflection of our national character* found that these cuts could result in the loss of **51,641 full-time equivalent (FTE) jobs**, representing **93,986,644 hours of work**.²
- 1.20 The support work sector will be devastated by these changes, and it is deeply disappointing that the Government has chosen to deny or avoid this issue.
- 1.21 During a hearing for this inquiry, the Department of Health, Disability and Ageing admitted that no specific modelling had been undertaken on the impact of this Bill on the disability support workforce. However, the Department did acknowledge that impacts are expected:

... we expect that a reduction in support budgets would suppress demand for these services and may have a negative impact on NDIS providers. This could disrupt the disability support workforce and potentially place downward pressure on the workforce, with employment funding potentially declining. Many workers rely on employment across multiple providers to maintain sufficient income levels and may be faced with a smaller pool of providers to work for.³
- 1.22 The Australia Institute's research suggests that the scale of this problem is far greater than the Government has publicly acknowledged.
- 1.23 Every hour of social and community participation funding that is cut represents an hour of paid employment that may be lost for a support worker. These are real jobs, supporting real people, in communities across Australia.
- 1.24 The Government cannot cut billions of dollars from NDIS participant supports without also affecting the workers whose jobs depend on those supports being delivered.
- 1.25 Even if the Government refuses to acknowledge the full scale of these impacts, the consequences of these reforms will be wide-ranging and deeply felt by the

² Greg Jericho and Luke Slawomirski, The Australia Institute, *The NDIS Cuts: A poor reflection of our national character*, August 2026, australiainstitute.org.au/wp-content/uploads/2026/08/P2071-NDIS-brief-Web.pdf (accessed 14 August 2026).

³ Ms Erin Rule, Acting First Assistant Secretary, Department of Health, Disability and Ageing, *Committee Hansard*, 30 July 2026, p. 4.

thousands of workers who are likely to lose employment, income and economic security as a result.

- 1.26 Another critical finding from the Australia Institute's research is that the loss of 94 million hours of paid support work will not mean that those hours of support simply disappear. Instead, a significant proportion of this work will be shifted onto unpaid family members, friends and other informal carers. As the report said:

... the number of job cuts is equivalent to 94 million hours of care – care that would need to be undertaken by someone else, most likely for no pay and at considerable opportunity cost to the economy. In fact, the level of care that would be transferred to unpaid family members as a result of the cuts is greatly underestimated.⁴

- 1.27 This was a message heard repeatedly throughout the inquiry: support needs do not disappear simply because they are no longer funded.
- 1.28 When funded supports are reduced or removed, those support needs are instead shifted onto unpaid family members, friends and other informal carers. For many carers, this will mean taking on significantly more unpaid care while trying to maintain employment and other responsibilities.
- 1.29 Many will simply be unable to do both. They may be forced to reduce their hours, take extended leave or leave the workforce altogether in order to provide the care that would previously have been provided through paid supports.
- 1.30 This is not a new concern. It was raised repeatedly throughout the inquiry, including by Mr Rhys Howard from First Peoples Disability Network:

What the systems don't catch First Nations families will carry, because kinship doesn't walk away. This is what the bill quietly banks on: mothers, grandmothers, aunts and elders absorbing the gap unpaid. Support needs don't disappear when funding does.⁵

- 1.31 Mr Howard was speaking to the First Nations perspective, but undoubtedly we will see this community-wide; family members and other carers having to make significant changes to their lives, including giving up paid employment, because of cuts to people's NDIS supports.
- 1.32 The Labor Government may be seeking budget savings through these changes, but reducing support for disabled people and their families risks overlooking the broader economic benefits of ensuring people can participate fully in their communities and workplaces. In practice, these changes may ultimately cost

⁴ Greg Jericho and Luke Slawomirski, The Australia Institute, *The NDIS Cuts: A poor reflection of our national character*, August 2026, australiainstitute.org.au/wp-content/uploads/2026/08/P2071-NDIS-brief-Web.pdf (accessed 14 August 2026).

⁵ Mr Rhys Howard, Director, Strategy, Policy and International, First Peoples Disability Network, *Committee Hansard*, 30 July 2026, p. 45.

more than they save if they result in people losing essential supports, employment, or participation in the workforce.

- 1.33 Another significant workforce impact of the Bill is the risk that NDIS participants may be unable to maintain their employment if their supports are reduced or they are removed from the Scheme. Lee highlighted this risk through his own experience as an NDIS participant:

I work full time. I pay tax. I'm able to do both of these things because of the support this scheme funds. They're not a substitute for working; they're what makes working possible. It is easy to hear, 'I work full time,' and conclude that I can't need much. Before I was diagnosed and supported, I came close to leaving work permanently. I didn't, and these supports are the reason why. If you take them away, the likely outcome isn't that I carry on, regardless, it's that I don't, and the same public purse starts paying the other way instead.⁶

- 1.34 NDIS supports have been transformative for the lives of many disabled people, and they have enabled higher rates of workforce participation for participants. These cuts will, without doubt, result in disabled people being required to leave the workforce since they are no longer receiving the supports necessary to keep their job.

Recommendation 2

- 1.35 **The Government should undertake comprehensive modelling of the impacts of these reforms on workforce participation, including in the support work and broader disability service provider sector, and on social service supports in Australia, and develop workforce mitigation strategies to manage the economic and social fallout of these changes. This work must be undertaken in genuine consultation with the disability sector and the disability community. No changes to the NDIS should be implemented until an adequate workforce plan is in place.**

Impacts on other systems

- 1.36 During this inquiry, we also heard about the impacts that this Bill will have on other systems, including hospitals, aged care, the justice system, as well as schools and universities. The Australia Institute highlighted these potential flow-on effects in their report:

For people with disability, reduced access to these activities can itself contribute to poorer health. The consequences spill into the health and social care systems. In 2023–24, 788,000 hospitalisations were classified as potentially preventable, at an estimated cost of \$7.7 billion.¹⁵ Although this figure cannot be attributed to inadequate NDIS support, it illustrates the scale of health-system costs when people's needs are not identified and managed effectively in the community. Reducing supports that help people

⁶ Lee, private capacity, *Committee Hansard*, 6 August 2026, p. 45.

live safely and independently may therefore shift costs to families and the health system rather than produce a genuine saving.⁷

1.37 We are already seeing the consequences of inadequate supports, with too many NDIS participants remaining in hospital for months because the supports they need to return home and live safely in the community are not available. These reforms risk making that situation worse, placing further pressure on a hospital system that is already under significant strain; with the effect of reduced supports to disabled people and the broader community.

1.38 We also heard during the inquiry about the impact these changes could have on university students who rely on disability supports to access and participate in their education. Ms Kyla Hill from the University of Sydney Students' Representative Council highlighted the importance of these supports, stating:

This bill will systematically prevent the cultivation of an entire cohort of thinkers... Nationwide, the rate at which people with disabilities who are aged 20 or over attain a bachelor's degree or higher is 17 per cent. I have not been able to find comparable data about NDIS participants specifically, but I can say with certainty that these rates will drastically decrease following the cuts outlined in the bill.⁸

1.39 Ms Hill also shared testimony from another student:

I am an NDIS participant with level 2 autism at the University of Sydney, and without the NDIS I would not be able to attend uni at all. My NDIS support workers take me into uni every day and sit outside my classrooms as it is the only way I can attend uni, and without it I would have to drop out. Needing NDIS support is difficult in itself. Support workers can get sick, and I constantly have to explain myself and my disability to staff. Part of why these cuts are so completely terrifying is because we're already struggling with the support we have. I really don't know what I'll do if I'm kicked off the NDIS or if my plan faces cuts.⁹

1.40 From the classroom to the emergency room, this cruel NDIS Bill will be felt by so many more than just the participants who have their supports cut.

Fully funding the NDIS

1.41 Since these changes to the NDIS were first announced, the Government has consistently said that they are, in large part, about bringing down the cost of the

⁷ Greg Jericho and Luke Slawomirski, The Australia Institute, *The NDIS Cuts: A poor reflection of our national character*, August 2026, australiainstitute.org.au/wp-content/uploads/2026/08/P2071-NDIS-brief-Web.pdf (accessed 14 August 2026).

⁸ Ms Kyla Hill, Disabilities Officer, Students' Representative Council, University of Sydney, *Committee Hansard*, 6 August 2026, p. 38.

⁹ Ms Kyla Hill, Disabilities Officer, Students' Representative Council, University of Sydney, *Committee Hansard*, 6 August 2026, p. 39.

NDIS. This narrative has been broadly accepted by the Parliament and the media, but another option has not been explored.

- 1.42 The Greens acknowledge that the NDIS would benefit from reform, including stronger anti-fraud measures and reduced administrative load for participants, and that the NDIS budget does not need to be so significantly cut to be sustainable, instead it can be properly funded to ensure disabled people can live with dignity.
- 1.43 There are many choices available to this government, one example would be to implement a minimum 25% tax on gas exports which would more than fund the budget savings that this Bill aims to achieve. The Australia Institute found in their report that:

Indeed, given over the next four years a 25 [per cent] gas tax would raise some \$31.8 billion more than the total of the cuts to the NDIS, using the language of the NDIS explanatory memorandum, failure to levy a 25 [per cent] gas export tax prevents 'ensuring the Scheme can keep funding NDIS supports now and into the future'.¹⁰

- 1.44 Budgets reflect the priorities of governments. The choice that this Labor Government is making is to rip life-changing supports away from disabled people instead of raising additional revenue through taxing gas exports shows their priorities clearly. This government is choosing the profits of large corporations over the lives of disabled people.

Recommendation 3

- 1.45 The Government should put a minimum 25 per cent tax on gas exports to fund vital community services including the National Disability Insurance Scheme.**

Conclusion

- 1.46 The community has heard from the Government countless times since this Bill has been introduced that it is about bringing the NDIS back to its 'original intent'. But what the government fails to acknowledge is that the original intent of the Scheme was to provide disabled people with the supports they need to be independent, to be able to exist in the community, and to be able to participate in the workforce.
- 1.47 We have heard very clearly over the course of this inquiry that these reforms will take the NDIS further from its original intent, and will remove so many disabled people from being able to participate in our community, including from the workforce.

¹⁰ Greg Jericho and Luke Slawomirski, The Australia Institute, *The NDIS Cuts: A poor reflection of our national character*, August 2026, australiainstitute.org.au/wp-content/uploads/2026/08/P2071-NDIS-brief-Web.pdf (accessed 14 August 2026).

- 1.48 If this Bill passes the parliament, it will be devastating to the lives of disabled people and their families.
- 1.49 The Greens will be strongly opposing this Bill when it comes to the Senate, and we implore the crossbench and the opposition to also oppose this dangerous Bill.

Senator Jordon Steele-John
Greens Senator for Western Australia

Dissenting Report - Senator David Pocock

Introduction

- 1.1 I begin by acknowledging the thousands of NDIS participants, families, carers, advocates and providers who contributed to this inquiry and who have also emailed and phoned my office directly. Many shared deeply personal stories about the supports that allow them to leave their homes, participate in their communities, work, study and live with dignity. I also acknowledge the fear across the disability community about what these reforms may mean for the most intimate parts of people's lives: who helps them get out of bed, who helps them shower, and whether they are safe and connected to others.
- 1.2 Every person with disability I have spoken to has acknowledged that the NDIS needs to change and has asked for reforms that make the Scheme fairer, more consistent and more sustainable. Participants know better than us all that fraud, poor-quality services, inconsistent decisions and gaps in accountability weaken the Scheme and divert resources from the people it exists to support.
- 1.3 The NDIS is now one of Australia's largest social programs and expenditure is projected to continue growing strongly. As with every major social program, it is appropriate for the government and Parliament to consider reforms that ensure growth is sustainable and in-line with other social programs. This is vital to ensuring any social program remains available for current and future generations. Supporting the NDIS also means being willing to improve it and to guarantee its long-term success.
- 1.4 The extended inquiry and amendments made in the House of Representatives have gone some way to improving the Bill. I welcome stronger safeguards around attempts to contact participants, an independent review, and the requirement to publish procedures governing some automated decisions. I particularly welcome the Government's clarification that 'appropriate treatment' will not include restrictive practices and that a treatment can only be relied upon for this purpose if it is available through the public health system or public funding is available for it.
- 1.5 I also support the general architecture of this reform. Moving to functional capacity assessments, supported by a clear definition of functional capacity, has the potential to deliver greater consistency in decision-making, provided the assessment tools are designed and implemented with people with disability and are subject to careful scrutiny. I also support stronger action against fraudulent providers and conduct that diverts funding away from the people the Scheme was established to support. I further support efforts to provide greater clarity about the respective responsibilities of the health system and the disability support system. Establishing clearer boundaries between these systems is important to the long-term operation of both the NDIS and the health system,

but any changes must be implemented carefully and must not leave people without access to the treatment, therapy or disability supports they need.

- 1.6 Notwithstanding these improvements, and my support for the general architecture of this reform, I cannot support the Bill in its current form. Two matters remain particularly serious in my view: the power to impose blunt, indiscriminate reductions to Social, Civic and Community Participation (SCCP) supports, and the breadth of automated decision-making authorised by this Bill ahead of safeguards recommended by the Robodebt Royal Commission.

Social and community participation

- 1.7 The most significant concern that remains for me is the proposed reduction to SCCP supports. I accept that expenditure in this category has grown quickly and that the government must consider whether all expenditure represents value for participants and the Scheme. However, the evidence before the committee indicates that a blunt reduction across participants would create serious and foreseeable harms.
- 1.8 The committee heard considerable evidence that these supports protect people from isolation. Social and community participation allows people with disability to build relationships beyond a single provider, household or care arrangement. It means more people in a participant's life who know them, notice changes in their circumstances and may recognise when something is wrong. Put simply, the more people who are connected to a person and their community, the safer they are. This is true for all of us.
- 1.9 This is especially important because social isolation and exclusion are known drivers of violence, abuse, neglect and exploitation of people with disability. The Disability Royal Commission identified the dangers associated with segregation and isolation, while the Disability Discrimination Commissioner told the committee that reducing these supports would leave people in unsafe situations. Women with Disabilities Australia and other witnesses also warned that isolation can allow violence and abuse to remain hidden. These supports should therefore not be treated as separate from participant health and safety. For some participants, community connection is itself a safeguard.
- 1.10 The value of these supports is not limited to preventing harm. The NDIS was designed to support people with disability to participate fully in social, civic and community life, recognising that everyone should have the opportunity to live a life of meaning on their own terms. Participation in our communities, including in cultural, recreational and political life, is an important end in itself. Many of the people with disability who engaged with me on this Bill, attended my community town hall and contributed to our democratic processes were able to do so because of this funding. Their participation strengthens our communities and our democracy, and reflects the kind of inclusion the NDIS was established to make possible.

- 1.11 Analysis by the Grattan Institute indicates that these cuts are not needed to moderate the NDIS's long-term growth rate in line with the Government's stated target. Grattan estimates that, without the cuts to social and community participation and daily living supports, Scheme spending would grow by around 3 per cent a year over the forward estimates, still well below the Government's longer-term target of 5 to 6 per cent.¹
- 1.12 The reductions are also likely to fall most heavily on participants with the greatest support needs. Grattan found that people living in supported independent living or specialist disability accommodation have, on average, SCCP budgets more than five times those of other participants. A uniform percentage reduction therefore does not have a uniform effect; it removes the greatest amount of support from some of the people most at risk of isolation.
- 1.13 The House amendments narrow the categories to which support determinations may apply, and the Government has indicated that employment, disability-related health and necessary 24-hour supports will be protected. These are welcome improvements, but they do not resolve the central problem. The Bill still permits reductions to be imposed across a class of supports without requiring consideration of each participant's circumstances or the consequences for their safety and community connection.
- 1.14 The Government has not demonstrated that these blunt reductions are necessary to achieve long-term sustainability. Sustainability should be pursued through structural reforms that improve the operation of the Scheme, not through indiscriminate cuts that risk isolating participants and removing an important protection against violence, abuse and neglect.

Recommendation 1

- 1.15 That the provisions enabling reductions to Social, Civic and Community Participation supports through a support determination be removed from the Bill.**

Recommendation 2

- 1.16 If Recommendation 1 is not adopted, the Bill be amended so that any reduction to Social, Civic and Community Participation supports must take account of the participant's individual circumstances, including their safety and their risk of isolation.**

Automated decision-making

- 1.17 I remain concerned about the breadth of the Bill's automated decision-making powers. The Human Technology Institute told the committee that, subject to a

¹ Grattan Institute, [These deep cuts aren't needed to save the NDIS](#), 21 July 2026.

determination by the Minister, almost any major decision affecting a person under the NDIS could be automated. This includes decisions involving discretion, evaluative judgment or the formation of a particular state of mind.

- 1.18 In my view, there is an important distinction between automating routine administrative tasks and automating decisions that require judgment. Automation may be appropriate for calculations, checking information or processing routine claims, and in doing so, it may genuinely help to reduce delays and improve the administration of the Scheme.
- 1.19 However, decisions about a person's eligibility, plan or supports often require an understanding of their individual circumstances. Two people with the same disability may have very different lives and support needs. The Human Technology Institute warned the Committee that automating these decisions could produce unfair or inaccurate outcomes and allow errors to be made at scale.
- 1.20 The amendments made in the House require the publication of procedures governing automated decisions that involve evaluative judgment. This is a welcome improvement in transparency, but it does not provide all the necessary safeguards. While the Explanatory Memorandum contemplates continued human oversight, the Committee heard that those protections are not actually expressed in the Bill. Human oversight is only meaningful if the person reviewing an outcome has the authority and practical ability to depart from it, which this same Committee has had to grapple with in the aged care system through the implementation of the Integrated Assessment Tool.
- 1.21 The committee also received serious evidence that the framework authorised by the Bill could remove long-established internal review pathways for participants affected by an automated decision. A participant should not have fewer opportunities to challenge a decision merely because it was made by an automated system. Automated decisions can cause the same harm as decisions made by people and should be subject to at least the same review rights.
- 1.22 These powers would commence before the Government has implemented the government-wide safeguards it accepted following the Royal Commission into the Robodebt Scheme, including legislation governing automated decision-making and an independent body to monitor and audit its use.
- 1.23 Automation has a role in the NDIS, particularly for routine administrative tasks. However, decisions requiring evaluative judgment should not be automated until the promised legal framework and independent oversight body are in place.

Recommendation 3

- 1.24 **That provisions permitting automated administrative action involving evaluative judgment or the formation of a particular state of mind not**

commence until the Government has enacted its promised government-wide legislation governing automated decision-making and established an independent oversight body consistent with Recommendations 17.1 and 17.2 of the Royal Commission into the Robodebt Scheme.

Recommendation 4

- 1.25 That the Bill be amended to ensure that any person affected by an automated decision has access to internal merits review by a human decision-maker who has the authority to reconsider the decision.**

Implementation and sequencing

- 1.26 If the Bill passes, much of its effect will depend on decisions that are still to come, including the design of functional capacity assessments and the establishment of foundational supports for people who will no longer access the NDIS.
- 1.27 I support the development of foundational supports. It is clear that the NDIS was never intended to be the only source of support for Australians with disability. However, people cannot be prevented from accessing the Scheme on the assumption that another system will support them if that system has not yet been established.
- 1.28 The proposed access changes are expected to begin in 2028. This leaves approximately 18 months to identify who will need support outside the NDIS, design and fund services, and build the workforce needed to deliver them. For reforms of this scale, this is a very short runway.
- 1.29 The circumstances in the ACT demonstrate how much remains unresolved. In answers to questions from Mr Thomas Emerson MLA, the Independent Member for Kurrajong, the ACT Government confirmed that, beyond the Thriving Kids program, there has been no agreement between the ACT Government and the Commonwealth on the development of additional foundational supports, including the 'potential timing for establishment and cohorts who may be able to access these supports'.²
- 1.30 People with early-stage neurological conditions, such as Parkinson's disease, illustrate the risks of this sequencing. Early intervention can slow functional decline, help people maintain their independence and extend years of quality life. Many people currently access these supports through the NDIS. However, in the early stages of a progressive condition, a person may not yet have substantially reduced functional capacity and may therefore be unable to meet the proposed access requirements. The ACT Government's answers to Mr Thomas Emerson MLA's questions on notice in the Assembly confirm that no additional foundational supports have yet been agreed for this or other adult

² Ms Suzanne Orr MLA, Minister for Disability, Carers and Community Services, Australian Capital Territory, Response to question on notice No. 1211, Questions on Notice Paper No 20, 29 May 2026.

cohorts. Without an appropriate alternative in place, people risk losing access to the early support that may delay the very functional decline the Scheme's new access test requires them to demonstrate.³

- 1.31 For Canberra as a border community, practical arrangements for families who access services across the ACT and NSW also remain unclear.
- 1.32 These concerns do not mean reforms should not occur, however they should be sequenced according to whether services are ready and the government should be open and willing to pause changes if there are delays or issues. Foundational supports must be funded, operating and accessible before people are prevented from accessing the NDIS or expected to leave it. A commitment to develop services in the future is not a substitute for support being available when a person needs it.

Recommendation 5

- 1.33 That changes restricting access to the NDIS not commence for an affected group until appropriate foundational or mainstream supports for that group are funded, operating and accessible.**

Recommendation 6

- 1.34 That the Federal Government report quarterly to the Parliament and the public on the development of foundational supports, including what services will be available, who will be eligible to access them and when they will commence.**

Gendered impacts

- 1.35 The evidence indicates that these reforms will not affect everyone equally. Women with disability face heightened risks of violence and isolation, while women are also more likely to absorb additional unpaid care when formal supports are reduced. Despite this evidence, Parliament has not been provided with a comprehensive gender impact assessment. That analysis is necessary both to understand risk and to design implementation safeguards.

Recommendation 7

- 1.36 I reiterate my calls for the Government to undertake and publish a gender impact assessment of the Bill and its implementation, including impacts on women with disability and people who provide unpaid care.**

³ Ms Suzanne Orr MLA, Minister for Disability, Carers and Community Services, Australian Capital Territory, Response to question on notice No. 1211, Questions on Notice Paper No 20, 29 May 2026.

Conclusion

- 1.37 It is my understanding that this Bill will pass the Parliament. While I cannot support it in its current form for the reasons above, its passage will not be the end of my work on this. I will continue to listen to people with disability, their families, carers and advocates, raise their concerns and scrutinise the changes as they are implemented.
- 1.38 I urge the Government to approach implementation with openness. Where reforms cause harm, where safeguards fail or where people fall through gaps between systems, the Government should be prepared to acknowledge it and change course.
- 1.39 The true measure of these changes will be found in the experiences of people with disability. They must remain at the centre of what comes next.

Senator David Pocock

Independent Senator for the Australian Capital Territory

Appendix 1

Submissions and additional information

Submissions

- 1 Ms Cat Walker
 - 1.1 Supplementary submission
 - 1.2 Supplementary submission
- 2 Name Withheld
- 3 Name Withheld
- 4 Name Withheld
- 5 Name Withheld
- 6 Name Withheld
 - 6.1 Supplementary submission
- 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
 - 13.1 Supplementary submission
- 14 Mrs Katrina Hartley
- 15 Name Withheld
- 16 Name Withheld
- 17 Mrs Janelle Richens
- 18 Name Withheld
- 19 Mr Jarrod Sandell-Hay
 - 19.1 Supplementary submission
- 20 Mrs Phillippa Smoker
- 21 Mrs Jodi Wood
- 22 Name Withheld
- 23 Name Withheld
- 24 Mrs Lillia Hemelaar
- 25 Name Withheld
 - 25.1 Supplementary submission
- 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 submission
 - 32.2 Supplementary submission
- 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 submission
- 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

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- 71 Name Withheld
72 Name Withheld
73 Name Withheld
74 Name Withheld
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 submission
• 82.2 Supplementary submission
83 Lucy McLean
84 Maddie Vincent
85 Michelle To
86 Ms Tanya Evans
87 Name Withheld
88 Name Withheld
• 88.1 Supplementary submission
89 Name Withheld
90 Name Withheld
91 Name Withheld
92 Name Withheld
93 Name Withheld
94 Name Withheld
95 Name Withheld
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
• 107.1 Supplementary submission
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
 • 121.1 Supplementary submission
122 Ms Holly Clark
123 Mrs Alyce Budz
124 Name Withheld
125 Name Withheld
126 Name Withheld
127 Name Withheld
128 Name Withheld
129 Name Withheld
130 Name Withheld
131 Name Withheld
132 Name Withheld
 • 132.1 Supplementary submission
133 Name Withheld
134 Mr Thomas Conlan
135 Name Withheld
 • 135.1 Supplementary submission
 • 135.2 Supplementary submission
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

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- 147 Name Withheld
- 147.1 Supplementary submission
- 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
- 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 submission
- 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
- 176 Ms Olivia Brozecki
- 177 Name Withheld
- 178 Name Withheld
- 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 Name Withheld
- 187.1 Supplementary submission
 - 187.2 Supplementary submission
- 188 Name Withheld
- 189 Name Withheld
- 190 Aruma
- 191 Ms Catherine Hooper
- 192 Name Withheld
- 192.1 Supplementary submission
- 193 The Growing Space
- 193.1 Supplementary submission
- 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

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- 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 LIfe
- 231 Name Withheld
- 232 Functional Focus Therapy
- 233 Name Withheld
- 233.1 Supplementary submission
- 234 Name Withheld
- 235 Name Withheld
- 235.1 Supplementary submission
- 236 Name Withheld
- 237 Name Withheld
- 238 Hobart Wonderings
- 239 Name Withheld
- 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
- 257.1 Supplementary submission
 - 257.2 Supplementary submission
- 258 Ability First Australia
- 258.1 Supplementary submission

- 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
 - 268.1 Supplementary submission
 - 268.2 Supplementary submission
- 269 Name Withheld
- 270 Rise Wellbeing
 - 270.1 Supplementary submission
 - 270.2 Supplementary submission
- 271 Name Withheld
- 272 National Disability Services
 - 272.1 Supplementary submission
 - 272.2 Supplementary submission
- 273 Queenslanders with Disability Network
- 274 Name Withheld
- 275 Disability Advocacy Network Australia (DANA)
- 276 Grattan Institute
 - 276.1 Supplementary submission
- 277 Villamanta Disability Rights Legal Service Inc
 - 277.1 Supplementary to submission 277
- 278 Name Withheld
- 279 Compass House Pty Ltd
- 280 Allied Health Professions Australia
 - 280.1 Supplementary submission
- 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
 - 285.1 Supplementary submission
- 286 Collabor8 Supports
- 287 Australian Human Rights Commission
- 288 Spectrum Space
- 289 National Aboriginal Community Controlled Health Organisation

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- 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 Catholic Health Australia
- 301 Name Withheld
- 301.1 Supplementary submission
- 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)
- 4 Attachments
- 319 Name Withheld
- 320 Name Withheld
- 321 NDIS Reform Advisory Committee
- 322 Northern Territory Public Guardian and Trustee
- 323 Health Services Union - National Office
- 323.1 Supplementary submission
- 324 Name Withheld
- 325 JFA Purple Orange
- 325.1 Supplementary submission
- 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
 - 333.1 Supplementary submission
 - Attachment
- 334 Name Withheld
- 335 Name Withheld
- 336 Name Withheld
- 337 Name Withheld
- 338 Name Withheld
 - 338.1 Supplementary submission
- 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

-
- 367 National Rural Health Alliance
- 368 Disability Rights and Culture
- 369 Australian Council of Social Service (ACOSS)
- 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
- 378.1 Supplementary submission
- 379 Carers Australia
- 380 Mental Health Australia
- 381 People with Disability Australia
- 381.1 Supplementary submission
- 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
- 393.1 Supplementary submission
- 394 Name Withheld
- 395 Advocacy for Inclusion
- 396 Name Withheld
- 397 Ms Lisa Bleakley
- 398 Angelman Syndrome Association Australia
- 399 Rare Voices Australia
- 399.1 Supplementary submission
- 400 Carers SA
- 401 Inclusion Australia
- 401.1 Supplementary submission
 - 401.2 Supplementary submission

- 401.3 Supplementary submission
- 402 Down Syndrome Australia Consortium
 - 402.1 Supplementary submission
 - 402.2 Supplementary submission
- 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 Name Withheld
- 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
 - 429.1 Supplementary submission
- 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
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- 438 MS Australia
- 439 Inspirit Therapy

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- 440 Team Lemonade
441 Planet Ability
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443 Pathways Social Work Pty Ltd
444 Minimbah Disability Support Services Ltd
445 Attain (Mable)
446 Australian Federation of Disability Organisations
• 446.1 Supplementary submission
447 Mind Australia
• 447.1 Supplementary submission
448 First Peoples Disability Network
449 Queensland Premium Allied Health
450 Epilepsy Australia
451 Distinctive Options
452 Accessible Homes Australia
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454 2 Thumbs Up Pty Ltd
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456 Foundation First Speech Pathology
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459 Talking Together Speech Pathology
460 Explore & Empower
461 Beyond Limits Psychology
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463 Milestones OT
464 Epilepsy Team Australia
465 NAPA Centre
• 465.1 Supplementary submission
466 Mindful Occupational Therapy
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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

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- 480 The Australian Neurodivergent Parents Association
- 481 Ms Amanda Austin
- 482 Ms Sarah Waardenburg
- 483 Name Withheld
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- 485 Mr Jarrod Laurent, Southern End Support
- 486 Mx Raynne Rasha
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- 488 Ms Jess Schafer-Wilson, Heart Worx
- 2 Attachments
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- 490 Ms Deidre Ellem
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- 494 Mrs Lisa Davidson-Lim
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519 Ms Natalie Atherton
520 Rise and Shine Plan Management
521 Ms Karen McInnes
522 KiddOTherapy Pty Ltd
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524 Mrs Laura Lewis
525 Mrs Bridget Jones
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530 Ms Carolyn Murray
531 Allegro Therapy
532 Ms Justine Barragan
533 Olga Komadina Apraxia Therapy
534 Awesome Plan Management
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536 Wheelnutz Garage Specialist Service
537 Project Epic
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539 Raised with Joy Speech Pathology
540 Sprout Speech Pty Ltd
541 Mrs Annette Thompson
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543 Accessible Victorian Greens
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548 Kin Disability Advocacy
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554 The Australian Psychosocial Disability Collective
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557 Name Withheld
558 Parkinson's Australia

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- 565 Lived Experience Carers (Psychosocial)
- 566 Coast Rehab
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- 571 Beacon of Hope Project
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- 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
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- 591 Connecting Foster and Kinship Carers South Australia
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614 Ms Krystyna Aggett
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 • 633.1 Supplementary submission
634 The Pepperpot Collective
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- 637 Divergent Health
- 638 Home Care To Me Bunbury Geographe
- 639 Advoca-Lab
- 640 Cerebral Palsy Australia
- 641 Australian Rehabilitation & Assistive Technology Association
 - 641.1 Supplementary submission
- 642 Dietitians Australia
 - 642.1 Supplementary submission
- 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
 - 649.1 Supplementary submission
- 650 Peer Motivation
- 651 Incite Arts Inc
- 652 Name Withheld
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- 655 Family Advocacy
- 656 Beyond Words Speech Pathology
- 657 Artform Therapies
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- 660 Active Health Riverina
- 661 Community Legal Centres Australia
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- 665 Deafblind Australia
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- 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)
 - 673.1 Supplementary submission
- 674 L'Arche Australia

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676 Australian X & Y Spectrum Support
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684 Miss Laura Buchanan
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688 Harmony Allied Health
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690 ActionAbility
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 - 692.3 Supplementary submission
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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
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 - 700.1 Supplementary submission
701 Climb On Occupational Therapy
702 Pear Tree Occupational Therapy
703 Cri du Chat Support Group of Australia
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705 Mr Nathan Organ
706 Dr Stefanie Hammond
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- 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
- 727 Australian Physiotherapy Association
- 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 submission
- 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)
 - 749.1 Supplementary submission
- 750 Independence & Beyond Support Services
 - 750.1 Supplementary submission
 - 750.2 Supplementary submission

- 750.3 Supplementary submission
- 750.4 Supplementary submission
- 750.5 Supplementary submission

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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
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763	Access OT Services
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766	Connective Tissue Disorders Network Australia
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773	Only About Kids Occupational Therapy
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775	Step 2 Allied Health
776	Assistive Technology Suppliers Australia
777	Queensland Independent Disability Advocacy Network
778	Youngcare
779	Fragile X Association of Australia
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783	Speaking Up For You
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- 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
 - 799.1 Supplementary submission
- 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
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- 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

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- 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
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- 840 Kids That Go
841 Pilbara Disability Network
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847 Ms Laura Schutz
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926 Mr Glen Duncan
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955 Ms Jenny White
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- 957 Ms Indigo Salt
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1004 Ms Johanna Rouse
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 - 1370.2 Supplementary submission

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1405 Ms Kirby Doyle
1406 Mr Brian Cooper
1407 Mrs Kathryn Dobb
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- 1413 Ms Charlotte Burgess
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1421 Ms Charmaine Owen
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- 1485.1 Supplementary submission

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1504 Associate Professor Dinesh Wadiwel and Professor Linda Steele
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1523 Ms Eden McColl
1524 Ms Sandra Chapman
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1531 Ms Beryl Smith
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1538 Ms Catherine Durant
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1545 Ms Sophie McRae
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1548 Fen Spencer
1549 Ms Gabriella Mirabito
 - 1549.1 Supplementary submission

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1554 Ms Jane Britt
1555 Mr Martin Byrne
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1557 Mr Dave Jereb
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1562 Ms Grace White
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 - 1565.1 Supplementary submission

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1569 Mx Christopher Coombes
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1571 Ms Nicola Ross
 - 1571.1 Supplementary submission
 - 1571.2 Supplementary submission

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1576 Mr William Ward-Boas
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1608 Dr Darryl Sellwood
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1617 Ms Dee McCulloch

1618 Mr Richard Cordukes
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1631 Mr Lewis Edwards
1632 Name Withheld
1633 Ms Melanie Southwell
1634 Mx Bramble Karvinen
1635 Confidential
1636 Dr Carolyn D'Cruz
1637 Confidential
1638 Mr Damien Moses
1639 Confidential
1640 Mr Todd Winther
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1645 Mr Aaron Cotton
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1647 Ms Kate Larsen
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1693 Profound Autism Network
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1696 Connect to Grow Occupational Therapy/Bidgee Kids Occupational Therapy
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1711 My OT 2 Go
1712 Ms Rebecca Gillanders
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1719 Heart Wing Supports
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1721 Dr Peta Higgs
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1726 SATB2 Connect
1727 Antipoverty Centre
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1730 Uniting Communities
1731 Law Council of Australia
1732 Warrah Society
1733 Sussex Street
1734 Indigenous Allied Health Australia
1735 Sporting Dreams
 - 1735.1 Supplementary submission
 - 1735.2 Supplementary submission
 - 1735.3 Supplementary submission

1736 Name Withheld
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1738 Ms Amanda Maclean
1739 Felicity -
1740 Ms Charlotte Murdoch-Evans
1741 Name Withheld

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- 1742 Ms Jess Senzio
1743 Ms Ella Fleming
1744 Name Withheld
1745 Ms Emily Engelbrecht
1746 Ms Alyssa Lo
1747 Ms Eloise Gray
1748 Rainbow Rights and Advocacy
1749 Ms Sarah Collison
1750 Mrs Hannah Matthews
- 1750.1 Supplementary submission
 - 1750.2 Supplementary submission
 - 1750.3 Supplementary submission
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1757 Mrs Jemma Brady
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1763 Mr Sigh Habkhouk-Howard
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1786 Let's Play Developmental Therapy
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1791 Ms Karen Goodger
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1799 Ms Denise Cull
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 - 1802.1 Supplementary submission
 - 1802.2 Supplementary submission
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1851 Name Withheld
1852 Ms Tahnee Westbury
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1856 Name Withheld
1857 Mornington Peninsula Human Rights Group
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1863 Ms Catriona Knothe

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- 1871.1 Supplementary submission
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- 1887.1 Supplementary submission

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- 1895.1 Supplementary submission

1896 Mr James Hain

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1903 Ms Erica Greaves
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1905 Mr James Mumme OAM
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1912 Mrs Monica Arnold
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1914 Mrs Natalie Nodari
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1922 Mr Daniel Flynn and Mr Peter Gregory
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1938 Mr Peter Enge
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 - 1950.1 Supplementary submission**1951** Name Withheld
1952 Mr Darrell Meredith
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 - 1954.1 Supplementary submission**1955** Name Withheld
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 - 1957.1 Supplementary submission**1958** Name Withheld
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1961 Mrs Leeanne McAdam
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1985 Miss Rebecca McCash
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1992 Mrs Samantha Graf
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2017 Ms Catherine Phan
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2056 Ms Jessica Henwood
2057 Ms Amanda Larkin
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2079 Mr Lee Knights
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2085 Ms Sharon Dymock
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2105 Ms Sherri Moon
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2108 Ms Vanessa Smith
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2110 Kyle Wiebe
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2114 Mrs Katerina Cook
2115 Ms Nicole Caldow
2116 Mrs Melanie Guiney
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2119 Mr Nicholas Gleeson
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2121 Mr David Foley
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2127 Mrs Melanie Kent
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2129 Ms Kristy Stichter
2130 Budding Resilience Therapies
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2133 Ms Rebecca Monetti
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2152 Mr Sam Drummond

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- 2153 Ms Abbey Forster
2154 Ms Elyssa White
2155 Name Withheld
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2157 Sacred Space: Creation and Therapy Service
2158 Name Withheld
2159 Ms Danielle Salman
2160 Ms Stella Di Laudo
2161 Ms Lisa Brown
2162 Supportive Living Solutions
 - 2162.1 Supplementary submission
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2174 Ms Angela Sandral
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2177 Ms Dale Kennedy
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2180 Mr Benjamin Ranasinghe
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2185 Mrs Rose Lees
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2188 Name Withheld
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2190 Name Withheld
2191 Ms Mary Henley-Collopy

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- 2193.1 Supplementary submission

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2195 Mrs Hailey Cosh Rickard

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- 2196.1 Supplementary submission

2197 Mr Andrew Richards

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2207 Name Withheld

2208 Ms Alex Paine

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2222 Cheeky Monkeys Occupational Therapy for Children

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- 2233 Mr Vince O'Donnell
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2235 Ms Robyn Morgan
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 • 2248.1 Supplementary submission
2249 Ms Susan Forster
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2297 Mrs Tricia Stephenson
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2428 Muscular Dystrophy Foundation Australia
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2446 Dr Dinesh Palipana
2447 Name Withheld
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2449 Craft your Response Creative Art Therapy
2450 Urzi Supports
2451 Miss Clarissa Boucher
2452 Ms Kat Coppock
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2500 Name Withheld
2501 Name Withheld
2502 Mrs Gemma McKinnon & Mr Elliott McKinnon
2503 Name Withheld
2504 Vision 2020
2505 Office of the Public Advocate
2506 Name Withheld
2507 Speak Out Association of Tasmania
2508 Name Withheld
2509 Stand Up Now Australia
2510 Name Withheld
2511 Name Withheld
2512 Canberra Institute of Technology Student Association
2513 Amplify Alliance
2514 Spectrum Therapy WA
2515 The Housing Connection
2516 VALID
2517 Workpower
2518 Therapeutic Healing & Counselling Gippsland
2519 Carer Solutions
2520 Branches Lifestyle Support
2521 SensesWA
2522 Name Withheld
2523 Northside Enterprise Inc
2524 Ms Merryn Young
2525 Mrs Deborah Vine
2526 Name Withheld
2527 Name Withheld
2528 Ashleigh Spratt
2529 Name Withheld
2530 Support Worker Association of Australia
2531 Name Withheld

- 2532 Mr Jeramy Hope
2533 Women with Disabilities Victoria
2534 genU
2535 Name Withheld
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2551 ME/CFS Legal Resources
2552 Name Withheld
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2554 Name Withheld
2555 Name Withheld
2556 Mrs Sarah Barrett
2557 Name Withheld
2558 Name Withheld
2559 Ms Zea McMillan
2560 Name Withheld
2561 Mx Max Bower
 - 2561.1 Supplementary submission
2562 Name Withheld
2563 Ms Judy Hartwig
2564 Name Withheld
2565 Ms Annabelle Behan
2566 Koryn Lloyd
2567 Name Withheld
2568 Ms Roslyn Cooper
 - 2568.1 Supplementary submission
2569 Name Withheld
2570 Sarah O'Brien
2571 Miss Alexandra Purchase
2572 Ms Kathleen Funnell

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- 2573 Ms Courtney Griffiths
2574 Name Withheld
2575 Ms Katy Gagliardi
 • 2575.1 Supplementary submission

2576 Name Withheld
2577 Mrs Jeanette Auer
2578 Miss Emily Raymond
2579 Name Withheld
2580 Name Withheld
2581 Mr Jarrod Hamilton
2582 Name Withheld
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2591 Mrs Dimity Knight
2592 Ms Nicole Moran
2593 Name Withheld
2594 Ms Penelope Lee
2595 Name Withheld
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2597 Name Withheld
2598 Brian Coogan
2599 Ms Shirley Humphris
 • 2599.1 Supplementary submission

2600 Ms Shellee Watt
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2609 Kim Duncan
2610 Ms Phoebe Wright
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2612 Kirsty Stangl
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2620 Tracy Johnston
2621 Tamara Gill
2622 Name Withheld
2623 Name Withheld
2624 OT Country Care
2625 Kaiya Eason
2626 Name Withheld
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2629 Name Withheld
2630 Name Withheld
2631 Paul Munster
2632 Name Withheld
2633 Ms Jessica Smithers
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2707 Name Withheld
2708 Name Withheld
2709 Luke McIntosh
2710 Sally Wegener
2711 Mrs Joylene Donovan
2712 Name Withheld
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2726 Name Withheld
2727 Name Withheld
2728 Ms Janel Smith
2729 Name Withheld
2730 Mr Anthony O'Connell
2731 Name Withheld
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2743 Name Withheld
2744 Name Withheld
2745 Sandy Watkins
2746 Northern Territory Mental Health Coalition
2747 Name Withheld
2748 Name Withheld
2749 Mr Jonathan Laloz
2750 Ms Katheryn Read
2751 Name Withheld
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 • 2755.1 Supplementary submission

2756 Patrick Shaw
2757 Name Withheld
2758 Name Withheld
2759 Name Withheld
2760 Belinda Adams
2761 Name Withheld
2762 Ms Tathra Street
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2770 Name Withheld
 • 2770.1 Supplementary submission
 • 2770.2 Supplementary submission
 • 2770.3 Supplementary submission

2771 Name Withheld
2772 Confidential
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2774 Name Withheld
2775 Mr Kevyn Morris
2776 Nihal Iscel
2777 Mrs Lisa Gray
2778 Name Withheld
2779 Name Withheld
2780 Dr Gabrielle Josling
2781 Name Withheld

- 2782 Mrs Karene Gravener
- 2782.1 Supplementary submission
- 2783 Mrs Genevieve Tucker
- 2784 Name Withheld
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- 2788 Inner West Paediatrics
- 2789 Name Withheld
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- 2802 Name Withheld
- 2803 Tanya Miller
- 2804 Louise Rowland
- 2805 Mr Mark Sweeney
- 2806 Name Withheld
- 2807 Miss Rachael Cook
- 2808 Ms Jamie Pingo
- 2809 Miss Hayley Poole
- 2810 Janice Harris
- 2811 Name Withheld
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- 2821 Little Heroes Foundation Advocacy & Community Action Group
- 2822 Name Withheld
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- 2847.1 Supplementary submission
- 2848 Name Withheld
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2850 Plan Sidekick
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- 2873.1 Supplementary submission

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2880 Dr Beth Spencer

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- 2884.1 Supplementary submission

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2935 Name Withheld
2936 Communicate and Connect Speech Pathology
2937 Name Withheld
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2940 Prof Andrew Downing
2941 Name Withheld
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 • 2942.1 Supplementary submission
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- 2961 Kendal Scafidi
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- 2967 Children's Tumour Foundation
- 2968 Name Withheld
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- 2971 Name Withheld
- 2972 Name Withheld
- 2973 Newcastle Social Workers
- 2974 Name Withheld
- 2975 Name Withheld
- 2976 Microenterprise People Inc
- 2977 Miss Kristy Trajcevski
- 2978 AUSCL Australasian Society for Computers & Law
- 2979 Bright Journey Disability Support Services
- 2980 DSA Support Service
- 2981 Barbel Winter
- 2982 Accessing Connections Support Services
 - 2982.1 Supplementary submission
- 2983 Bright Diets
- 2984 Carematch Australia
- 2985 Innovative Mentoring
- 2986 Dr Debra Duncan
- 2987 Name Withheld
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- 2989 Name Withheld
2990 Name Withheld
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2992 Name Withheld
2993 Name Withheld
2994 Ms Rowena Skinner
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2997 Dr Barbora Jedličková
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3021 Mr Travis Saunders
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3024 Ms Emma Davidson
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- 3050 Ms Shannon Manning
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- 3094.1 Supplementary submission

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3113 Grace Therapy
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3123 Childrens Health Defense
3124 Lifestyle Connections Association Inc
3125 Your Best Life Disability and Health Services
3126 Name Withheld
3127 Name Withheld
3128 Name Withheld
3129 Name Withheld
3130 Name Withheld
3131 Name Withheld
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3142 Name Withheld
3143 Mr Peter Whittigan
3144 Name Withheld
3145 Name Withheld
3146 Name Withheld
3147 A/Professor Jo Watson
3148 Dr Baden Offord AO
3149 Name Withheld
3150 Developmental Disability WA
3151 Dr Amanda Tink
3152 Name Withheld
3153 Name Withheld
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3155 Name Withheld

- 3155.1 Supplementary submission
- 3156 Approved by Frankie
- 3157 Name Withheld
- 3158 Case Managers Australia
- 3159 Name Withheld
- 3160 Mrs Leah Campbell
- 3161 Name Withheld
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- 3168 Name Withheld
- 3169 Ms Marianne-Joan Flynn
- 3170 Name Withheld
 - 3170.1 Supplementary submission
 - 2 Attachments
- 3171 Ms Lisa O'Malley
 - 3171.1 Supplementary submission
- 3172 Mpower
- 3173 Mr Peter Brady
 - Attachment
- 3174 Name Withheld
- 3175 The Communication Toolbox
- 3176 Name Withheld
- 3177 Three Primitives Research Lab
 - 2Attachments
- 3178 NSP Plan Management
- 3179 Name Withheld
- 3180 Ms Narissa Niesler
- 3181 Name Withheld
- 3182 Private Respite & Accommodation Services
- 3183 Name Withheld
- 3184 Ms Fiona Cameron
- 3185 Name Withheld
- 3186 Name Withheld
- 3187 Ms Jenna Love
- 3188 Name Withheld
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- 3191 Mr Todd Murfitt
- 3192 Name Withheld
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- 3194 Name Withheld
- 3195 Alex Antunes
- 3196 Natalie
- 3197 Name Withheld
- 3198 Name Withheld
- 3199 Name Withheld
- 3200 Choosing Harmony
- 3201 Mr Dale Reardon
- 3202 Ms Fiona Fonti
 - Attachment
- 3203 Mr Daniel Simpson
 - 3203.1 Supplementary submission
- 3204 Guide Dogs
- 3205 Dr Stevie Lang Howson and Dr Georgia van Toorn
- 3206 Name Withheld
- 3207 Name Withheld
- 3208 Ms Alexandra Buchanan
- 3209 Ms Heather Rumball
- 3210 Mrs Lindsay Hayes
- 3211 Miss Georgia Baird
- 3212 Cees Witsen
- 3213 Name Withheld
 - 3213.1 Supplementary submission
- 3214 Ms Joan Ryan
- 3215 Mx Rossini Nikolakopoulos
- 3216 Dr Tamsin Clarke
- 3217 Name Withheld
- 3218 Mr Mark Ptolemy
- 3219 Mrs Emily-Kate McNamara
- 3220 Name Withheld
- 3221 Name Withheld
- 3222 RN
- 3223 Name Withheld
- 3224 Dr Helen Hawke
- 3225 Dr Damien Williams
- 3226 Name Withheld
- 3227 Name Withheld
- 3228 Name Withheld
- 3229 Ms Joanne Walters

3230 Ms Marie Johnson
3231 Name Withheld
3232 Name Withheld
3233 A Positive Approach Support Services (APASS)
3234 Bolshy Divas
3235 Name Withheld
3236 Name Withheld
3237 Name Withheld
3238 Ms Claudia Kadow-Griffin
3239 Name Withheld
3240 Name Withheld
3241 Ms Dariane McLean
3242 Carly Findlay OAM
3243 Ms Chantelle Robards
3244 Name Withheld
3245 Mr Franklin Bruinstroop
3246 Name Withheld
3247 Name Withheld
3248 Name Withheld
3249 Speech Ease Therapy Services
3250 Name Withheld
3251 Name Withheld
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3253 Ms Andrea Simmons
3254 Name Withheld
3255 Name Withheld
3256 Mr Christian Umali
3257 Name Withheld
3258 Ms Maria Giglia
3259 Mr Josh Porteus
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3267 Teneille Williams
3268 Concettina Grech
3269 Name Withheld
3270 Adam Johnston
3271 Linda Morris
3272 Name Withheld

- 3273 Name Withheld
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3275 Name Withheld
3276 Ms Renee Fisher
 - 3276.1 Supplementary submission
3277 Name Withheld
3278 Name Withheld
3279 Name Withheld
3280 Ms Melissa Carey
3281 Name Withheld
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3284 Name Withheld
3285 Mums4Refugees
3286 Miss Sabrina Miller
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3291 Name Withheld
3292 Ms Briarley Walden
3293 Mr Jason Fernandez
3294 Name Withheld
3295 Mr Paul Spencer
3296 Ms Gisele Mesnage
3297 Name Withheld
3298 Name Withheld
3299 Ms Georgina Ker
3300 Mr Philip Brown
3301 Ms Marielle Turner
3302 Name Withheld
3303 Ms Toni Isaacson
3304 Miss Jelena Cindric
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3308 Name Withheld
 - 3308.1 Supplementary submission
3309 Miss Tiarna Cunial
3310 Name Withheld
3311 Name Withheld
3312 Ms Alyce Nelligan
3313 Tammy

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- 3314 Name Withheld
3315 Ms Trinity O'Donahue
3316 Ms Alison Barber
3317 Name Withheld
3318 Name Withheld
3319 Name Withheld
3320 Ms Victoria White
3321 Name Withheld
3322 Name Withheld
 • 3322.1 Supplementary submission
3323 Ms Astrid Watts
3324 Ms Deanna Sketcher
3325 Name Withheld
3326 Name Withheld
3327 Mr Oliver Caruana-Brown
3328 Mr & Mrs Andrew and Erin Garde
3329 Name Withheld
3330 Name Withheld
3331 Protect All Humans
3332 Name Withheld
 • 3332.1 Supplementary submission
3333 Ms Kate Bohr
3334 Ms Ellen Victor
3335 Name Withheld
3336 Ms Sue Arthur
3337 Ms Emily Hornby
3338 Name Withheld
3339 Name Withheld
3340 Name Withheld
3341 Mr Timothy Lachlan
 • 3341.1 Supplementary submission
3342 Mr Roger Gamble
3343 Name Withheld
3344 Mr Shaun Wright
3345 Ms Georgia Tsatsaris
3346 Mr Justin Lutze
3347 Ms Lisa Dow
3348 Name Withheld
3349 Ms Megan Lampa
3350 Ms Athenodora Cat
3351 Name Withheld
3352 Name Withheld

3353 Name Withheld
3354 Ms Carly Hughes
3355 Ms Meiko Georgouras
3356 Ms Josephine Causer
3357 Ms Kelly Stockbridge
3358 Name Withheld
3359 Miss Naomi Thompson
3360 Ms Urszula Wynd
3361 Ms Grace Impala
3362 Ms Shannon Swales
3363 Name Withheld
3364 Mr Lionel Hodgins
3365 Name Withheld
3366 Mr Andrew Hartwell
 • 6 Attachments

3367 Name Withheld
3368 Rowan Cox
3369 Name Withheld
3370 Mr Maqsood Al-Kabir
3371 Name Withheld
3372 Mr Mark Freeman
3373 Name Withheld
3374 Name Withheld
3375 Name Withheld
3376 Ms Karen Carty
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3380 Name Withheld
3381 Ms Lucia Wang
3382 Name Withheld
3383 Ms Kate Cox
3384 Name Withheld
3385 Name Withheld
3386 Ms Kerry-Jo Hunter
3387 Mr Daniel Taccone
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3391 Ms Deborah Williams
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- 3395 Name Withheld
 3396 Name Withheld
 3397 Mr Wayne Sullivan
 3398 Name Withheld
 3399 Name Withheld
 3400 Name Withheld

Additional Information

- 1 Australian Federal Police, Letter clarifying evidence given at a public hearing
- Perth 6 August 2026

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.
- 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.
- 20 Answers to Questions taken on Notice – Department of Health, Disability and Ageing – Canberra 11 June 2026.
- 21 Answers to Questions taken on Notice – Department of Health, Disability and Ageing – Canberra 30 July 2026.
- 22 Answers to Questions taken on Notice – Speech Pathology Australia – Canberra 30 July 2026.
- 23 Answers to Questions taken on Notice – Occupational Therapy Australia – Canberra 30 July 2026.
- 24 Answers to Questions taken on Notice – Australian Physiotherapy Association – Canberra 30 July 2026.
- 25 Answers to Questions taken on Notice – Muscular Dystrophy Foundation Australia – Canberra 31 July 2026.
- 26 Answers to Questions taken on Notice – Department of Health, Disability and Ageing – Canberra 30 July 2026.
- 27 Answers to Questions taken on Notice – Australian Federal Police – Canberra 30 July 2026.
- 28 Answers to Questions taken on Notice – Australian Federal Police – Perth 6 August 2026.
- 29 Answers to Questions taken on Notice – Human Technology Institute – Canberra 31 July 2026.
- 30 Answers to Questions taken on Notice – Department of Health, Disability and Ageing – Canberra 30 July 2026.
- 31 Answers to Questions taken on Notice – Department of Health, Disability and Ageing – Canberra 30 July 2026.
- 32 Answers to Questions taken on Notice – National Disability Insurance Agency – Perth 6 August 2026.
- 33 Answers to Questions taken on Notice – National Disability Insurance Agency – Perth 6 August 2026.
- 34 Answers to Questions taken on Notice – National Disability Insurance Agency – Perth 6 August 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

Thursday 30 July 2026

Committee Room 2S1

Parliament House

Canberra

Department of Health, Disability and Ageing

- Ms Sarah Rubenstein, Director
- Ms Mary Wood, Deputy Secretary
- Ms Sarah Sinclair, Assistant Secretary
- Ms Sarah Hawke, Assistant Secretary
- Ms Erin Rule, Acting First Assistant Secretary

- Mr Ross Schafer, First Assistant Secretary, Carers, Autism, Markets and Safeguards Division
- Ms Anthea Long, First Assistant Secretary

NDIS Quality and Safeguards Commission

- Ms Louise Glanville, Commissioner
- Ms Catherine Myers, Deputy Commissioner - Regulatory Operations
- Ms Nicole Mahar, Acting Deputy Commissioner - Regulatory Strategy and Sector Capability

Australian Federal Police

- Acting Assistant Commissioner Donna Parsons, Crime Command
- Superintendent Timothy Underhill

Australian Criminal Intelligence Commission

- Mr Adam Meyer, Deputy Chief Executive Officer, Intelligence Group

National Legal Aid

- Hon. Yvette D'Ath, Executive Director
- Ms Samantha Sowerwine, Associate Director, Economic and Social Rights, Victoria Legal Aid
- Mr Miles Browne, Managing Lawyer, Economic and Social Rights Program, Victoria Legal Aid

Justice and Equity Centre (JEC)

- Ms Sheetal Balakrishnan, Senior Solicitor
- Mr Mitchell Skipsey, Senior Solicitor

NT Disability Consortium

- Mr Scott Richardson, Chief Executive Officer
- Ms Tania McInnes, Chief Executive Officer
- Ms Rachael Bowker, Chief Executive Officer

Early Childhood Intervention Australia

- Ms Sally Moore, Chief Executive Officer

PRECI Australia

- Ms Lauren Falconer, Board Director
- Ms Talia Pulis, Board Director (via videoconference)

Vision Australia

- Mr Chris Edwards, Chief Mission Officer
- Ms Caitlin McMorro, NDIS and Aged Care Funding Specialist Lead

Deaf Australia

- Ms Shirley Liu, Chief Executive Officer

Lived experience panel

- Clay, (via videoconference)
- Jane, (via videoconference)
- Karen, (via videoconference)
- Krystyna
- Kylie, (via videoconference)
- Laura, (via videoconference)
- Timothy

Mob4Mob

- Ms Cassandra (Cassie) Brophy, Chief Executive Officer
- Ms Tabatha Young, Board Member

First Peoples Disability Network

- Mr Rhys Howard, Director, Strategy, Policy and International

Occupational Therapy Australia

- Mrs Michelle Oliver, Chief Occupational Therapist
- Ms Jessica Szwarcbord, Head of Policy and Advocacy
- Mr Daniel White, Strategic Government, Stakeholder Relations and Policy Specialist

Australian Physiotherapy Association

- Ms Alexandra Edmondson, National Chair, Disability Group
- Mrs Julianne Locke, Clinician Expert
- Ms Katherine Utry, General Manager, Policy and Government Relations

Speech Pathology Australia

- Ms Lynette (Lyn) Brodie, Chief Executive Officer
- Ms Catherine Hendry, Practising Speech Pathologist and NDIS Reference Group Member

Tenant Voice

- Ms Stacey Copas, Facilitator, New South Wales

Young People in Nursing Homes National Alliance

- Mr Alan Blackwood, Policy Director

Summer Foundation

- Ms Anna Burke, Manager, Policy and Government Relations
- Ms Jessica Walker, Head, Policy, Communications and Systems Change

SDA Alliance

- Mr Jeramy Hope, Chief Executive Officer

Friday 31 July 2026

Main Committee Room

Parliament House

Canberra

Vertaview Group

- Mr Damian Bell, Group Chief Executive Officer

MedTechVic, Swinburne University of Technology

- Professor Rachael McDonald, Director

Human Technology Institute, University of Technology Sydney

- Professor Edward Santow, Co-Director
- Ms Sarah Sacher, Senior Policy Specialist

Centre for Disability Research and Policy, University of Sydney

- Dr Kim Bulkeley, Associate Professor
- Dr Shane Clifton, Associate Professor

Catholic Health Australia

- Mr Dominic Butler, Policy Officer
- Ms Rebecca Cattermole, Chief Executive Officer

Council for Intellectual Disability

- Mr Heath Dickens, Chief Executive Officer

Health Services Union

- Ms Kate Marshall, National President
- Ms Joanna (Jo) Peterson, Disability Worker and Member
- Mr Mitul Sangani, Disability Delegate
- Mr Anthony (Tony) Dunn, (via teleconference)

Lived experience panel

- Andrew
- Claire-Louise
- Darrell, (via videoconference)
- Kirstie
- Rosie
- Sam, (via videoconference)
- Shannon

National Ethnic Disability Alliance

- Mrs Rebekah Dawson, Policy and Projects Officer
- Dr Srisankavi (Kavi) Sivasankar, Research Lead, Cornerstone Alliance

MND Australia

- Ms Clare Sullivan, Chief Executive Officer
- Ms Joint Whitehouse, General Manager Support Services

MS Australia

- Mr Rohan Greenland, Chief Executive Officer
- Ms Katie Snell, National Policy Manager
- Mrs Rachel Kerr, Lived Experience Expert Panel

Muscular Dystrophy Foundation Australia

- Mrs Diana Carter, Executive Director
- Mr Rob Oakley, Secretary

AMPARO Advocacy

- Mrs Ange Boyd, Senior Systemic Advocate
- Ms Grace Alejandra Cruz Jimenez, Member, Management Committee and Inclusive Leadership Network
- Ms Francy Molina, Member, Management Committee and Inclusive Leadership Network

Mental Illness Fellowship of Australia

- Mr James Maskey, Chief Executive Officer

National Mental Health Consumer Alliance

- Mx Priscilla Brice, Chief Executive Officer
- Ms Jennifer Nixon, National Policy and Research Manager

Down Syndrome Australia Consortium

- Mr Darryl Steff, Chief Executive Officer

Inclusion Australia

- Ms Maeve Kennedy, Chief Executive Officer

National Disability Services

- Mr Michael Perusco, Chief Executive Officer
- Ms Karen Stace, Director, Policy and Advocacy

Thursday 6 August 2026

Caroline Room

Mercure Hotel

10 Irwin Street

Perth

Ability WA

- Ms Jacquie Thomson, Chief Executive Officer

Life Without Barriers

- Mr Bradley (Brad) Swan, Executive General Manager, Strategic Engagement and Service Support

Rocky Bay

- Mr Michael Tait, Chief Executive Officer
- Mrs Lynsey Monk, Area Manager Community Access

Inclusive Rainbow Voices

- Dr Jessica Robyn Cadwallader, Chief Executive Officer

Physical Disability Australia

- Ms Suzanne Gearing, Chief Executive Officer

People With Disabilities WA

- Ms Kat Johns, Chief Executive Officer
- Ms Samantha Connor, Member

Mito Foundation

- Mr Sean Murray, Chief Executive Officer
- Ms Clare Stuart, Advocacy and Engagement Manager

ADHD Australia

- Ms Melissa Webster, Chief Executive Officer
- Mr Matthew Tice, Chair
- Dr Nicole Grant, Non-Executive Director and Editor in Chief

Autism Association of Australia

- Ms Nicole Rogerson, Chief Executive Officer

Olga Tennison Autism Research Centre, La Trobe University

- Professor Alison Lane, Director
- Dr Melissa Gilbert, Teaching and Research Fellow
- Dr Nancy Sadka, Research Fellow

Carers Australia

- Ms Joanna Cave, Chief Executive Officer
- Mrs Clare Waiss, Carer Representative

Carers WA

- Mrs Carissa Gautam, Systemic Policy and Strategy Officer
- Mr Stuart Jenkinson, Systemic Policy and Strategy Officer

Curtin Student Guild

- Ms Caitlin Elizabeth Hindley, Accessibility Collective Member
- Ms Mia Antonucci, Accessibility Officer

University of Sydney Students' Representative Council Disabilities Collective

- Ms Kyla Hill, Disabilities Officer, Students' Representative Council

Lived experience panel

- Hayley
- Joshua
- Lee
- Mia
- Robyn
- Tracey

Department of Health, Disability and Ageing

- Ms Sarah Rubenstein, Director
- Ms Sarah Hawke, Assistant Secretary
- Ms Anthea Long, First Assistant Secretary
- Ms Sarah Sinclair, Assistant Secretary
- Ms Mary Wood, Deputy Secretary
- Ms Erin Rule, Acting First Assistant Secretary, NDIS Strategy and Policy Division
- Mr Ross Schafer, First Assistant Secretary, Carers, Autism, Markets and Safeguards Division

National Disability Insurance Agency

- Mr Ben Cheever, Acting General Manager, Legal, and Chief Counsel, Legal, Actuarial, Governance and Reviews
- Mr John Dardo, Deputy Chief Executive Officer, Integrity, Transformation and Technology Services
- Mr Tom McGregor, General Manager, Policy Leadership, Participant Experience and Service Design
- Mr Andrew Maitland, General Manager, National Operations and Performance, Service Delivery

NDIS Quality and Safeguards Commission

- Ms Alisa Chambers, Deputy Commissioner, Regulatory Strategy and Sector Capability
- Ms Catherine Myers, Deputy Commissioner, Regulatory Operations
- Ms Laura Sham, Deputy Commissioner, DART and Enabling Services
- Ms Natalie Wade, Associate Commissioner and Chief Legal Counsel

Australian Federal Police

- Acting Assistant Commissioner Donna Parsons, Acting Assistant Commissioner, Crime Command
- Superintendent Timothy Underhill, Superintendent

Australian Criminal Intelligence Commission

- Mr Adam Myer, Deputy Chief Executive Officer, Intelligence Group